

Independent Healthcare Inspection Report (Announced)

Cowell Street Skin and Hair Clinic

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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.



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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 Cowell Street Skin and Hair on 29 May 2025.

Prior to the inspection, the setting informed us of their decision to de-register and stop providing their hair transplant service. This means that the hair transplant service did not form part of this inspection.

The inspection was conducted by a HIW healthcare inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 15 questionnaires were completed by patients. 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:

We found patients who received laser treatments at the service were provided with a positive experience. The clinic was modern, inviting and enabled a good degree of privacy. Patients feedback was very positive in all areas.

There was sufficient and clear information provided to patients before, during and after treatment to help manage expectations and to ensure effective treatment.

This is what we recommend the service can improve:

- The registered manager should revise the chaperone policy to ensure that it reflects practices the clinic can achieve.

This is what the service did well:

- Patient feedback was very positive
- The clinic was modern, spacious and inviting

Delivery of Safe and Effective Care

Overall summary:

Good processes existed to ensure patients receive safe and effective care. This included suitable arrangements for the on-going use and maintenance of the laser equipment.

Record keeping was maintained to a good standard and standardised documents were used to record patient medical histories, consent, and details of the treatments provided. All patients received patch tests, and all were provided with aftercare advice.

This is what the service did well:

- Suitable arrangements for the on-going use and maintenance of the laser equipment
- Good standard of treatment planning and record keeping
- Good infection control measures and clinic cleanliness.

Quality of Management and Leadership

Overall summary:

The registered manager was enthusiastic and patient focused, and the second laser operator was appropriately trained to provide treatments.

There were a proportionate set of policies and procedures, with readily accessible training records available in the clinic. The registered manager and laser operator had access to a suite of online training to ensure their on-going learning and development.

This is what the service did well:

- Enthusiastic and patient focused staff.

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection we invited patients to complete a HIW questionnaire. We received 15 completed questionnaires, all of which provided positive feedback about their experiences of using the service and rated the service as good.

Patient comments included:

"Treated with dignity and respect. Treatment discussed and very pleased with results."

"Really pleased with the results after my treatment."

Health protection and improvement

Patients were asked to provide a comprehensive medical history prior to their initial treatment and this was re-confirmed prior to any subsequent treatments. All patients told us in response to our questionnaire that they had their medical histories taken prior to treatment.

Medical histories were signed by the patient and the laser operator, and the registered manager was aware of how to seek advice in the event of any contraindications, such as recent sun exposure.

Dignity and respect

We were told that patient consultations and treatments are always carried out in the treatment room and that patients are given time to change before and after treatment. Appropriate signage was displayed on the doors for additional privacy and safety.

The chaperone policy had been updated to allow chaperones, which included a second staff member, to be present during treatment. However, we recommended that this policy is revised to ensure that it more closely reflects the service that the clinic can easily facilitate, such as being accompanied by a friend or family member. We confirmed that eye protection was available and used for any chaperones present during treatment.

The registered manager should revise the chaperone policy to ensure that it reflects practices that it can easily achieve.

Patient information and consent

Patients were provided with relevant information to make an informed decision about their treatment. We saw evidence that patients were provided with a face-to-face consultation, which included a discussion around the risks, benefits and likely outcomes of the desired treatment. Visual diagrams were used to help patients understanding.

The consent form was of an appropriate format, and we confirmed that consent was consistently taken prior to the initial treatment and before any subsequent treatments. Aftercare advice was routinely provided to patients following their treatment.

All patients that completed a questionnaire told us that they had signed a consent form before receiving treatment and that they were given sufficient information about the treatment options, risks and benefits, including aftercare advice on how to aid healing and prevent infections.

Communicating effectively

The registered manager was knowledgeable, and patient focused when describing how they engage effectively with patients before, during and after treatment.

There was suitable patient information available for patients to read in clinic and to take away. All patients that completed a questionnaire agreed that staff explained what they were doing throughout the treatment and that staff listened to them.

Citizen engagement and feedback

There was an appropriate complaints policy and procedure in place, which included the contact details for HIW. We confirmed that the service had not received any formal complaints in relation to the laser service to date, but the registered manager described an appropriate mechanism to log both formal (written and verbal) and informal complaints.

We saw evidence that patient feedback is sought prior to further treatments in order to capture any mild adverse reactions and to manage patient expectations.

Delivery of Safe and Effective Care

Environment

The clinic is modern, inviting and well maintained. The layout enabled a good degree of privacy for patients to receive consultations, to change and to receive treatments without being disturbed.

The service itself is located on the second floor of the premises, which may limit the ability of some patients to access the service.

Managing risk and health and safety

Fire extinguishers had been serviced within the last 12 months and fire warden training had been completed by the registered manager. A fire risk assessment had been completed within the last year and no immediate actions had been identified

The five yearly wiring check and annual gas safety check had been completed to ensure their continued safety. Portable appliance testing (PAT) stickers were visible on electrical equipment.

The registered manager had completed first aid training and a first aid kit with plentiful and in-date stock was readily accessible.

Infection prevention and control (IPC) and decontamination

The clinic was found to be modern and visibly clean, with all patients that completed a questionnaire agreeing that the service maintained good IPC arrangements.

The registered manager described how infection control arrangements are maintained before, during and following treatments. This included use of gloves and sanitising single use equipment, such as laser equipment and eye protection.

Clinical waste contracts were in place with an external provider.

Safeguarding children and safeguarding vulnerable adults

There was a safeguarding policy in place for staff to follow in the event of a safeguarding concern. The procedure contained contact details for the local authority safeguarding team and the registered manager had received training.

No treatments are to be provided by this service to those under 18 and we confirmed this with the registered manager.

Medical devices, equipment and diagnostic systems

We confirmed that the laser equipment had been appropriately maintained. This included confirmation of appointment of a Laser Protection Advisor (LPA), who had reviewed and re-issued the local rules within the last 12 months to confirm their on-going suitability. There was evidence that equipment had been recently serviced and calibrated, and there was evidence of remedial actions being taken, where needed.

The registered manager advised that they may wish to provide treatments from a third-floor clinic in the near future. We advised them that it will be necessary to contact their LPA to confirm suitability of these arrangements, if they choose to proceed.

Treatment protocols had been issued by a General Medical Council (GMC) registered professional.

Safe and clinically effective care

We saw evidence that the laser operator had completed Core of Knowledge training and manufacturer training in the use of the laser machines. This included level 4 laser and intense pulsed light (IPL) certification.

A patch test is required for all new patients, and we confirmed that this is taken at least 48 hours in advance of treatment. We saw evidence that this was recorded in the patient records we reviewed and all patients that completed a questionnaire confirmed that they had received this test before receiving their treatment.

Written aftercare information was available for patients to take home with them, and all patients that completed a questionnaire told us that they were given aftercare instructions on how to aid healing and were given clear guidance on how to check themselves for signs and symptoms of infection.

Records management

We reviewed a sample of five patient records and found these to be completed to a good standard. Standardised documents were used to record patient medical histories, consent, and details of the treatments provided.

Whilst records were paper based, there were securely stored in a filing cabinet on the clinic premises. Records were well organised and readily accessible in the event of any concerns.

Quality of Management and Leadership

Governance and accountability framework

The registered manager is the primary laser operator for the service and is supported by a part-time laser operator.

The service had a number of policies and procedures in place, which were proportionate to the clinic size and nature of treatments provided.

We confirmed that there was public liability insurance in place.

Dealing with concerns and managing incidents

The registered manager confirmed that there had been no formal complaints or incidents to date. They described their complaints process, and we found that the procedure was appropriate, with HIW listed as an additional point of contact. The registered manager was aware of their responsibilities in notifying HIW of any serious incidents or events.

Workforce planning, training and organisational development

The registered manager and laser operator had access to a comprehensive online training platform, which covered a breadth of areas relating to the operation of the clinic.

All training certificates were held on site and were readily accessible. This included confirmation of laser machine specific and Core of Knowledge training.

The registered manager was enthusiastic and had an active interest in the continual development of their skills and knowledge in laser aesthetic treatments.

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
Not applicable			

Appendix B - Immediate improvement plan

Service:

Date of inspection:

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.	Not applicable					
2.						
3.						
4.						

Appendix C - Improvement plan

Service: Cowell Street Skin and Hair Clinic

Date of inspection: 29 May 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.	The registered manager should revise the chaperone policy to ensure that it reflects practices that it can easily achieve.	Independent Health Care (Wales) Regulations 2011 Regulation 16	Chaperone policy has been updated	P Hart	Completed

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): P Hart

Job role: Registered Manager

Date: July 2025