

The KSL Clinic Limited

The KSL Clinic Ltd Manchester

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. They followed the two-stage consent process.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to improving services continually.

However:

- Staff did not complete baseline observations for each patient prior to surgery and discharge.
- The premises were not fully accessible as they did not have wheelchair access to the first floor.
- Though the service had a vision, it did not have a clear strategy or objectives to achieve its vision, as this was still being developed.
- Leaders did not always operate effective governance processes. The service did not always have systems to monitor the effectiveness of care and treatment and audit this to improve outcomes for patients. Though they monitored the rate of surgical site infections through patient safety incidents, the system to monitor, and therefore improve, revision rates was new and not yet completed or embedded.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

We have not previously rated this service. We rated it as good overall as it was safe, effective, caring and responsive. However, we rated well-led as requires improvement. See summary above for details.

Summary of findings

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Summary of this inspection

Background to The KSL Clinic Ltd Manchester

The KSL Clinic Ltd Manchester is operated by KSL Limited. The service registered with us in 2018. The service has not been previously inspected. However, the service has been monitored through our engagement and transitional monitoring approach.

The service is registered to provide the regulated activities:

- diagnostic and screening procedures
- surgical procedures
- treatment of disease, disorder or injury.

The service provides hair transplant cosmetic surgery, platelet-rich plasma hair restoration therapy and scalp laser hair therapy for private fee-paying adults. The service offers scalp, beard, sideburn and eyebrow transplants.

The service uses the follicular unit excision method of hair transplant cosmetic surgery. In follicular unit excision, individual hair follicles are extracted and then implanted into small incisions in the patient's scalp. We do not regulate or inspect cosmetic procedures that do not involve cutting or inserting instruments or equipment into the body. The service provides platelet-rich plasma hair restoration therapy as a stand-alone treatment or alongside hair transplant procedures. The therapy involves extracting plasma from the patient's blood and injecting it into the scalp to promote hair growth.

The service completed 322 hair transplants between July 2021 and June 2022.

There is currently no mandatory accredited qualification for hair transplant surgery in the United Kingdom. However, the surgical steps of the procedure should only be performed by a General Medical Council (GMC) licensed doctor. The doctors who performed the hair transplant procedures at The KSL Clinic Ltd Manchester were licensed GMC doctors at the time of the inspection.

The service is based in an office complex in Salford, Greater Manchester and is close to the motorway with good public transport links. The premises were over two floors with three treatment rooms all based on the first floor.

The team included a registered manager, clinic manager, receptionist, patient co-ordinator, consultant, doctors and hair technicians.

We did not receive any information of concern about the service prior to the inspection, and there were no serious incidents or safeguarding alerts.

How we carried out this inspection

We inspected the service using our comprehensive inspection methodology. We carried out an announced inspection on 14 July 2022. We gave the service a short notice period of 48 hours to determine if key staff would be available, and if any patient appointments were booked.

Summary of this inspection

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

During our inspection we spoke to five staff including doctors, managers and hair technicians. We observed one procedure and spoke with one patient following their treatment. We spoke with the registered manager remotely following our inspection. We looked at five patient records, three staff files, their policies, minutes of meetings, audit results, training records, patient feedback and the service's website.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure it establishes and operates effective systems and processes to assess, monitor and improve the quality and safety of services. This includes but is not limited to systems to monitor the effectiveness of care and treatment and auditing this to improve outcomes for patients. (Regulation 17 (1) (2) (a) (f)).

Action the service SHOULD take to improve:

- The service should ensure they progress plans to monitor the rate of surgical site infections to identify any patterns and protect patients from the risk of harm. (Regulation 12)
- The service should consider completing a set of baseline observations for each patient prior to surgery and discharge.
- The service should consider developing suitability criteria to assist staff to identify if a patient is suitable for treatment.
- The service should consider adapting the premises to enable patients with disabilities and wheelchair users to access treatment.
- The service should consider developing a clear strategy to support the service and staff to achieve the company vision.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

Good 

Surgery

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Requires Improvement 

Are Surgery safe?

Good 

We have not previously rated safe. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The overall compliance rate with mandatory training across all roles was 100%.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training was provided through a range of online learning modules which the service had tailored to specific role requirements. Hair technicians, though self-employed, also were required to complete mandatory training and this was monitored by managers.

Staff completed training on recognising and responding to patients with mental health needs. Managers told us they planned to introduce additional training on learning disabilities and autism in the near future.

Managers monitored mandatory training and alerted staff when they needed to update their training. The clinic manager and registered manager monitored compliance with mandatory training monthly using a red, amber and green (RAG) system. If any modules were rated amber, they emailed staff to alert them to ensure their training did not expire before they updated it.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff had completed level two safeguarding adults and children training and managers and doctors had completed level three.

Surgery

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff we spoke showed awareness of their responsibilities with regards to safeguarding. They could describe protected characteristics such as disabilities or ethnicity and how they would support such patients.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service did not treat anyone under the age of 18 and staff checked the patient's date of birth prior to treatment.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw a poster displayed in staff areas reminding staff how to make a safeguarding referral and what to do if they had concerns.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Treatment rooms were clean and had suitable furnishings which were clean and well-maintained. All areas of the clinic were visibly clean and clutter free. Flooring on the first floor, where there were treatment rooms, was easy to clean and furnishings and treatment couches were able to be wiped down.

The service generally performed well for cleanliness. The service employed a dedicated cleaner. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We saw cleaning checklists were completed in all areas. Managers completed quarterly infection prevention and control audits of the environment. We reviewed audits for January to June 2022 and saw all areas were compliant with infection prevention and control measures and minor defects were actioned by the manager.

Staff used records to identify how well the service prevented infections. The service had no cases of service acquired infection in the last 12 months. All staff completed infection prevention and control training.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff wore PPE appropriately and there was plentiful supply throughout the clinic. Staff wore uniforms and staff in treatment rooms wore surgical scrubs. All staff and visitors wore disposable overshoes when on the treatment room floor.

However, we saw staff in the treatment room wore their surgical face mask below the nose. There was minimal risk to patients as staff also wore a face visor. We raised this with staff during our inspection who explained it was to ensure their eye protection did not steam up and obscure their vision. Staff immediately corrected this when not directly treating the patient.

Staff washed their hands before and after providing care using the World Health Organisation five moments for hand hygiene. We observed staff followed 'bare below the elbows' guidance. Managers conducted quarterly observational hand hygiene audits and we saw staff were fully compliant with all aspects of hand hygiene in audits between April and June 2022. Handwashing facilities were available in all treatment rooms.

Staff and patients on the ground floor were given the option of wearing surgical face masks. These were available at the entrance. Hand sanitiser was available throughout the clinic.

Surgery

Staff cleaned equipment after patient contact. Hair technicians cleaned treatment couches and other equipment and prepared it for use by the next patient immediately after each treatment and at the beginning of each session.

Staff worked effectively to prevent, identify and treat surgical site infections. However, the service did not measure the rate of surgical site infections at the time of our inspection. Managers told us they had plans to do this quarterly and use the information to assess any themes and trends.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Staff carried out daily safety checks of specialist equipment. The service had a portable defibrillator on the first floor near the treatment rooms. A defibrillator is a device that gives a high energy electric shock to the heart of someone who is in cardiac arrest. Records showed this was checked daily.

The service kept an emergency medicines kit, oxygen and an auto-injectable device that delivered epinephrine in a large cupboard on the first floor. Epinephrine is used to relax the muscles in the airways to enable you to breathe easier. Records showed all this kit was checked daily, was in date and the temperature of the room monitored.

The service had suitable facilities to meet the needs of patients' families. The reception area was large and bright with comfortable seating. Patient's families and carers could wait there or in a consulting room whilst the patient underwent treatment.

The service had enough suitable equipment to help them to safely care for patients. Treatment couches were height adjustable. The service had a portable appliance testing certificate for all electrical items, and we evidence of servicing of equipment.

Staff disposed of clinical waste safely. Staff used single use instruments for all procedures which were disposed of in line with the infection prevention and control policy. This meant they did not need to decontaminate any instruments. Sharps bins were available in all treatment areas and dated when first used with a partial closure mechanism to prevent needle stick injury.

The design of the environment followed national guidance. The premises complied with the recommendations in HTM 03-01 'Guidelines on the facilities required for minor surgical procedures and minimal access interventions' and was well-ventilated with air conditioning units in all treatment and consulting rooms.

The service had up-to date fire inspection and legionella testing certificates.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.

Staff used a nationally recognised surgical safety checklist. This was scanned securely onto the patients' electronic record and the paper record kept in the patient's file. However, staff did not record patients' vital observations such as pulse and blood pressure before, during or after the procedure.

Surgery

Staff completed risk assessments for each patient through completion of a medical questionnaire. This was completed by the patient prior to a consultation. The doctor had a consultation with the patient on the day of surgery. The medical questionnaire was reviewed by the doctor during this to ensure all relevant risks were identified, including any new risks which may have emerged. The doctor then held a team briefing to discuss these with the technicians. Paper and electronic patient notes were available so staff could update them throughout the procedure.

Staff knew about and dealt with any specific risk issues. For example, all patients completed a COVID-19 risk assessment prior to treatment.

All staff had completed first aid training that included basic life support. Doctors had completed advanced life support training.

The service did not have suitability or exclusion criteria. Staff told us it was at the discretion of the doctor regarding a patient's suitability for treatment. However, all staff we spoke to were able to give examples of the possible risks that might exclude patients from treatment. For example, they described certain 'red flags' such as being under the care of a psychiatrist, changes in medication in the last 12 months or high doses of medicines. Staff told us if any of these flags were present, they would contact the patient's GP or specialist doctor to gain permission to proceed. Staff gave examples of cases where this happened, and where patients had been declined treatment as a result.

The doctor and clinic manager met three weeks prior to a patient's procedure to review their risk assessments and ensure plans were in place to address known risk issues such as allergies.

Staff discussed mental health and wellbeing with patients and made sure patients did not have unrealistic expectations for the procedures. Staff showed an understanding of the impact of hair loss and treatment on the mental wellbeing of patients.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough staff to keep patients safe. They met the minimum staffing requirement recommended by the Cosmetic Practice Standards Authority (CPSA), with the doctor and two hair technicians available throughout the procedure.

Doctors could adjust staffing levels according to the needs of patients. All hair technicians were self-employed and managers and doctors scheduled them in line with planned procedures. Managers confirmed they were able to manage any staff sickness absence or leave as there were sufficient numbers of hair technicians within the pool.

The service had low vacancy rates, with no vacancies at the time of our inspection.

The service had low turnover rates. Most staff had worked at the clinic since it opened.

The service had a sickness absence rate of 0% in the last 12 months.

The service did not use any bank or agency staff.

Surgery

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. The service used electronic and paper staff records. However, managers told us the plan was to move to entirely electronic records and paper notes were scanned into the system in preparation for this.

We reviewed five sets of patient records and saw they were fully completed, signed, dated and legible with all key information recorded.

Records were stored securely inside locked cabinets in a storage room which was locked by a keypad code. All computers were password protected and staff closed them down and locked doors when offices were unattended to main patient confidentiality and keep all information secure.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Staff prescribed medicines such as pain relief and antibiotics when a patient was booked in for a procedure and stored these in pre-prepared packs sealed with the patients details in the medicine's cabinet. The doctors then signed and administered the medicines on the day surgery took place.

Staff completed medicines records accurately and kept them up-to-date. The hair transplant doctor discussed medication with patients during their consultations and recorded this in the patient's notes. The service provided patients with information about the medicines in the patient's guide and pre- and post-operative instructions booklets.

Staff stored and managed all medicines and prescribing documents safely. Medicines and prescription pads were stored in a locked cabinet in the storage room which was also locked by a keypad. The key for the cabinet was in a further locked box protected by a keypad within the locked storage room. Staff monitored the temperature in the storage room and cabinet to ensure it did not adversely affect the medicines. We checked a random sample of medicines and found they were sealed, within expiry dates and stored safely.

Manager carried out performed quarterly audits of medicines to ensure compliance with their medicine policy and identify any that had expired or were not stored correctly.

Incidents

Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff were able to tell us how they would report an incident clearly and in line with the service's policy.

Surgery

The service had no serious incidents or never events in the last 12 months. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

The service had not had an incident which required them to carry out duty of candour. Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff understood duty of candour and were able to describe how they would be open and transparent and give patients a full explanation if and when things went wrong. All staff had completed duty of candour training.

Staff received feedback from investigation of incidents which took place in the group's other location. They told us about learning shared and changes to practice following a data breach incident elsewhere.

Are Surgery effective?

Good 

We have not previously rated effective. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and delivered high quality care according to best practice and national guidance. The service had implemented relevant aspects of the National Institute for Health and Care Excellence (NICE) guidance. The clinic used World Health Organisation tools that had been adapted specifically for use in hair transplant surgery.

The doctor completed an additional treatment plan during the pre-operative consultation, which was agreed with the patient in line with General Medical Council guidelines.

The design of the premises met Cosmetic Practice Standards Authority (CPSA) guidance on standards for hair transplant environments.

The lead doctor was a member of the FUE EUROPE Society -The European Organization of Hair Restoration Professionals. This is a membership society to promote and improve the follicular unit excision (FUE) method of hair transplant across Europe.

All staff had completed training in the Mental Health Act and Mental Capacity Act. Staff understood the emotional and psychological impact of hair loss and knew how to identify patients who may be struggling.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

Staff gave patients appropriate advice on eating and drinking before having a local anaesthetic and checked patients had followed this on their arrival. If patients had not staff provided food and drink before the procedure.

Surgery

Staff ensured patients received hot and cold drinks and snacks during the day if they had a lengthy procedure. They catered for all individual dietary requirements including vegan, halal or kosher.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice. We saw staff asked the patient about their level of pain throughout the procedure we observed and administered additional local anaesthetic if required. The patient confirmed they were given enough pain relief.

Staff prescribed, administered and recorded pain relief accurately. All patients were given pain relief and instructions on how and when to use this in their post-operative pack. We saw pain relief was recorded accurately in all patient records we reviewed.

Patient outcomes

Staff did not always monitor the effectiveness of care and treatment. They achieved good outcomes for patients.

Though the service monitored the number of procedures completed and post-operative hair growth, it did not measure or audit any other patient outcomes such as revision rates or post-operative complications. Staff told us post-operative complications were rare, they had none in the last 12 months, and if patients contacted the service with any concerns these would be investigated and dealt with by the doctors.

Patients were contacted by staff 24 hours and 7 days after their surgery to give them an opportunity to raise any concerns or report any adverse outcomes.

Managers and staff did not carry out a comprehensive programme of repeated audits to check improvement over time. However, managers told us they had plans to introduce a bi-annual audit of revision rates so they could identify any trends and make improvements. This was not in place at the time of our inspection.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All new staff had a probationary period of between three- and six-months dependent on their role. At the end of this period, managers met with staff to confirm if they had met all the requirements and demonstrated the skills and knowledge needed for the role. Managers carried out the required pre-employment checks of all staff, including self-employed hair technicians. This included disclosure and barring service checks.

The surgical steps of a hair transplant procedure should only be performed by a General Medical Council (GMC) licenced doctor. The doctors who performed the hair transplant procedures at the service were registered doctors. They complied with GMC requirements for appraisal and revalidation.

Surgery

Managers gave all new staff a full induction tailored to their role before they started work. Staff we spoke with confirmed they had received a full induction which included a visit to the provider's other location to learn from staff in similar roles.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisals were conducted every January and staff confirmed they had received their appraisal and found it useful.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings were held monthly, and minutes made available to any staff who could not attend on the service's shared computer drive.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they felt supported and had opportunities to develop.

Managers made sure staff received any specialist training for their role. The lead doctor had developed a bespoke training and competency package for hair technicians. This was assessed through observation of practice and could take up to two years to complete. Hair technicians gained an accredited diploma on completion of the competency package.

Managers identified poor staff performance promptly and supported staff to improve. We were given examples of how poor performance was addressed sensitively with a member of staff.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The clinical team held team briefings before each procedure to ensure everything was in place to meet the patient's needs. The doctor and clinic manager met three weeks before each patient's procedure to review the care plan and ensure all appropriate risks were assessed and the patient's individual needs met within the care plan.

Staff attended monthly team meetings which had a set agenda, were minuted and actions recorded.

All staff we spoke with told us the team worked well together and all members of the team were able to contribute effectively to the patients care and treatment.

Seven-day services

Patients could contact the service for advice and support after their surgery, this included out-of-hours support.

Appointments were booked flexibly to suit patients' needs and included weekend appointments and surgery. Patients were given the required 'cooling off' period which meant staff could be booked well in advance and were always available.

The doctors operated an 'open-door' policy for patients to contact them following their surgery via social media or mobile phone. This included out-of-hours contact[KK5] and patients were informed they could use these contact details 24-hours a day[TC6]. Staff contacted all patients 24-hours following surgery to see if they needed any advice or support.

Surgery

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles following hair transplant. This was tailored to ensuring patients followed lifestyle which gave the best opportunity for the hair transplant to work and promote hair growth. This included general advice such as exercise, sleep routines and the avoidance of alcohol and smoking.

Staff assessed each patient's health when admitted through the completion of a medical questionnaire which was discussed with the patient at pre-operative consultation. The questionnaire included lifestyle questions such as smoking and alcohol consumption.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance and ensured that patients gave consent in a two-stage process with a cooling off period of at least 14 days between stages. They understood how to support patients.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

The first appointment was conducted by a 'consultant'. Consultants were not medical or clinic staff but had completed training to understand the different procedures. They gave the patient general information. This included information about hair loss, surgical and medical treatment options, the hair transplant surgery procedure, and administrative processes. They did not make surgical recommendations including hair transplant surgery design, or follicle number estimation. This was the responsibility of the hair transplant doctor who assessed, discussed and recorded this on the day of the procedure.

The service did not book appointments for treatment for at least two weeks following consultation to allow a cooling-off period in line with national standards for cosmetic surgery. The operating doctor then took consent on the of the procedure, in line with these standards. We observed one procedure and saw the doctor checked and regained signed consent from the patient before starting the procedure.

All staff completed mandatory training on gaining patient consent.

Staff made sure patients consented to treatment based on all the information available. Consent forms included terms and conditions and potential risks or complications of the procedure.

Staff clearly recorded consent in the patients' records. We saw signed consent was completed in all five patient records we reviewed.

Managers audited records quarterly to ensure consent was gained and recorded appropriately. Audits from January to June 2022 showed 100% compliance with signed consent forms.

Are Surgery caring?

We have not previously rated caring. We rated it as good.

Surgery

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. We observed one procedure and staff greeting patients as they arrived. Staff were open and friendly and put patients at ease. They were discreet, closing doors so telephone conversations could not be overheard.

Patients said staff treated them well and with kindness. The patient undergoing a procedure told us all staff had treated him with kindness and compassion.

Staff followed policy to keep patient care and treatment confidential. On arrival all visitors were asked to sign in and staff covered over previous entries to maintain confidentiality. Staff stored patient confidential information such as case notes securely, either online or in lockable cabinets.

The service had a chaperone policy and patients were offered a chaperone, if they wanted one. This was promoted through posters in patient areas and all staff had received chaperone training.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff gave examples of how they had adapted treatment to meet such needs, for example providing halal food on day of surgery.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients help, emotional support and advice when they needed it. Staff openly explained the limitations of treatment and expected results to ensure patients did not have unrealistic expectations. The doctor gave examples of when a patient may not be suitable for a treatment and how he would explain this sensitively.

Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity. Staff gave examples, of support they would offer patients who may be anxious such as playing music. The treatment rooms had a TV and they offered patients the choice to watch TV or a film to manage their anxiety and distract them during the procedure.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing. Staff we spoke with showed an understanding of the mental health impact of hair loss and the importance of treatment in improving mental health and well-being.

All staff had completed training on dignity and respect, person-centred care and equality and diversity.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Surgery

Staff made sure patients and those close to them understood their care and treatment. Consultants outlined all aspects of the care and treatment during initial consultations and the doctor talked through this again on the day of the procedure. Patients could bring carers or families with them to consultations or treatment for support.

The doctor explained the care and treatment plan was tailored to individual needs. They supported patients to tell them what outcome they wished to achieve and tailored treatment accordingly.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. When a patient first contacted the service staff would identify if an interpreter was needed and ensure this was in place for face to face consultations and treatment.

Staff supported patients to make informed decisions about their care. The service's website included a frequently asked questions section which outlined what to expect from treatment including possible side effects and how long it would take to see hair growth. The service gave patients a 14 day 'cooling off' period in line with GMC guidance. Information given to patients did not include any of the 'red flags' identified by the International Society of Hair Restoration Surgery.

Patients could give feedback on the service and their treatment via online review platforms.

Patients gave positive feedback about the service. We reviewed online reviews for 2022 and saw 95% rated the service as excellent. Patients commented on the professional, friendly experience and reassurance given throughout the procedure.

The service did not run any promotions or financial inducements such as discounts and time limited offers specific to hair transplant surgery. This complied with the Advertising Standards Authority's Guidance on the Marketing of Surgical and Non-surgical Cosmetic Procedures.

Are Surgery responsive?

Good 

We have not previously rated responsive. We rated it as good.

Service delivery to meet the needs of local people.

The service planned and provided care in a way that met the needs of local people.

Patients travelled to the clinic from across the United Kingdom and did not have to be local to access the service. The service offered flexible appointment times to meet people's needs and preferences and allow for travel.

Initial consultations could be held face to face or online to facilitate patient access and reduce travel or waiting times.

The facilities and premises met the needs of most individuals; however, treatment rooms were on the first floor and there was no lift. This meant patients who were wheelchair users or with other physical restrictions could not access the service. Following our inspection, managers told us they had plans to adapt the ground floor of the building to ensure people with physical disabilities and wheelchair users could access a treatment room.

Surgery

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

Staff made sure patients living with mental health problems received the necessary care to meet all their needs. Staff wrote to the specialist doctor or GP for any patient with identified mental health problems or on long-term medication for their mental health. This was to ensure the patient was suitable for treatment and an appropriate care and treatment plan put in place.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. All staff had completed equality and diversity training.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff told us when a patient first contacted the service they would be asked if they needed interpreters or signers. This would then be put in place for any face to face consultation and the day of their procedure.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Staff described how they would ensure food and drink provided to clients met specific needs such as halal, vegan or kosher.

Access and flow

People could access the service when they needed it and received the right care.

Managers monitored waiting times. The average time from an initial consultation to a patient undergoing hair transplant surgery was between eight and 12 weeks. Patients chose treatment appointments which were suitable for their needs and which allowed a 14 day 'cooling off' period.

Managers worked to keep the number of cancelled appointments to a minimum and monitored patients who did not attend for treatment. Managers told us it was very rare for a patient not to attend for treatment as they had paid a deposit. If they did not attend for procedures, then the clinic manager would call them as soon as possible.

Staff told us patients rarely had their appointments cancelled at the last minute. If this happened managers made sure they were rearranged as soon as possible.

The service monitored and took action to minimise missed appointments. Managers called patients 48 hours in advance of all consultations and procedures to remind them of all the appointment details.

The service provided two follow up treatments which patients could book at any time within 18 months of their procedure. Patients were also encouraged to book a 12-month review with the hair transplant doctor.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service had a system for referring unresolved complaints for independent review.

Patients, relatives and carers knew how to complain or raise concerns. The post-operative information booklet outlined for patients how to contact the clinic if they had any concerns.

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Staff understood the policy on complaints and knew how to handle them. Staff knew to direct all complaints to the clinic manager for investigation.

There had been no complaints received in the last 12 months. However, managers were able to describe how they would investigate complaints and identify themes.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The provider employed dedicated staff to monitor social media and online reviews so any issues could be picked up, acknowledged and the patient contacted.

The service was registered with the Independent Sector Complaints Adjudication Service.

Are Surgery well-led?

Requires Improvement 

We have not previously rated well-led. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service was led by the director who was also one of the registered managers. There was a second registered manager, and both worked between this location and another operated by the same provider. We were told the service had plans for the director to submit an application to deregister as registered manager. This was because the new registered manager had been in post now for some time and completed their full induction.

The hair transplant doctor was the clinical lead for the service.

Staff told us all managers and leaders were visible and approachable. They explained all leaders had an open-door policy and they felt confident and comfortable to approach and challenge managers and leaders.

We saw evidence that managers were supported to develop skills and complete additional training.

Vision and Strategy

The service had a vision for what it wanted to achieve, however we did not see a clear strategy to turn it into action.

The service worked to The KSL Clinic Limited vision, which was 'to help every male and female hair loss sufferer break down the barriers to complete happiness of their image and give them the confidence to move forward in life'. This vision was clearly stated on the service's website.

Staff we spoke with could explain the vision and spoke passionately about supporting patients to deal with the emotional aspects of hair loss and improve their self-image.

Surgery

However, during our inspection we did not see evidence the service had developed a strategy, with clear priorities and objectives, to support it and staff to achieve this vision. Following our inspection, the service provided information that showed a strategy was being built with the involvement of staff through team meetings and around the strategic themes of articulate, communicate, monitor and engage.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us they were proud to work at the service. They described it as the 'KSL family' and told us they felt supported by all staff, managers and doctors.

Staff told us they felt confident to raise any concerns and challenge more senior staff where necessary. The registered manager told us they were the Freedom to Speak up Guardian for the company. A Freedom to Speak Up Guardian works alongside the senior leadership team to ensure staff have the capability to speak up effectively and are supported appropriately if they have concerns regarding patient care.

The service had a staff whistleblowing policy to support staff to raise concern confidentially. The policy acknowledged that staff might want to report concerns to external bodies or seek independent advice and signposted them to further information on this.

Patients were encouraged to give feedback online. This was monitored by managers who responded to all feedback and noted any themes.

Governance

Leaders did not always operate effective governance processes, throughout the service. However, staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet.

The service held quarterly governance meetings. They were attended by the director, registered manager and clinic manager. They met quarterly and minutes were recorded. They had a regular agenda which included audits, training, numbers of procedures, concerns and any updates.

However, the main hair transplant doctor, who was the clinical lead for the service, did not attend the quarterly governance meetings. The service did not have a medical advisory committee or similar. These are committees which review clinical governance issues such as key performance indicators and adverse incidents. At the time of our inspection the service did not monitor clinical outcomes such as revision rates. Therefore, we could not be assured that robust processes were in place to monitor clinical performance indicators and patient outcomes and improve practice.

Staff we spoke with were clear about their own roles and responsibilities and lines of reporting. They attended monthly team meetings. However, we reviewed minutes of team meetings, which were brief, not attended by all staff and did not show discussion of performance or evidence of learning.

The service had a process to ensure all necessary pre-employment and ongoing registration checks of all staff were carried out. This included doctor appraisal and revalidation and pre-employment checks of self-employed staff.

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Management of risk, issues and performance

Leaders and teams used some systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had systems and processes to manage risk and had a range of local policies and procedures to ensure compliance with legislation and guide staff to perform their roles safely. Managers carried out audits of routine practice such as infection prevention and control and hand hygiene to ensure any risks were identified.

The service had indemnity insurance cover for all activities and staff.

The service had a business continuity plan which guided staff on actions to take if an unexpected event occurred such as fire, computer system failure or being unable to access the building.

Staff gave examples of when they had been able to contribute to decision making and were given the financial support to make improvements to patient care.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service used a mix of paper-based and electronic systems for patient records. Staff stored patient records securely in the records storage room and were able to find them easily.

Staff files were stored electronically. Managers stored staff files securely and updated them regularly.

The service had an information governance policy in place. Staff signed to confirm they had read the policy and completed information governance training.

The service had a website for patients to research their treatments, staff and patient testimonials. Patients could use the website to book consultations or ask questions. Managers ensured the website was up to date and added new case studies and testimonials regularly.

The registered manager was responsible for submitting notifications to external organisations such as CQC and could describe the types of information which would need to be submitted to CQC.

Engagement

Leaders actively and openly engaged with patients and staff.

Patients were encouraged to leave feedback and submit online reviews of the service. Managers reviewed feedback to identify any areas for improvement.

Staff gave examples of suggestions for improvement made to leaders and how these had been actioned. Staff told us they were asked their opinions and felt managers and leaders listened to them and implemented changes based on their feedback.

Surgery

Learning, continuous improvement and innovation

All staff were committed to continually improving services.

Staff and managers we spoke with, told us they were committed to continually improving services to ensure the best possible experience and outcomes for patients. We saw managers had plans to improve the audit of patient outcomes so they could identify learning and opportunities for improvement. However, this was not in place at the time of our inspection.