

# Independent Healthcare Inspection Report (Announced)

## Cowell Street Skin and Hair Clinic

Inspection date: 19 April 2022

Publication date: 20 July 2022



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In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

# 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 Company on 19 April 2022.

Our team for the inspection comprised of two HIW Inspectors.

Note the inspection findings relate to the point in time that the inspection was undertaken. Given that the clinic had not yet fully commenced its hair transplant treatments, the focus of this inspection was on the laser and intense pulsed light (IPL) treatments.

This full report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

Overall we found that the service provided patients with treatments in a welcoming and modern environment. The registered manager was keen to ensure that patients received a quality experience and this was reflected in patient feedback.

This is what the service did well:

- Welcoming and modern environment
- Positive patient feedback

### Safe and Effective Care

Overall summary:

Overall we found that the service provided patients with safe and effective care. We found that there were suitable arrangements in place for the maintenance and ongoing safety of the laser equipment. Patient record keeping was maintained to a good standard, which included a suitable information, consultation and consent provisions.

This is what we recommend the service can improve:

- Aspects of emergency medical arrangements
- Frequency of review of treatment protocols

This is what the service did well:

- Suitable laser safety and maintenance arrangements
- Suitable infection prevention and control (IPC) and cleaning arrangements
- Good patient record keeping

### Quality of Management and Leadership

Overall summary:

Overall we found that the registered manager was patient focused and enthusiastic in the delivery of treatments and was keen to develop the service with a suitably trained workforce.

This is what we recommend the service can improve:

- Policies and procedures should be reviewed on an annual basis and reviewed to ensure their robustness
- Staff to sign policies and procedures to confirm their understanding.

This is what the service did well:

- Enthusiastic and engaged management.

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 service to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 16 completed questionnaires.

Some of the comments provided by patients on the questionnaires included:

*"Excellent service"*

*"Amazing service. Highly recommend Cowell Street Clinic"*

*"Very friendly and approachable"*

#### Health protection and improvement

Patients were correctly asked for provide a comprehensive medical history prior to their initial treatment and again prior to any subsequent treatments. We confirmed medical histories were signed by the patient and the laser operator. All patients told us that they had their medical histories taken prior to treatment.

#### Dignity and respect

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

We were told that patients can be accompanied by a chaperone for their consultation, but are not permitted to stay in the treatment room whilst treatments are provided. All patients strongly agreed that they had been treated with dignity and respect by staff at the service.

#### Communicating effectively

Suitable patient information was available for patients to read in order to help them decide about their treatment options and details about the service. The registered manager told us that they place emphasis on providing patients with a meaningful consultation before treatments are provided. All patients strongly agreed that staff



explained what they were doing throughout the treatment and that staff listened to them.

### **Patient information and consent**

We found that patients were provided with sufficient information to make an informed decision about their treatment. We were told that all patients are provided with a face-to-face consultation, which included a discussion around the risks, benefits and likely outcomes of the desired treatment.

The consent form was of a suitable format and we confirmed that consent was consistently taken prior to the initial treatment and before any subsequent treatments. We saw that aftercare advice is provided to patients following their treatment.

All patients told us that they had signed a consent form before receiving treatment and that they felt involved as much as they wanted to be in any discussions about their treatment.

### **Care planning and provision**

We saw evidence to confirm that all patients receive a face-to-face consultation prior to the start of any treatment. As part of this consultation, patient medical histories are collected to ensure suitability of the chosen treatment.

We reviewed a sample of five patient records and found evidence of a good standard of record keeping, which covered all areas of the patient journey. This included details of the consultation, consent including additional consent at subsequent appointments, and the risks and likely outcomes of the chosen treatment.

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

The service is located over multiple floors which may limit the ability of some patients to access the service. However the registered manager told us that they would recommend an alternative clinic if required.

The registered manager emphasised that treatments are accessible and open to all prospective patients. We noted that online equality training was provided to staff and a positive example was provided to us where treatment was provided to a patient with additional needs, which we were fully catered for.

### **Citizen engagement and feedback**

We found that the service had an appropriate complaints policy and procedure in place, which included the contact details for HIW.

The registered manager confirmed that the service had not received any complaints to date, but described an appropriate mechanism to us to log both formal (written and verbal) and informal complaints. The need to seek patient feedback at the consultation stage and again prior to further treatments was emphasised in order to manage patient expectations.

## Delivery of Safe and Effective Care

### **Managing risk and health and safety**

We found that an annual gas safety certificate was available and in date. A five yearly wiring check had been completed to ensure electrical safety and portable appliance testing (PAT) stickers were visible and in-date on all appliances that we observed.

We found that fire extinguishers had been reviewed within the last 12 months and that fire warden training had been completed by the registered manager. A fire risk assessment had been completed within the last year and no further actions had been identified, pending construction works to the upper level of the clinic.

We found that the registered manager had completed first aid training and that a first aid kit was available on the premises.

The registered manager confirmed that medical staff who from the clinic on a sessional basis are trained to advanced life support level (ALS). Access to oxygen and emergency drugs were available in the hair clinic treatment room. We recommend that the policy is updated to ensure that the emergency kit is checked on a weekly basis and that these checks are appropriately logged.

### **Infection prevention and control (IPC) and decontamination**

We observed all areas of the clinic to be visibly clean, modern and inviting. All patients agreed that the setting was very clean and that COVID-19 measures were being followed.

The registered manager described how infection control arrangements are managed before, during and following patient appointments. This involved the use of gloves at all times, appropriate hand hygiene measures and sanitising of laser machine hand pieces and patient couches following their use.

The registered manager confirmed that specific changes had been made in response to COVID-19, including use of masks, providing treatments to one client at any given time and symptom screening questions before treatment is provided. A brief COVID-

19 policy has been prepared to supplement to the wider infection control policy. We would advise that the IPC policy and procedure is reviewed, as this was last updated in 2017.

Appropriate clinical waste arrangements were in place through a contract with an external provider.

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

We found that there was a clear safeguarding procedure 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 staff were trained to an appropriate level. No treatments are provided to children and patient are asked to not bring children to their appointment.

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

We considered how the laser equipment and associated documentation had been maintained throughout the pandemic. We found:

- The services of an Laser Protection Advisor (LPA) was appointed and the registered manager was aware of how they would contact them if advice on the safe use of the laser equipment was needed
- Local rules had been reviewed by the LPA within the last 12 months to confirm their on-going suitability
- Laser equipment had recently been serviced and the registered manager confirmed that any equipment concerns are escalated to the maintenance company.

We advised the registered manager to refer to their HIW conditions of registration to ensure that all documentation is reviewed and that confirmation of this is received at the required intervals.

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

We saw evidence that the laser operator had completed Core of Knowledge<sup>1</sup> training and manufacturer training in the use of the laser machines. This included level 4 laser and intense pulsed light (IPL) certification.

We reviewed the treatment protocols and found that these were up-to-date. However we recommended that these are reviewed at intervals of three years, instead of the ten years stated.

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<sup>1</sup> Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines

We saw that eye protection was available for all patients and operators. The eye protection was clearly labelled for a specific machine and was in adequate condition.

The treatment rooms were fitted with locks to ensure patient dignity and safety whilst laser equipment is in use. Appropriate signage on displayed on each treatment room door to remind staff and visitors.

We found that a patch test is required a minimum of 48 hours before treatment is provided. The registered manager told us that this is required for all treatments and we confirmed that this was logged in the patient record. All patients confirmed that they had received this test before receiving their treatment.

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

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

The registered manager demonstrated a good knowledge and understanding of the treatments provided. They were enthusiastic about their area of practice and were keen to develop the service with the support of clinical colleagues and recently employed staff.

### **Records management**

We found evidence of good record keeping. The five records reviewed were sufficiently detailed and were suitably maintained for new and returning patients in clear and consistent manner. Hard copies of files were kept securely on the premises.

# Quality of Management and Leadership

## **Governance and accountability framework**

The registered manager acts as the sole laser operator for the service at the time of the inspection. A GMC registered medic is employed by the service on a sessional basis to develop and eventually deliver the hair transplant provision.

The service had a number of policies and procedures in place. We reviewed a sample of these and found that some required an annual review, additional detail to ensure their robustness or required signing by staff to confirm their awareness and understanding.

The registered manager confirmed that staff meetings will take place once the staff team develops and that a staff WhatsApp group is used.

We confirmed that public liability insurance was present and that this was in-date.

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

The registered manager confirmed that there had been no concerns 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<sup>2</sup>.

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

We noted that the service had recently employed new staff members and was in the process of developing its workforce.

We found that the registered manager had provided staff with an online training platform to develop their skills in a number of key compliance, customer service and legal areas. Specific training provision was provided for staff to eventually provide laser and IPL treatments.

## **Workforce recruitment and employment practices**

A staff recruitment and induction policy was in place and we confirmed that appropriate pre-employment checks had been undertaken in respect of staff.

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<sup>2</sup> [www.hiw.org.uk/notify-us-event](http://www.hiw.org.uk/notify-us-event)

We saw evidence that all operators and medical staff employed by the service had an appropriate Disclosure and Barring Service (DBS) certificate in place.

For medical staff, the registered manager confirmed that they are responsible for ensuring the continued professional registration of this staff group. We confirmed that all medical staff were on the professional register at the time of the inspection taking place.

## 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 summaries 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.

[illegible]



## Appendix B - Immediate improvement plan

**Service:** Cowell Street Skin and Hair Clinic

**Date of inspection:** 19 April 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No non-compliance issues were identified				

## Appendix C - Improvement plan

**Service:** Cowell Street Skin and Hair Clinic

**Date of inspection:** 19 April 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
We recommend that the medical emergency policy is updated to ensure that the emergency kit is checked on a weekly basis and that these checks are appropriately logged.		Emergency drugs policy has been updated from monthly to weekly checks	P Hart	Immediately
We recommend that the treatment protocols are reviewed at intervals of 3 years, instead of the ten years stated.		Treatment protocols have been updated to be reviewed at intervals of 3 years	P Hart	Immediately
We recommend that all policies and procedures are reviewed on an annual basis. The service must ensure that all policies contain sufficient detail for robustness and		Staff to review all policies and procedures annually and sign to confirm their understanding	P Hart	Within one month

that all staff sign these to confirm their awareness and understanding.				
The service should take note of the advisory comments listed within the body of the report	-	-Registered manager to act on all advisories promptly.	P Hart	-Immediately

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:** 23/05/2022