

The KSL Clinic Limited

# The KSL Clinic Ltd

## Inspection report

Adapt House  
7 Station Road  
Maidstone  
ME14 1QJ  
Tel: 01622686101

Date of inspection visit: 21 April 2022  
Date of publication: 28/06/2022

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?	Good	

# Summary of findings

## Overall summary

This is the first time we have inspected and rated the 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. They managed medicines well. The service knew how to manage safety incidents.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers 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. Out-of-hours support was available seven days a week.
- 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 the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People had choice about when they could access the service.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. 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:

- Policies did not always reflect the service.
- Patient outcomes were not audited.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

---

# Summary of findings

## Contents

### Summary of this inspection

Background to The KSL Clinic Ltd

Page

5

Information about The KSL Clinic Ltd

6

---

### Our findings from this inspection

Overview of ratings

8

Our findings by main service

9

---

# Summary of this inspection

## Background to The KSL Clinic Ltd

KSL Clinic is operated by KSL Limited. The service registered with us in 2017 for diagnostic and screening procedures, surgical procedures, and the 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 completed 269 hair transplants between 1 April 2021 and 1 April 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 doctor registered with the General Medical Council. The doctor who performed the hair transplant procedures at KSL was a registered doctor at the time of the inspection.

The team included a director, a registered manager, two hair transplant surgeons, a clinic manager, a patient coordinator, an administrator and a social media/marketing manager. They also employed hair transplant technicians who worked at the clinic on a self-employed basis.

We have not inspected this service before. However, we monitored the service using our engagement and transitional monitoring approach. We did not receive any information of concern about the service prior to the inspection, and there were no serious incidents or safeguarding alerts.

The premises used to deliver the service was a leased building in Maidstone. The building was a few minutes' walk from Maidstone East train station. It had a secure car park area to the rear, where staff and patients could park. The service leased the whole building.

The clinic facilities were spread over three floors. There was an additional top floor being built at the time of our inspection.

The ground floor included:

- A reception and waiting area.
- A storage room.
- An IT room where patient records were also stored.
- A room for laser procedures.
- A small photographic studio. The area was used to take photos of patient's hair before treatment and at follow up appointments, to assess their response to treatment or surgery.

The first floor included:

- A pre-admission room.
- Two clinical rooms for hair transplant surgery.
- A clinical room for platelet-rich plasma treatment.
- Sluice room.
- Patient and visitor toilets.
- Drug cupboard.

# Summary of this inspection

- Emergency equipment.

The second floor included:

- A large meeting room/office.
- A staff office.
- Staff toilets.

An additional third floor was being built and not in use. This area was to be for staff and include:

- A kitchen/eating area.
- A staff room for meetings.
- Staff office.
- Staff showers.
- Staff toilets.
- Staff lockers.
- Storage room.

## How we carried out this inspection

We inspected the service using our comprehensive inspection methodology. We carried out an announced inspection on 21 April 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.

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 interviewed the director, the registered manager, the clinic manager and patient coordinator. We observed one procedure and spoke with two patients following their treatments. We spoke with the registered manager and the hair transplant surgeon 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 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 SHOULD take to improve:

- The service should ensure all storage is kept off the floor to support effective infection, prevention and control practice.
- The service should consider completing a set of baseline observations for each patient prior to surgery and discharge.
- The service should ensure staff print their names after they record their signatures in patients' notes.
- The service should ensure all policies are bespoke to the service delivered.

## Summary of this inspection

- The service should consider reviewing their terms and conditions to ensure there is no misunderstanding for patients such as for fees incurred.
- The service should consider whether the guidance on hair restoration surgery, provided by the Cosmetic Standards Practice Authority, is reflected in its' practice.
- The service should consider whether the guidance on hair restoration surgery, provided by the British Association of Hair Restoration Surgery is reflected in its' practice.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Surgery

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

## Are Surgery safe?

Good 

This is the first time we inspected this service. We rated it as good.

### Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff. The provider purchased an online training package that included 32 training modules. For example, information governance, basic life support, fire safety and conflict management. Staff were required to complete annual updates of all modules. The compliance rate was 100% for 21 out of 32 modules, and eight out of nine staff had a compliance rate of at least 96% for all training.

Compliance was monitored and managed by the registered manager. They maintained a training spreadsheet which included all staff members and stored staff training records in individual files. They notified staff four weeks in advance of any training expiry dates.

There had been a recent issue with their training console. The registered manager had contacted the company to highlight this. The company had confirmed they were investigating the issue on 11 April 2022, and the issue was resolved on the 22 April 2022. However, the delay had meant that some of the annual updates for one member of staff had expired.

Following our inspection, the registered manager provided evidence that the issue had been resolved. One member of staff was on sick leave but expected to prioritise outstanding training on their return. Other staff had completed any outstanding training to meet their compliance target of 100% in all training modules.

### 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 safeguarding training suitable for their role. All staff received children and adult safeguarding training up to level two. Managers and lead roles also completed children and adult safeguarding training up to level three. Staff knew

# Surgery

how to identify adults at risk of, or suffering, significant harm. The service had not needed to make a safeguarding referral before. However, staff verbally described how they would do this and who to talk to if they were concerned about a patient. Managers described how the service was inclusive and how the service would protect patients with protected characteristics.

Management told us they did not treat anyone under the age of 18 years of age. They checked patient's identification and date of birth during consultations to confirm the same. However, their consent policy stated that a verbal confirmation of consent would be obtained and briefly entered into the medical record when a patient was under 18 years of age. The policy did not reflect their practice.

The service promoted safety through their recruitment processes and on-going employment checks. All staff had a Disclosure and Barring Service check relevant to the role they were employed for and at least one pre employment reference.

## **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.**

The premises were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated the service performed enhanced and more frequent cleaning of all areas to prevent the spread of Covid-19, in line with national guidance.

Laminated hand washing posters demonstrating best practice in techniques were on display above sinks.

Staff followed infection control principles including the use of personal protective equipment (PPE). PPE was stored on wall mounted dispensers. We observed a procedure and noted the staff member adhered to national guidance with regards to practice and correct use of PPE.

Hand gel was readily available in all areas. Staff were bare below the elbows and cleaned their hands between patient contacts. The registered manager observed hand hygiene principles at random times, gave staff feedback and audited practice. Audit results demonstrated staff complied with the infection prevention and control policy.

Staff worked effectively to prevent surgical site infections. Staff cleaned equipment after patient contact. The service had clear systems in place to ensure staff separated clean and used equipment and used sluice rooms effectively for this purpose.

We saw a desktop steriliser in their storeroom. A desk-top steriliser can be used to decontaminate instruments used during procedures. The use of desktop sterilisers is not in line with the Department of Health Technical Memorandum 01-01: management of surgical instruments (medical devices). There is an exception for dental providers to use bench top sterilisers in line with national guidance. For other services, the guidance recommends that desktop sterilisers should only be used as a last resort.

# Surgery

Managers told us the steriliser had never been used, and they would dispose of it immediately. They used equipment that was for single use only. They had invested in costly single use punches to significantly reduce the risk of infection. Punches are used during the implantation stage of procedures. They are one of the pieces of equipment most likely to increase infection risk if not decontaminated correctly. The service also used other single use equipment such as bowls, scissors and blade holders to minimise the risk of infection.

The service implemented additional measures in response to the Coronavirus pandemic. This included vaccination status for all staff, patients and visitors to the clinic. Managers recorded staff vaccinations and testing in personnel files. They also screened for Covid-19 symptoms on arrival to the clinic.

The flooring in the clinical areas and associated corridors had a flat surface and continuous return between the floor and the wall to allow for effective cleaning.

Managers monitored the number of hair transplants they performed each year, but they did not record any complications such as infections post procedure. They told us patients would contact them if they developed an infection. This was a missed opportunity as patients may contact their GP and asking and recording this routinely as part of follow up care could help to monitor their outcomes and use results to drive further improvement.

Boxes and storage were kept on the ground floor which had carpet tiles. We immediately highlighted this as it meant storage could collect dust and it would be difficult to effectively clean. Managers told us they would source shelving to support infection prevention and control measures as a matter of urgency.

## 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.**

The design of the environment followed national guidance and exceeded Cosmetic Practice Standards Authority (CPSA) guidance for hair transplant practice environments and the service had enough suitable equipment to help them to safely care for patients. Staff carried out regular safety checks of specialist equipment. All equipment had portable appliance testing within the last year. They monitored electrical equipment to ensure it was safe to use.

The service had suitable facilities to meet the needs of patients' families. The clinic had a reception/ waiting area with sofas and access to refreshments. There were accessible toilet facilities available for patients and visitors to use. All rooms in the clinic, except the toilets, had secure keypad entry locks.

Managers explained that the design and layout of the clinical rooms enhanced the quality of procedures by assisting staff to perform their duties more easily and enhancing patient experience. The treatment rooms were spacious, ventilated and well-lit. There was evidence of daily checks of the environment and all equipment.

The rooms contained adjustable surgical beds which were clean and well maintained and in line with guidance. They contained wall mounted and handheld mirrors so the patient could see themselves. There were wall clocks in every clinical room so patients could keep track of their procedure. Patients were able to watch their choice of television programmes on large screens or listen to music during their surgery. The audio-visual entertainment was available to assist in alleviating boredom and help the patient to relax.

There was clear signage about what to do in the event of a fire. This included an evacuation plan. Fire safety equipment was in date and stored safely on every level. Fire escape routes were cleared marked and free from obstructions.

# Surgery

They sealed used sharps bins and stored them in a locked storage room. Staff recorded an assembly date on all sharps bins that were in use. There were laminated posters in every clinical rooms to outline what to do in the event of a needlestick injury.

The service had contracts in place for regular collection of sharps and clinical waste. The service also had environmental and Control of Substances Hazardous to Health (COSHH), risk assessments in place. All staff completed mandatory training on COSHH to raise awareness about the regulations and how they protect people at work.

Staff managed clinical waste safely. Each treatment room contained appropriate clinical and general waste disposal bins. Staff took clinical waste bags through the back of the clinic to a secure clinical waste wheelie bin at the side of the building. This area was locked. However, the foot pedal on one of the pedal bins was not working. This meant staff would need to use their hand to open the bin. We highlighted this to the manager who advised they would get the issue rectified immediately.

Stock and cleaning equipment were kept in a specific room on the ground floor. The room had carpet tiles and storage boxes were kept on the floor. We immediately highlighted this as it meant storage could collect dust and it would be difficult to effectively clean. Managers told us they would rectify this immediately. They advised us they had sourced shelving to support infection prevention and control measures before we left. They also told us they planned to replace the carpet tiles with flooring that was impervious and easy to clean.

## 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 identified patient risks through a medical questionnaire completed by each patient before their consultation. Patients met a practitioner called a consultant for their first appointment. They did not have a clinical background 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 surgeon who assessed, discussed and recorded this on the day of the procedure.

They reviewed each medical questionnaire and discussed any possible risks with every patient at their initial consultation. They recorded this discussion in the patients' notes.

Staff were able to verbally describe the possible risks that might exclude patients from treatment. For example, they did not offer treatment(s) to a patient under the care of a psychiatrist. They discussed mental health and wellbeing with patients and were mindful about making sure patients did not have unrealistic expectations for the procedures. They discussed any concerns with the hair transplant surgeon. They asked for consent to contact a patient's GP or specialist if they had any concerns before, during or after consultation or surgery. This was to discuss their suitability for any treatment. Staff gave examples of cases where this happened, and where patients had been declined treatment as a result. The hair transplant surgeon declined treatment if a patient did not consent to them discussing any concerns with their GP or specialist doctor.

Patients had a consultation with the hair transplant surgeon on the day of planned surgery. This was to review their risks, plans for the procedure and gain informed consent. They then held a team briefing to discuss these with the technicians. Staff brought patient notes to the meeting so they could update them throughout the procedure.

# Surgery

We spoke with two patients who told us they felt very safe throughout their procedures and that staff regularly checked how they were. They said they received all the information they needed during their consultation and on the day of their surgery and would know how to contact the staff if they needed to.

The clinic also used a surgical safety checklist. They were scanned securely onto the patients' electronic record. However, they did not record patients' vital observations such as pulse and blood pressure before, during or after the procedure.

All staff completed mandatory basic life support training. They were able to describe risks and incidents that might happen during a procedure and how they would manage them. For example, they stored eyewash kits in case of a potential risk of injury to the eye.

Emergency equipment was stored and maintained next to the medicine cupboard. An automated external defibrillator was available. This could be used to detect the abnormal heart rhythms that cause cardiac arrest and can deliver the shock that is needed to save the life of a person with an abnormal heart rhythm. There was evidence of weekly checks of emergency equipment to ensure it was stored safely and in good working order.

There was an anaphylaxis box that contained emergency drugs to reverse the effects of a severe allergic reaction to prescribed drugs and a minijet syringe stored in the fridge. This was in case a diabetic patient had a severe hypoglycaemic episode.

## Staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.**

The service had enough staff to keep patients safe. They maintained the staffing requirement recommended by the CPSA. This stated that one surgeon, a technician, and one other member of staff should be available for each procedure.

All staff had worked at the clinic for a long time and some staff advised that they chose to work at the clinic despite living far away. Technicians worked on a self-employed basis. Managers scheduled the hair technicians to work in line with booked procedures. They received their rotas in good time and the service did not employ any temporary staff.

The service held a personnel file for each member of staff. The files contained evidence of recruitment processes. They included important documents such as disclosure and barring service, certificates, references and training records. Managers reviewed and updated the files on a regular basis. The service also collected evidence of staff vaccination status due to the coronavirus pandemic.

## Records

**Staff kept detailed records of patients' care and treatment. Records were generally clear, and up-to-date but they were not always fully completed. Notes were stored securely and easily available to all staff providing care.**

Patient notes were generally comprehensive, and all staff could access them easily. Patient records were paper based and once completed were scanned electronically. We reviewed five sets of patient notes. They contained forms and notes from each stage of the patients' journey.

However, only two had a start time recorded and only one had a finish time recorded for their hair transplant procedures and none of the staff had printed their names in the notes we reviewed.

# Surgery

All patient records were stored securely inside record cabinets in their IT storage room. There was a keypad lock which required a numerical code to grant entry. Only staff had access to the code and all staff were required to sign a confidentiality agreement during their induction programme. This was to confirm that all information related to the service and any patients were kept confidential.

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 completed medicines records accurately and kept them up-to-date. The hair transplant surgeon discussed medication with all patients during their consultations and recorded this in the patient's notes. They prescribed medicines such as antibiotics and pain relief for patients to take home. Dispensed medication was clearly labelled with the patient's name, name of medication, dosing regime, quantity dispensed, and expiry dates. Medications dispensed were recorded in the patient's notes.

The hair transplant surgeon discussed medicines with all 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 medicines in lockable cabinets in a specific medicine cupboard on the first floor. This was next to emergency equipment. All medicines were sealed, within expiry dates and stored safely. The fridge temperature was checked daily to ensure medication was stored at the correct temperature. They performed quarterly audits of medicines to ensure compliance with their medicine policy and identify any that had expired or were not stored correctly.

## Incidents

### **The service knew how to manage patient safety incidents, recognise and report incidents. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.**

There was an incident reporting policy that outlined the process for identifying and reporting incidents. Staff were aware of the process for reporting any identified risks to patients, staff and visitors. Incidents were logged using a paper-based accident logbook.

There had been no patient deaths, never events or serious incidents reported by the service during the past 12 months. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

They had reported one incident within the previous 12 months. This was related to information governance and all staff were able to recall it. The registered manager had investigated the incident promptly, informed the patient it related to and applied the duty of candour. The 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.

## Surgery

They also advised the patient how they could contact the Information Commissioner's Office (ICO). The ICO is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

The registered manager met with staff to share the learning from the investigation and required action to prevent a similar incident. They were responsible for overseeing the process for managing and investigating incidents. Any reported incidents would be reviewed and discussed at team meetings so shared learning could take place.

The registered manager was aware of their responsibility to report notifiable incidents to the Care Quality Commission (CQC) and other external organisations.

They told us the service was registered to receive patient safety alerts from the Central Alerting System (CAS). CAS alerts include important safety information from the Medicines and Healthcare products Regulatory Agency. They used these to learn from safety incidents and improve practice.

### Are Surgery effective?

Good 

This is the first time we inspected this service. We rated it as good.

#### Evidence-based care and treatment

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

The design and layout of the clinic maintained the Cosmetic Practice Standards Authority (CPSA) guidance for hair transplant practice environments. This enhanced the patient experience and promoted staff wellbeing. Managers researched the best available equipment to enhance the quality of procedures.

All staff had completed training in the Mental Health Act, Mental Capacity Act and a range of vulnerabilities such as learning disabilities. Staff understood the possible personal, social and emotional impact of hair loss on patients and could describe how they would identify patients who were struggling. Staff discussed the specific needs of each patient at team briefings before and after each procedure. This included the patients' reason for seeking treatment and any anxieties they had.

We saw evidence that managers and staff had attended several conferences and workshops run by hair transplant professional bodies to share best practice

Staff generally followed up-to-date policies to plan and delivered high quality care according to best practice and national guidance. The service had also 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 to promote patient safety and outcomes. However, some policies did not reflect their practice and were not bespoke to the service provided.

The provider's website included information about how a hair transplant works, what to expect, frequently asked questions such as when to wash hair after the procedure, shave their head, or to wear a hat. It also included advice about how to achieve optimal results such as avoiding smoking and alcohol.

# Surgery

Their website also included some information about medication which could enhance results. This included minoxidil and finasteride. Finasteride is a prescription only medicine and therefore needs to be prescribed. It is licensed in the UK for hair loss in men and for benign prostatic hyperplasia. Their website read 'finasteride can prevent further hair loss and boost the strength of your hair'. It did not include how effective it could be, how long to take it for, how soon patients could expect to see results and possible side effects which can include depression. Although it would be expected that the medical prescriber would discuss the medication in full, it did not confirm who could prescribe the medication. The information could be misleading as it did not include the potential side effects.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. The service adjusted for patients' religious, cultural and other needs.**

Staff made sure patients had enough to eat and drink including those with specific dietary requirements. There was plumbed in water available for patients, visitors and staff on the ground and first floor. Staff provided patients with a variety of menus from a local catering service. They had recently changed their caterers to accommodate all food options. For example, kosher, halal or vegan options.

The service provided patients with pre-operative information that explained patients should ensure they had breakfast the morning of their procedure. Staff checked with patients when they arrived and provided them with breakfast if they had not eaten.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.**

Hair transplant surgery is recorded as a relatively pain free procedure. However, staff recognised that patients were most likely to experience some minor pain. The hair transplant surgical procedures were completed under local anaesthesia. The hair transplant surgeon prescribed, administered and recorded pain relief accurately in patients' notes.

The hair transplant surgeon prescribed pain killers for each patient to take home. The service provided detailed instructions on when and how to take pain relief, if the patient needed it. The post-operative instructions advised patients to contact the clinic if they still felt any pain three days after their procedure. Staff discussed this with patients before they left. The service offered patients the opportunity to attend the clinic for a review if they were worried about pain at any time after their procedure.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment, but they did not audit the findings to make improvements.**

The service monitored the number of procedures completed. However, they did not routinely contact all patients and discuss potential complications such as infection, in growing hair(s) or poor results. They relied on patients to contact them and said they were confident they would contact them. However, some patients might contact their GP. For example, for treatment for an infection. This meant there could be missed opportunities to confidently compare their rates with other clinics and use their results to continually improve.

# Surgery

Managers advised they invited patients who reported a complication back to the clinic for a review straight away. They told us that the hair transplant surgeon shared learning from complications with the patient and staff. Although there is no national standard for complication rates in hair transplant surgery, they told us about four percent of patients contacted them because they were unhappy with their results, and they offered them additional treatments.

The provider had started to monitor the number of additional treatments they completed since January 2022. This included platelet-rich plasma treatments. They did not audit the results of the procedure to help identify outcomes and potential areas for improvement.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.**

Managers gave all new staff a full induction tailored to their role. This had to be completed within 14 days of starting employment. The induction involved spending time with each team member to understand their role and responsibilities, observe consultations and procedures, complete all e- training and became familiar with policies and procedures.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. For example, the registered manager was supported to complete training in platelet-rich plasma treatments. Their competencies were assessed by their hair transplant surgeon in advance of offering the procedure. Their competencies were monitored every six months.

The surgical steps of a hair transplant procedure should only be performed by a General Medical Council (GMC) licenced doctor. The doctor who performed the hair transplant procedures at KSL was a registered doctor. They complied with GMC requirements for appraisal and revalidation. They were a member of The British Association of Hair Restoration Surgery.

Managers supported staff to develop through yearly, constructive appraisals of their work. For example, the registered manager was completing the nurse prescribers' course at the time of our inspection. They had requested to complete this during their appraisal to support the patients' journey.

The service encouraged staff to access training opportunities. They funded additional training relevant to their roles and gave them time off to attend. Staff said they felt well supported, had opportunities to develop and that appraisals were meaningful.

Managers made sure staff attended team meetings or had access to meeting notes when they could not attend. Minutes of the meetings included an agenda, listed the topics discussed, including actions from meetings and who was responsible for them.

## Multidisciplinary working

**All staff 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 briefings before each procedure to discuss the specific needs of each patient and plan for the surgery. They communicated with each other and the patient throughout the procedure and worked together to plan aftercare.

# Surgery

Staff communicated with patients' GPs or and other health professionals in line with the individual needs of patients, and with their informed consent. This was to determine some patients' suitability for procedure(s) and share relevant concerns.

Operational staff met with their sales team monthly. The sales team were responsible for managing the providers' website. We read recorded minutes from the meetings which included an agenda, actions completed since their last meeting, surgery dates, CQC compliance and any concerns. Staff told us the team worked well together and that there was a happy and supportive culture.

## Seven-day services

**The service provided flexible appointments and out-of-hours support.**

The service booked appointments in line with patient need and the availability of clinical staff. Staff booked procedures well in advance to allow for the patient cooling off period and so staff knew their rota well in advance.

Staff had regular contact with patients in the days immediately after their procedure. Patients were able to contact staff out of hours on an on-call mobile number.

Staff could call for support from the hair transplant surgeon seven days a week. This could be a telephone call or email if they were not on site. We were given several examples of how staff felt supported by medical staff and management.

## Health promotion

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

The service gave patients advice and information to promote a healthy lifestyle. The information they gave patients was mostly to ensure patients had the best opportunity for their hair transplant to work well by promoting hair growth. This included general advice such as exercise, sleep routines and the avoidance of alcohol and smoking. Patients could be signposted to other services if required.

The service sent consent forms to patients after they had booked their initial consultation. Patients would then bring their consent form to their consultation with the hair transplant surgeon. They discussed the contents of consent forms with each patient at their appointment and they would both sign it at the end.

## 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 to gain patients' consent. Their terms and conditions did not always reflect their practice.**

We observed one procedure. The member of staff checked the patient's details. For example, full name and date of birth. They discussed the procedure in full and checked the patients understanding before asking them to confirm if they consented to proceed. The patient gave verbal and written consent. The consent form was recorded in the patient's notes.

We reviewed recent patient feedback. They consistently commented that they were encouraged to ask questions, the clinician checked their understanding, and they felt well informed.

We checked five sets of patients notes. They all included signed consent forms.

# Surgery

Managers and clinical staff told us they never invoiced a patient if they changed their mind during the ‘cooling off period’ or in advance of treatment. They told us they would only be charged an administrative fee. However, this was not reflected in their terms and conditions which outlined that any treatments cancelled less than 14 days ahead of surgery would be subject to 100% of the agreed procedural costs. This could be misleading and mean patients did not always fully understand the terms and conditions for the service.

## Are Surgery caring?

Good 

This is the first time we inspected this service. We rated it as good.

### Compassionate care

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

Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed one procedure during our inspection and observed staff being discreet and responsive to the patient’s needs. We also spoke with two patients who said staff treated them well and with kindness. They did not feel rushed during consultations, were given privacy and encouraged to ask questions.

Patients had access to the admission room on the day of their procedure and were given privacy to dress and undress. Patients were offered a chaperone for any medical examinations/procedures and staff recorded if they declined one.

The service encouraged each patient to complete feedback regarding their experience and results. Staff reviewed all patient feedback to identify any areas for improvement. We looked at several patient testimonies. The testimonials were consistently positive with patients using words such as ‘exceptional’, ‘amazing’ and ‘exceeding expectations’ to describe their experiences with staff. They gave several examples of times they felt staff had gone over and beyond to make their experience the best they could be.

The hair transplant surgeon told us the team did not leave work until they were confident the patient was happy. Patients could contact the team if they had any queries or concerns. We saw evidence of this in feedback. They were invited back to discuss any concerns or if they were unhappy with the results of their procedure. Managers reviewed the patient’s file and photographs. They offered an appointment as soon as possible with the clinician who had performed their procedure.

Staff understood and respected the cultural and religious needs of patients and how they may relate to care needs. They were able to give examples of how they adapted treatment to meet the cultural and religious needs of patients. For example, providing a room for prayer.

Staff followed policy to keep patient care and treatment confidential. They kept doors closed during consultations and procedures, stored patient information securely and had completed information governance training.

# Surgery

Building work was in progress on the top floor, at the time of our inspection. Most of the building work had been planned to be completed over the Christmas period when the clinic was closed. This was to avoid any disruption to patients and staff. Staff notified all patients who had a consultation or treatment booked during this period. They also offered them the choice of postponing their treatment until work was completed.

## 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 and those close to them help, emotional support and advice when they needed it. They understood the personal, social and emotional impact that hair loss had on patients and showed an understanding and non-judgemental attitude when discussing them. They gave examples of times they had comforted patients who were upset or anxious and provided them with emotional support or employed distraction techniques during their procedure.

They booked an additional appointment with the clinician if a client was anxious and allowed additional time or the option of postponing/re-booking. There was a large TV in each treatment room. Staff told us patients liked to watch TV or music during hair transplant procedures as the procedure could be very lengthy and it could help them to relax.

Staff explained that patients could ask for a break and visit the bathroom at any time they chose. Staff would also prompt a break in treatment if they felt the patient need one. Patient feedback confirmed that staff had helped patients to relax and attended to their emotional needs

Staff made patients fully aware of any possible limitations to their treatment and the expected results to ensure that they did not have unrealistic expectations or suffer disappointment. The hair transplant surgeon explained that some patients would not be suitable for some types of treatment and that they were careful to explain this to patients sensitively.

## 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.**

Staff made sure patients and those close to them understood their care and treatment. Patients' family or friends could attend consultations with them and wait in the admission room or waiting area whilst patients had their treatment. The service discussed their treatment with patients' families, friends or carers if patients wanted them to.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff would identify if patients needed an interpreter or signer at the time of booking appointments and they were planned for each part of the patient journey. They ensured patients could access information according to their needs.

The company 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. However, they did offer a discount to members of the armed forces. They told us this was not promoted on their website and was in recognition for their service to the country.

## Are Surgery responsive?

# Surgery

This is the first time we inspected this service. 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 and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services, so they met the needs of the local population. However, patients did not have to be local to access the service. Patients who lived far away from the clinic could have some of their appointments remotely.

The clinic facilities and premises met the needs of most individuals. There was no wheelchair access and no lifts as they could not get permission for this from the landlord of the building. This meant the service was not available to people with mobility issues. We did not see this information on their website. This could be misleading for visitors and interested clients with mobility issues.

Managers monitored and took action to minimise missed appointments. All patients were contacted 48 hours in advance of all appointments to check the patient was still planning to attend and to confirm all the appointment details.

## 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. They coordinated care with other services and providers.**

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 recent training in equality and diversity. This covered the needs of patients with disabilities. Managers provided examples of reasonable adjustments they had made for patients with disabilities. For example, they had treated two deaf patients and organised a signer to attend for all their consultations/treatment.

Staff checked whether patients needed any additional support when they booked their appointment. They had arrangements in place to access interpreters and told us they would never use family or friends to interpret.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Staff were able to give other examples of how they had met the needs of patients' cultural or religious needs such as providing rooms for prayer. They provided food and drinks to patient's family and friends if they attended with them.

Staff understood patients' personal needs. They told us about how they had supported a transgender patient. They asked the patient how they wanted to be addressed. They demonstrated respect and validation by using a person's correct pronouns, consistent with how they identified and chosen names.

## Access and flow

**People could access the service when they needed it.**

# Surgery

Managers monitored waiting times and made sure patients accessed services when needed and received treatment within the timeframes they agreed with patients. Patients were at the centre of the decisions made about appointments. Patients chose appointments dates and times that suited them. Patients booked appointments with the service by phone or through the website.

Patients who lived far away from the clinic were able to attend their initial consultation remotely. The service was able to offer consultations at a clinic in Birmingham or Cardiff if this was easier for them to attend.

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

The service provided patients with good aftercare information including a patient's guide and post-operative instructions. Staff kept in contact with patients in the days immediately after their procedure and patients were given a mobile phone number to contact out of hours if they wanted to. Aftercare included a special pillow, shampoo, simple pain relief and antibiotics to help prevent an infection.

Patients were warned about complications to look for. This included swelling, bleeding and signs of infection. They were given advice about the importance of eating a healthy diet and avoiding smoking and alcohol pre surgery and for at least two weeks post-surgery to promote optimal healing and results.

The service offered patients two face to face follow up appointments which were included in the price of their procedure. Patients could arrange these follow up appointments for any date within 18 months of their procedure.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service would treat concerns and complaints seriously, investigate them and share lessons learned with all staff.**

Patients knew how to complain or raise concerns. The service provided patients with a post-operative instruction booklet that encouraged them to contact the service if they were not pleased with the care or treatment.

The service had an up-to-date complaints policy which outlined the process to follow including expected timescales. Staff understood the policy on complaints and knew how to handle them. The service encouraged staff to involve patients in the complaints process.

The registered manager had responsibility for responding to, investigating and resolving complaints quickly and effectively. The policy encouraged staff to support patients who were unhappy with the outcome of their complaint to contact the Independent Sector Complaints Adjudication Service.

The service had a process for reviewing complaints to identify themes and learning opportunities. We saw that managers collected data on complaints and patient feedback and that the service had not received any complaints in previous 12 months.

# Surgery

## Are Surgery well-led?

Good 

This is the first time we inspected this service. We rated it as good.

### 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 owned 90% of the company. They were supported by the hair transplant surgeon who owned 10% of the company. The registered manager was a registered nurse. They were responsible for the governance of the service as well as care and treatment to patients.

Staff were positive about the leaders of the service and their wider staff team. They explained that the hair transplant surgeon was an expert in the field of hair transplants. They were pleased to work at the service due to the inclusiveness of the team, and open-door policy. We spoke to two patients who described staff as knowledgeable and professional.

All leaders maintained their skills and knowledge through clinical practice and continuing professional development and encouraged staff to do the same.

### Vision and Strategy

**Their vision was focused on sustainability of the service.**

Managers explained that their aims for the service were to continue to deliver a high standard of care and treatment to patients, and constantly improve. They had recently established governance meetings to continually monitor and improve patient experiences. They aimed to improve outcomes, in terms of quality and safety.

The director told us their biggest challenge was declining treatment to unsuitable patients. They worried they might still be accepted for treatment at another hair transplant clinic. They told us their success was measured against patient satisfaction. It was paramount that all patients had realistic expectations and were suitable candidates.

### 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 felt supported, valued and respected by their managers and colleagues. They enjoyed working at the service and were proud to be associated with the organisation. They were a small team who were close and made time to socialise and get to know each other outside of work hours.

Staff told us they could raise concerns with managers without fear. The service had a whistleblowing policy in place to support this process. We were given examples of issues staff had raised with the director. Staff felt listened to and outlined what had been done to resolve their concerns. For example, the clinic was being refurbished and expanded to reflect staff feedback for additional space, showers and lockers.

# Surgery

There was an up-to-date whistleblowing policy to support staff to raise concerns in confidence. The policy acknowledged that staff might want to report concerns to external bodies or seek independent advice. It did not outline who the external bodies could include.

Patients and staff were able to give feedback easily. Patients were encouraged to give feedback online. This was monitored by managers who responded to all feedback and noted any themes. Themes were discussed at team meetings and monthly quarterly meetings. Managers reviewed all feedback to identify learning opportunities and improve practice.

They also encouraged patients to leave anonymous feedback in a suggestion box at the clinic. Management gave examples of when they had made changes to reflect feedback. For example, they had refurbished their patient toilets following patient feedback.

Managers reviewed patients' needs and provided them with honest and accurate recommendations. At times this included advising patients not to progress to surgical treatment. They preferred to support patients to explore all other treatment options to achieve their desired outcome. They told us they would rather decline a patient treatment, than offer them unrealistic expectations. We spoke with a patient who had just completed a treatment and they told us they were not given a hard sell, and plenty of time to consider their options.

## Governance

**Leaders generally operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

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

The service had a full range of policies and procedures in place to comply with legal requirements. Managers reviewed the policies each year and updated them if required. All policies were in date at the time of our inspection, and staff had signed to confirm they had read them.

However, some policies were not always specific to the activities of the service. For example, the induction policy outlined that clinical staff would be given a specific focus of areas such as home visiting. This was not relevant to the service. The infection prevention and control policy stated gloves must be lightweight to preserve the tactile sensation required while performing delicate dental procedures. Also, the information governance and monitoring policy did not make any reference to information governance.

The service held a personnel file for each member of staff. The files contained evidence of recruitment processes. They included important documents such as disclosure and barring service certificates, references and training records. The service had also collected evidence of staff vaccination status. This was due to the coronavirus pandemic. Managers reviewed and updated the files on a regular basis.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

# Surgery

The service had a documented business continuity plan with clear instructions about what to do in the event of a disruptive/adverse incident such as a flood or fire. They would contact the landlord of the building in such an event and cancel all clinical activity until power was restored.

The service also had environmental and Control of Substances Hazardous to Health risk assessments in place. We found evidence of routine quality monitoring and audit of processes such as infection control.

The service had indemnity insurance arrangements in place to cover all activities and staff.

## Information Management

**The service collected reliable data Staff could find the data they needed, in easily accessible formats, to understand performance. The information systems were secure. They understood what notifications needed to be submitted to external organisations as required.**

The service used paper-based systems for staff and patient records. Staff stored patient records securely in the records storage room and were able to find them easily. They would take these into clinical rooms to update them during procedures. 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.

They had a website for patients to research their treatments, staff and patient testimonials. Patients could also 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.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff.**

The service collected formal feedback through patient testimonial forms on-line. Staff also encouraged patients to leave google reviews online. Managers reviewed all patient feedback to identify any learning opportunities.

Staff advised that they felt able to provide feedback or make suggestions at any time. The service held monthly staff meetings and we saw meeting minutes where staff had contributed.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

Managers told us they continually looked for ways to improve the service. They were committed to ensuring that staff and patients had a voice to contribute to service improvement. Staff had opportunities to attend workshops and conferences run by hair transplant professional bodies so they could contribute to sharing best practice.