

Independent Healthcare Inspection Report (Announced)

Head Quarters Hair Transplant Clinic, Cardiff

Inspection date: 22 January 2025

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did.....	5
2. Summary of inspection	6
3. What we found	9
• Quality of Patient Experience	9
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership	15
4. Next steps	17
Appendix A - Summary of concerns resolved during the inspection	18
Appendix B - Immediate improvement plan	19
Appendix C - Improvement plan.....	20

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Head Quarters Hair Transplant Clinic, Cardiff on 22 January 2025.

Our team for the inspection comprised of a HIW senior healthcare inspector and a clinical peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of two were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Head Quarters Hair Transplant Clinic was committed to providing treatments to patients in an environment that was conducive to providing a high-quality service. Staff placed an emphasis on promoting the privacy and dignity of patients and on protecting patient rights when visiting the clinic. The environment also promoted patient privacy and dignity.

The registered manager and clinicians ensured patients were provided with detailed information pre and post treatment so they could make informed decisions about their treatment.

Staff were dedicated to ensuring patients received a quality experience and this was reflected in the patient feedback with all patients reporting positive experiences at the service.

There were good processes in place to enable patients to provide their views on the care they had received at the clinic. However, the clinic needs to display more health promotion information.

This is what we recommend the service can improve:

- Provide more health promotion information on how patients can maintain their general health.

This is what the service did well:

- Treated patients with dignity and respect
- Providing patients with information about the care and treatment provided, including aftercare.

Delivery of Safe and Effective Care

Overall summary:

The clinic environment was well maintained and free from obvious hazards, it was also warm and welcoming. The general ambience in the waiting room was of a high standard and thought had been put into the layout.

All patients said that the clinic was clean and that infection control measures were being followed.

We found that medicines were stored securely and a system to monitor medication stock was in place.

The clinic had the right equipment and medical devices to meet the needs of patients. The equipment was maintained in a timely manner.

The clinical records were well organised and easy to understand. They were clear, accurate and legible. However, to improve the standard of records further, we felt that an entry from the person who chaperoned the patient would be beneficial. An electronic record system was used at the clinic and the records management system allowed for authorised staff to view records.

This is what we recommend the service can improve:

- We found that all policies and procedures required review.

This is what the service did well:

- A clean and well maintained environment for patients
- Medicines management was thorough and medications were appropriately stored
- Medical records were well maintained, secure and easy to navigate.

Quality of Management and Leadership

Overall summary:

We found the registered manager was patient focused and had appropriate skills and knowledge to deliver safe treatments to patients.

We viewed staff training records and found that staff had completed all mandatory training.

The clinic had a range of policies and procedures in place which were being reviewed and updated regularly. These were found to be well organised and easy to navigate. However, they required updating.

The clinic manager had an organised system in place which enabled staff to record training records, manage other staff and ensure appropriate policies and procedures were stored.

Team meetings were being held regularly. However, these were not formally recorded.

This is what the service did well:

- Appropriate processes in place for staff recruitment
- Mandatory training was complete for all staff.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. The responses and limited comments indicate a positive patient experience for this setting.

Patient comments included:

"I recently underwent a hair transplant at HQ in Cardiff, and I am pleased to convey my positive experience regarding the quality of care, treatment facilities, and staff provided.

From the moment I arrived at HQ, I was greeted with warmth and professionalism. The reception staff were courteous and attentive, ensuring a seamless check-in process. The consultation was thorough, with the medical team taking the time to understand my specific needs and concerns. Their expertise instilled a sense of confidence in the procedure ahead.

The treatment facilities were of the highest standard, immaculately maintained and equipped with advanced technology. This environment significantly contributed to my comfort and peace of mind during the process. I was particularly impressed by the attention to detail in the sterile and safe setting, which underscored the clinic's commitment to patient care.

Throughout the procedure, the medical staff demonstrated exceptional skill and compassion. They were continuously attentive to my comfort and well-being, providing clear explanations of each step. Post-treatment, the follow-up care reinforced their dedication to ensuring my recovery was smooth and successful.

Overall, my experience at HQ in Cardiff was exemplary, marked by outstanding care and professionalism. I highly recommend their services to anyone considering a hair transplant."

"Very clean! All the staff take a great deal of care to ensure that you are welcomed warmly and explain everything that is happening. It was a great day."

Health protection and improvement

There was little health promotion material displayed within the clinic. However, staff confirmed that patients would be provided with relevant health promotion advice during their consultations prior to the procedure date. For patients without online access the clinic would print out the relevant information.

More information also needs to be available in the clinic on how patients can look after their own general health.

Dignity and respect

We found the clinic to be light, airy and clean. Access to the clinic was on the first floor with no lift and therefore not suitable for patients with mobility issues. This was stipulated in the patient guide.

We saw that assessment rooms had lockable doors and preoperative rooms had and private bathrooms for patients to remove clothing in privacy.

The environment of the clinic promoted the privacy and dignity of patients. We noted all rooms to consultation rooms were closed when in use and the blinds to the windows were closed. The reception area and waiting room at the clinic was an appropriate size. We noted that staff placed an emphasis on promoting the privacy and dignity of patients attending the clinic.

All patients who completed a HIW questionnaire told us staff had treated them with dignity and respect and measures were taken to protect their privacy during their appointment at the clinic.

Patient information and consent

All the patients who we spoke to agreed they were provided with enough information to help them understand their healthcare. They also all agreed that staff listened to them and answered their questions.

Communicating effectively

We saw that signage within the clinic was in English only. Most correspondence was sent to patients via e-mail.

Written patient information was generally available in English only and not bilingually in Welsh and English. None of the patients who completed the questionnaire said that their preferred language was Welsh. However, as the clinic operated in Wales, the registered manager should consider providing more information in both Welsh and English.

We saw an information on the clinic website with photographs and details about each staff member working at the clinic.

Care planning and provision

Staff we spoke with said that patients were provided with information about their care and treatment, at all stages of the procedure and afterwards. There was information on the clinic website about the general issues that patients would experience and how to manage these. Additionally, patients were provided with an aftercare bag containing information about the care and treatment provided, including aftercare products.

Equality, diversity and human rights

The clinic was situated on the first floor and therefore not easily accessible to patients with mobility difficulties or those who used a wheelchair. This was stipulated in the patient guide. Staff stated that they would help patients where necessary to ensure they could access the clinic. This showed that staff provided care in a way that promoted and protected people's rights.

The clinic also had an equality and diversity policy in place. However, this required review.

Patients who completed a HIW questionnaire told us they had not faced discrimination when accessing or using the clinics' services and felt that they could access the right healthcare at the right time regardless of any protected characteristic.

Citizen engagement and feedback

Staff we spoke with told us that patients could complete a survey that provided verified feedback. This included the overall experience, wait time and cleanliness. The clinic recorded all comments posted and made changes where possible. We were told that feedback was mostly positive.

Google reviews and Trustpilot were also used to collect feedback and links to this were shown on the services website.

Delivery of Safe and Effective Care

Managing risk and health and safety

Head Quarters Hair Transplant Clinic was situated on the first floor in a secure building. The entrance was controlled by an intercom system and only people with appointments were granted entry.

The clinic environment was well maintained and free from obvious hazards, it was also warm and welcoming. The general ambience in the waiting room was of a high standard and thought had been put into the layout.

We saw there was adequate seating in the waiting area and there were hot and cold drinks available for patients and visitors.

We reviewed the arrangements for dealing with a medical emergency. We found procedures to be in line with Resuscitation Council guidelines and equipment was checked regularly.

The practice had a number of policies in place that staff had access to in the HR folder. However, these required reviewing which was being dealt with by the clinic manager. The practice manager informed us that they were imminently awaiting delivery of updated policies and procedures.

The registered manager must provide HIW with evidence that all policies and procedures have been reviewed.

Infection prevention and control (IPC) and decontamination

We found the clinic to have appropriate IPC processes in place. We noted that personal protective equipment (PPE) was available, used and changed appropriately between patients. Hand washing stations were available in all consultation rooms. We noted the majority of equipment used was single use and there were appropriate decontamination processes for reusable items. We saw sharps bins were available and stored appropriately. There was a suitable IPC policy in place, however, all policies required review.

The clinic was visibly clean and well maintained. We saw evidence of the cleaning schedules and audits completed in the current year.

The practice had a number of policies in place that staff had access to in the HR file. However, as previously mentioned these required review.

All patients who completed the questionnaire said the setting was 'very clean'. All patients with an opinion said that infection control measures were being followed.

Nutrition

Patients who undergo procedures are expected to be at the clinic for a full day and so lunch was provided. This was arranged through an external provider and no food was prepared at the clinic.

Medicines management

The clinic had a medicines management policy. However, it had not been recently updated. We saw that only medication required for procedures was stored on the premises. We found the systems for monitoring and ordering medication stock to be robust. We saw that medication was stored securely and keys were kept by the clinic manager.

The clinic used an online system to store records of all patient related notes.

Safeguarding children and safeguarding vulnerable adults

There was a safeguarding policy in place, which included information on local services with relevant contact details. As mentioned in other sections of this report, this required review. The registered manager was the designated safeguarding lead and staff said they would be informed of any safeguarding concerns to coordinate any action required.

We saw records of safeguarding training which showed 100% compliance.

Medical devices, equipment and diagnostic systems

The clinic had the right equipment and medical devices to meet the needs of patients, and these were situated in the correct environment for their use. The registered manager was responsible for ensuring the equipment was maintained in a timely manner, this included a process for reporting faulty equipment. Evidence of this maintenance was provided and showed that it had been completed in a timely manner.

Safe and clinically effective care

From speaking to staff at the setting, including senior staff, we were told that very few patients attending their clinic had additional needs. The staff we spoke with were both happy working at the clinic and they believed that the care given was timely and that care to patients was provided in a safe environment with access to clinical policies and procedures.

Records management

We inspected a random sample of records for three patients. We saw that the records were organised well and were easy to understand, accurate and legible. An electronic record system was used at the clinic and the records management system allowed for authorised staff to view records.

The records showed that information leaflets were emailed to patients about their procedure.

We noted that the clinic offered face to face appointments and can track patients from their first contact to the end of their treatment. The clinical record keeping system used was considered to be very good.

Quality of Management and Leadership

Governance and accountability framework

The clinic had a practice manager who was also the registered manager and in charge of the day-to-day management of the clinic. There was a clear management structure in place, with clear lines of reporting and accountability shown.

We were provided with an up-to-date statement of purpose and patient guide in relation to the clinic. Both included the relevant information required by the regulations.

There were policies and procedures in place and these were well organised and easy to navigate. These were available in a HR file for staff to access. However, these were out of date by a few days. The practice manager was aware of this and was awaiting new policies to be sent by the contracted company.

Dealing with concerns and managing incidents

The clinic had an up-to-date written complaints procedure, which was on display at the clinic. This set out to patients who they could contact for advice, including the details of HIW, in addition to the timescales for responding to complaints.

Arrangements were in place to record and monitor incidents. We were also told the process to receive monitor and investigate any complaints. We were told that they had not had any incidents to date. However, staff described the process of how lessons learned would be shared with all staff was described.

Workforce recruitment and employment practices

Staff we spoke with confirmed the number and skill mix of staff working at the clinic was sufficient to deliver the services provided at the clinic. We were told that patients were only booked in for appointments when there were sufficient qualified staff working at the clinic.

We saw that a HR monitoring system was in place to ensure pre-employment checks took place and track training.

We were told regular staff meeting took place although, minutes were not always recorded. We recommended formally recording staff meetings as a matter of process which will be beneficial as the team grows. Staff told us they discussed good practice and feedback in the weekly meetings.

Workforce planning, training and organisational development

We reviewed a sample of four staff files and found that pre-employment checks were performed, and staff had a contract and job description. We saw that appraisals took place annually and all staff had received one within the last year. There were also more frequent supervisory discussions that were recorded on the HR system.

We examined the new staff files for both non-clinical staff, which included references, job descriptions and contracts. The disclosure and barring services (DBS) check on all members of staff was completed.

The staff training was also managed on the HR system. This showed that compliance with mandatory training was 100%. This included basic life support, safeguarding and manual handling.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified.			

Appendix B - Immediate improvement plan

Service: Head Quarters Hair Transplant Clinic

Date of inspection: 22 January 2025

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate assurance issues were identified.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Head Quarters Hair Transplant Clinic

Date of inspection: 22 January 2025

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	We found that the policies and procedures for the clinic required review.	The registered manager must provide HIW with evidence that all policies and procedures have been reviewed.	The Independent Health Care (Wales) Regulations. Reg (9) (5) (c)	2025/2026 Policy Manual and Clinic Registry now received updated policy guide now complete.	L. Andrews	Complete

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Lindsey Andrews

Job role: Registered Manager

Date: 5/3/2025

