

# Independent Healthcare Inspection Report (Announced)

Broadway Hair, Beauty and Holistic Centre,  
Gower College

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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 Broadway Hair, Beauty and Holistic Centre on 18 September 2025.

The inspection was conducted by two HIW healthcare inspectors.

Broadway Hair, Beauty and Holistic Centre is a part of Gower College and deliver laser treatment qualifications. No pupils had been enrolled on the course in the 2024-2025 school year, nor are any pupils enrolled for the current school year which meant there was no opportunity to gather patient feedback. In addition, the setting had one laser operator (the tutor) employed by the college. HIW did not issue any staff nor patient surveys.

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 the privacy and dignity of patients were fully upheld and promoted by Broadway, Beauty & Holistic Centre. We noted staff and pupils provided clear and concise information to patients prior to and post treatments. We found the procedures in place for recording informed consent were robust, but that these actions were not outlined in a written policy.

Healthy lifestyles were actively promoted to patients and staff told us every effort was made to communicate with patients in a language of their preference.

However, staff did not record that information within patient records, which we required the setting to improve.

We saw an appropriate equality and diversity policy in place, to protect staff and patients from discrimination.

This is what we recommend the service can improve:

- Ensure a policy is in place for the obtaining and recording of informed consent
- Implement a means of recording the language preference of their patients and any actions taken in response.

This is what the service did well:

- Medical histories and changes in circumstances were discussed prior to every treatment with patients
- The systems in place to request and respond to feedback were appropriate.

### Delivery of Safe and Effective Care

Overall summary:

We found a clean, tidy and organised setting which was maintained to a good standard. The setting was delivering treatments with frequently cleaned and calibrated machines, while also conducting routine testing and checks. We saw the treatments provided were being delivered safely and effectively for patients. However, we did find areas to improve regarding the patient records to make these easier to follow.

Safeguarding arrangements were broadly supportive for vulnerable patients, though we did note some areas to improve regarding employment checks.

While we were unable to observe any operators, we were assured that personal protective equipment was being used and infection control measures being implemented.

The staff we spoke with all knew what to do in the event of an emergency and trained first aiders were available on site at the college. However, the first aid kit we inspected contained items which had passed their expiry dates, which staff immediately addressed during our inspection.

This is what we recommend the service can improve:

- Implement a checklist for their first aid kit
- Review the system in place for Disclosure and Barring Service checks
- Ensure all treatments are recorded in an understandable manner.

This is what the service did well:

- Security arrangements for the laser machine were robust
- The setting was clean, tidy and organised
- Calibration checks and the cleaning of laser machines were routine.

## **Quality of Management and Leadership**

Overall summary:

The leadership and management arrangements in place were satisfactory. However, we did note the setting had not informed HIW of a change in management and this came to light after the issue of a letter informing the setting of the inspection. We required the setting to improve their governance arrangements regarding their registration with HIW.

The procedures for induction, training and handling complaints were all suitable. Staff meetings were held weekly, and the setting whistleblowing policy was up to date and suitable.

This is what we recommend the service can improve:

- Ensure a robust system is in place for oversight of registration documentation.

This is what the service did well:

- Patient feedback and complaints systems were appropriate
- All staffing records we reviewed during the inspection were complete.

## 3. What we found

### Quality of Patient Experience

#### **Dignity and respect**

We found the service maintained patient dignity and treated patients in a respectful manner. Privacy measures we noted during our inspection included towels provided to patients for treatments and solid doors which were locked to prevent patients being walked in upon during treatments. All consultations took place within the treatment room so conversations could not be overheard.

#### **Patient information and consent**

Healthy lifestyles were promoted to patients using the service, including discussions regarding maintaining healthy skin and ultra-violet light protection pre- and post-treatment. Recommendations regarding patient lifestyles and maintaining a healthy diet and exercise were discussed with patients during consultations. The lead clinician and tutor for pupils also advised they would discuss health conditions or any noticeable changes in patient health, referring on to other healthcare services, where needed.

We reviewed five patient records during our inspection, all of which had evidence of a signed consultation form being completed prior to any treatment taking place. Informed consent was also noted for every treatment in all the patient records we reviewed. The costs for treatments were on display in the treatment room and were fully discussed prior to a course of treatment taking place. While we found the procedures were robust to record patient consent, we did not find a policy in place which outlined these responsibilities.

**The registered manager must ensure a policy is in place for the obtaining and recording of informed consent.**

#### **Communicating effectively, care planning and provision**

The setting statement of purpose and patient guide were both available in their patient information folder. These both had been recently updated and contained all required information.

Most patient information was generally available in English. Staff told us any patient wishing to converse in another language would either bring a relative or translator with them or online translation tools would be used. However, none of the patient notes we reviewed recorded these language preferences nor did they



capture what the setting would do in the event a patient wished to converse in a language other than English.

**The registered manager should implement a means of recording the language preference of their patients and any actions taken in response.**

Patients generally made appointments over the telephone and appointments could also be made in person at reception.

All five patient records we reviewed during the inspection outlined that medical histories were checked prior to every treatment. We saw patch testing and skin typing also took place prior to the start of any course of treatments.

### **Equality, diversity and human rights**

We saw an appropriate equality and diversity policy in place, to protect staff and patients from discrimination. The setting was part of Gower College and benefited from their staff equality networks and corporate structure supporting equality and diversity. Both pupils and staff at the college received training on anti-discrimination and human rights. During our discussions with staff, we noted satisfactory examples of how they and their pupils treated patients equally and upheld their rights. The rights of patients were further upheld by allowing them to choose their preferred pronouns and names on their records.

### **Citizen engagement and feedback**

We found the systems in place to request and respond to feedback were appropriate. Patients were encouraged to complete written feedback following their appointment and verbal feedback was also requested, where necessary. As this was a training setting, pupils used patient feedback as part of their learning and development.

All patient feedback was reviewed by staff when it was received, and a general overview was conducted annually to spot key trends or themes. Staff confirmed that patients had the choice to submit feedback anonymously.

We were informed that any feedback about a service improvement would be publicised, alongside the response from the setting for patient awareness.

# Delivery of Safe and Effective Care

## Environment, Managing risk and health and safety

We found the building was safe and fit for purpose. Robust arrangements were in place to ensure the premises and laser machine were kept secure. All areas of the setting appeared to be maintained to a good standard for staff and patients. Gas and electrical safety certification had both taken place, alongside annual Portable Appliance Testing (PAT).

Fire safety arrangements were managed and checked routinely by staff locally and the facilities management team for Gower College. Fire safety signage was displayed, including the means of escape and instructions to follow in the event of fire. Fire extinguishers were available and had been recently serviced.

While not immediately available, the settings health and safety risk assessment and Laser Protection Advisor (LPA) risk assessment were sent to HIW immediately following the inspection. The staff we spoke with all knew what to do in the event of an emergency and trained first aiders were available on site at the college. However, the first aid kit we were initially presented with contained items which had passed their expiry dates, some examples included;

- A burns dressing expired in February 2025
- Wound cleaning wipes and sterile gloves expired in February and March 2025 respectively
- A bandage expired in October 2023.

The setting manager explained this was a shared asset with other departments in the college and checks were conducted by those staff. We also established there was no checklist in place to monitor the items contained within the kit. Due to the risk posed to patients, we resolved this matter on the day of inspection. The details of the actions taken by HIW and the setting in response can be found at Appendix A.

**The registered manager must implement a checklist for their first aid kit.**

## Infection prevention and control (IPC) and decontamination

Satisfactory processes were in place to enable the effective cleaning and decontamination of treatment areas and the equipment. Cleaning checklists were used, and audits were completed by managers. The operators of the laser machine were pupils of Gower College and were trained in the correct use of personal protective equipment (PPE) as part of their qualification. No patients were being seen this academic year, however, staff told us gloves were worn during

treatments and routine hand washing pre-and-post treatment took place in line with the pupil training documentation. The IPC and decontamination process were suitably outlined in the infection control policy for the setting. Clinical waste was handled correctly and disposed of through a waste handling contract through the college.

### **Safeguarding children and safeguarding vulnerable adults**

The setting had up to date and suitable safeguarding and whistleblowing policies in place. The safeguarding procedures contained details of the local safeguarding team and the actions for staff to complete in the event of a safeguarding concern. As this was an education setting, there was a comprehensive support system in place for staff and pupils which included a designated safeguarding team. Procedures were kept up to date through this team and staff training.

While most of the safeguarding arrangements in place appeared robust, we heard from staff that their Enhanced Disclosure and Barring Service (DBS) checks were not completed as a routine measure and only upon appointment. In addition, there was no process in place to check staff personal circumstances had not changed. The setting safeguarding policy did not specify the frequency of DBS checks nor detail the requirement for staff to confirm any changes to their personal circumstances. Pupils undertaking laser treatments did not receive DBS checks because they were always supervised when treating patients.

### **The registered manager must ensure;**

- Policies reflect the need for all staff involved in laser treatments have routine checks take place against their character
- All staff complete annual self-certification confirming there have been no changes to their personal circumstances.

Gower College is an education setting with pupils aged 16 and above. All the pupils on the course for lasers were always aged over-18. However, due to our findings regarding DBS checks and self-certification at the college more broadly, HIW felt it pertinent to raise these findings with His Majesty's Inspectorate for Education and Training for Wales, Estyn.

### **Medical devices, equipment and diagnostic systems**

We found the devices at the setting were being used safely and in line with manufacturer guidelines.

A contract was in place with a certified Laser Protection Advisor (LPA). We saw records of reviews at the setting by the LPA and a suitable report was produced, which included an appropriate risk assessment. The LPA report for the most recent

inspection was not available for review on the day of inspection. However, this was issued to HIW immediately following the inspection.

There was an individualised treatment protocol in place for the use of the laser machine, which had been approved by a medical practitioner through the manufacturer. The local rules for the setting were satisfactory and immediately available for staff, when needed. The local rules had been signed by the single laser operator.

The designated room for laser treatments was always locked, and the key was stored securely by the laser operator for the setting. Daily checks took place on the laser machine, with calibration checks and test shots undertaken prior to each treatment. The manufacturer serviced the machine in September 2025. Protective eyewear was readily available, appeared to be in a suitable condition and checked prior to every use; consistent with the local rules.

### **Safe and clinically effective care**

We found treatments at the setting were being delivered safely and effectively. All laser operators were pupils being trained to deliver treatments. These pupils were firstly given theory training, before operating upon themselves and then on patients. All operators had received up to date training, including the core of knowledge.

The setting had one laser room which was lockable and displayed appropriate signage on the door indicating that laser treatments took place within. The signage also advised not to enter while treatments were being provided.

We saw evidence in patient records of every patient in our sample receiving patch-testing and skin typing prior to their course of treatments.

### **Participating in quality improvement activities**

Patient feedback was regularly reviewed and discussed with pupils to drive continuous improvement. Cleaning and hygiene audits took place throughout the setting alongside patient record audits at each treatment cycle.

The registered manager confirmed the setting had the means to provide an annual return to HIW upon request.

### **Records management**

Patient records were held on paper and stored securely in a locked cabinet. We saw all records were disposed of in line with the setting retention policies.

We reviewed a sample of five patient records and, overall, we found good evidence of record keeping. However, in two of the records we reviewed we saw

treatments were being recorded within the 'patch test' section of the records and not the 'treatment' section. While no information was missing nor incorrect, it could appear misleading to an operator when reviewing the patient notes. We brought this to the attention of staff who advised they would amend their patients forms accordingly to assist pupils.

**The registered manager must ensure all treatments are recorded in an understandable manner.**

# Quality of Management and Leadership

## **Governance and accountability framework**

The registered manager was an employee of the registered provider, Gower College. The manager was the only employee of the college involved in the training of laser treatments. As stated elsewhere in the report, all operators for the laser machine were pupils of Gower College. The governance arrangements in place appeared suitable for the types of service provided at this setting. However, prior to our inspection, the registered manager made HIW aware there had been staffing changes within their department and that the responsible individual had changed prior to the summer academic break. No patients were seen during this time nor were any laser treatments taking place because no pupils were enrolled on the course. We advised the setting they would need to notify HIW of any changes 28 days prior to any personnel changes so that their registration may be amended.

### **The registered manager must;**

- **Update their registration documents to ensure these are accurate**
- **Review their system of governance to ensure all documents are routinely reviewed and kept up to date and notifications made to HIW as necessary.**

We saw all policies and procedures were clear and comprehensive. The Public Liability Insurance and HIW registration certificates were on display at the setting. The Statement of Purpose and patient information leaflets were both up to date and available for patients.

## **Dealing with concerns and managing incidents**

Patient complaints were overseen by the registered manager and escalated further through the college management chain, where needed. Complaints would be discussed with the laser operator (pupil) and the registered manager (tutor) as a means of continuous improvement during their training.

The complaints procedure we reviewed was appropriate, up to date and referenced HIW as a means to raise concerns. While there were no complaints for us to review during the inspection, we were assured by the complaints process in place. We were told that any verbal complaints would be noted within the complaints file.

## **Workforce recruitment and employment practices**

We saw suitable arrangements for the recruitment and induction of any new staff members through the college human resource team. Pupils were also supported

through a comprehensive learning and development programme. Enhanced Disclosure & Barring Service checks were in place for the registered manager. However, as outlined elsewhere in this report, we did not see a means for future checks to take place nor a means to check changes to the personal circumstances of staff.

### **Workforce planning, training and organisational development**

The registered manager had undertaken their core of knowledge training and training on the laser machine for the setting. This staff member was a tutor to new pupils in laser treatments and undertook routine training through Gower College as part of their employment. These courses included health & safety, fire safety and infection, prevention and control.

Staff meetings were held weekly for the health and beauty department at Gower College. Minutes were kept of these meetings to ensure any staff member who missed the meeting could be informed.

The setting had an up to date and suitable whistleblowing policy and the staff we spoke with said they would feel supported were they do raise a concern.

## 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
<p>The first aid kit we were initially presented with contained items which had passed their expiry dates, some examples including;</p> <ul style="list-style-type: none"><li>• A burns dressing expired in February 2025</li><li>• Wound cleaning wipes and sterile gloves expired in February and March 2025 respectively</li><li>• A bandage expired in October 2023.</li></ul>	<p>Patients or staff may be unable to be treated as quickly as possible following an injury or could be treated using items which were out-of-date.</p>	<p>We raised this matter with staff on the day.</p>	<p>The staff member immediately removed the out-of-date items, and these were replaced by items from stock held by the college.</p>

The setting manager explained this was a shared asset with other departments in the college and checks were conducted by those staff. We also established there was no checklist in place to monitor the items contained within the kit.			
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## Appendix B - Immediate improvement plan

**Service:** Broadway Hair, Beauty and Holistic Centre

**Date of inspection:** 18 September 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 additional immediate improvements impinging on patient safety were identified.					

## Appendix C - Improvement plan

**Service:** Broadway Hair, Beauty and Holistic Centre

**Date of inspection:** 18 September 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 the procedures were robust to record patient consent. However, we did not find a policy in place which outlined these responsibilities.	The registered manager must ensure a policy is in place for the obtaining and recording of informed consent.	Regulation 9 (4) of the Independent Healthcare (Wales) Regulations 2011			
2.	None of the patient notes we reviewed recorded these language preferences nor did they capture what the setting would	The registered manager should implement a means of recording the language preference of their patients and any actions taken in response.	Regulation 15 (1) of the Independent Healthcare (Wales) Regulations 2011			

	do in the event a patient wished to converse in a language other than English.					
3.	The first aid kit we were initially presented with contained items which had passed their expiry dates. We also established there was no checklist in place to monitor the items contained within the kit.	The registered manager must implement a checklist for their first aid kit.	Regulation 15 (2) of the Independent Healthcare (Wales) Regulations 2011			
4.	We heard from staff that their Enhanced Disclosure and Barring Service (DBS) checks were not completed as a routine measure and only upon appointment. In addition, there was no process in place to	<p>The registered manager must ensure;</p> <ul style="list-style-type: none"> <li>• Policies reflect the need for all staff involved in laser treatments have routine checks take place against their character</li> <li>• All staff complete annual self-certification confirming</li> </ul>	<p>Regulation 9 (1) of the Independent Healthcare (Wales) Regulations 2011</p> <p>Regulation 21 (1) of the Independent</p>			

	check staff personal circumstances had not changed. The setting safeguarding policy did not specify the frequency of DBS checks nor detail the requirement for staff to confirm any changes to their personal circumstances.	there have been no changes to their personal circumstances.	Healthcare (Wales) Regulations 2011			
5.	In two of the patient records we reviewed, we saw treatments were being recorded within the 'patch test' section of the records and not the 'treatment' section. While no information was missing nor incorrect, it could appear misleading to an operator when	The registered manager must ensure all treatments are recorded in an understandable manner.	Regulation 23 (1) of the Independent Healthcare (Wales) Regulations 2011			

	reviewing the patient notes.					
6.	Prior to our inspection, the registered manager made HIW aware there had been staffing changes within their department and that the responsible individual had changed prior to the summer academic break.	<p>The registered manager must;</p> <ul style="list-style-type: none"> <li>• Update their registration documents to ensure these are accurate</li> <li>• Review their system of governance to ensure all documents are routinely reviewed and kept up to date and notifications made to HIW as necessary.</li> </ul>	<p>Regulation 32 (1) of the Independent Healthcare (Wales) Regulations 2011</p> <p>Regulation 9(5) of the Independent Healthcare (Wales) Regulations 2011</p>			

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:**