

Independent Healthcare Inspection Report (Announced)

Beauty Advance Skin & Laser Clinic,
Cardiff

Inspection date: 10 December 2024

Publication date: 12 March 2025



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

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
Website: www.hiw.org.uk

Digital ISBN 978-1-83715-434-0

© Crown copyright 2025

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:

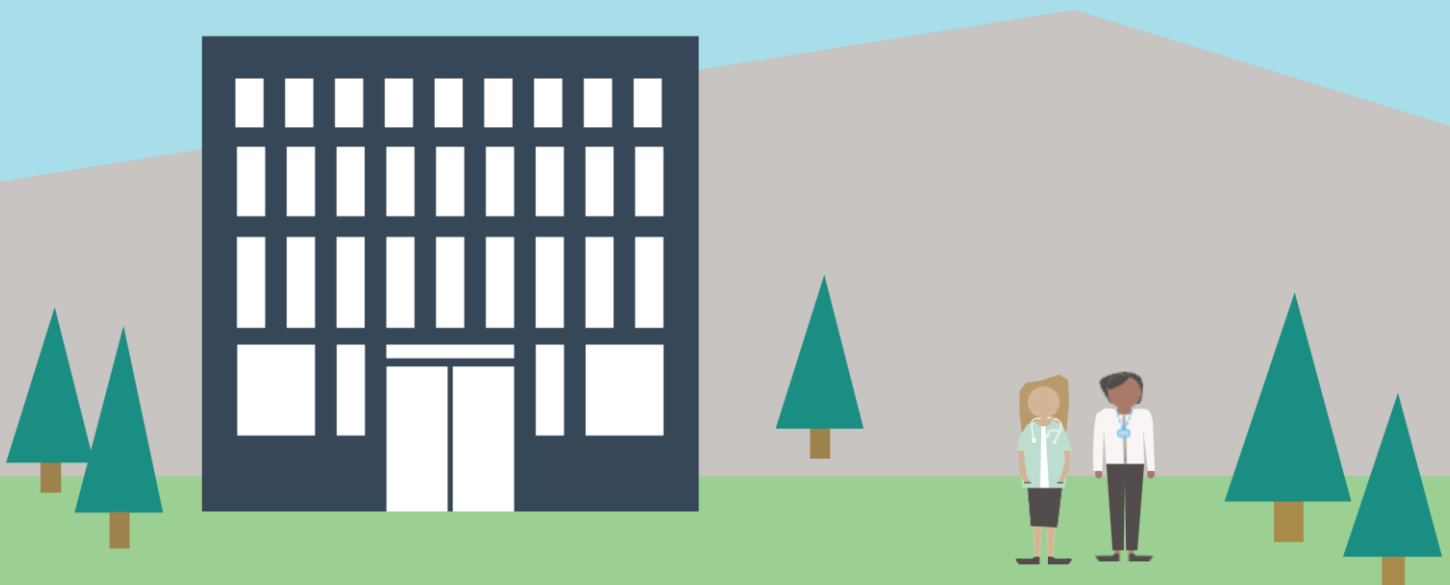
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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	22

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 Beauty Advance Skin & Laser Clinic, 6-8 Morgan Arcade, Cardiff, CF10 1AF on 10 December 2024.

Our team for the inspection comprised of two HIW healthcare inspectors.

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 five were completed. 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 Beauty Advance Skin & Laser Clinic was committed to providing a positive experience for their patients in a very clean and pleasant environment.

We found processes in place to ensure patients were being treated with dignity and professionalism. There was one Welsh speaking member of staff employed at clinic, although they were on maternity leave at the time of the inspection.

All patient records examined indicated that consent was obtained and a patch test was conducted prior to commencing a course of treatment. However, one respondent to the HIW questionnaire disagreed this was the case.

We found patient feedback was automatically requested after treatment via the clinic's online booking system, and saw that online reviews were monitored and responded to in a timely manner.

All respondents to the HIW questionnaire rated the service as either good or very good.

This is what we recommend the service can improve:

- To review the patients' guide to ensure it is fully compliant with the regulations
- To specify within the treatment register which laser machine is being used for each treatment
- Put in place an equality and diversity policy and ensure all staff complete training in the subject.

This is what the service did well:

- Comfortable premises decorated to a high standard
- Fully documented consultation process recorded in patient notes
- Online reviews were actively monitored and the clinic made efforts to respond to each in a timely manner.

Delivery of Safe and Effective Care

Overall summary:

The clinic was very well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were very clean and free from any visible hazards.

In general, fire safety arrangements were good with an up-to-date Portable Appliance Testing (PAT) and Electrical Installation Condition Report (EICR) available. However, we found several members of staff required fire safety training.

Staff described adequate arrangements to ensure that the laser machines are used appropriately and safely. We found routine maintenance and calibration of the lasers had been carried out. However, updates to local rules and medical protocols had not been completed as required. We temporarily suspended the use of the laser machines because of this, and the other immediate assurances referenced below. These issues were all rectified by the setting within the expected timescales.

Appropriate protective eyewear was available and in good condition. Patient records were stored securely with suitable safeguards in place.

Immediate assurances:

- Child and adult safeguarding training required by most staff
- The local rules required an annual review in accordance with the conditions of registration
- The medical protocols required review by an expert medical practitioner
- The laser risk assessments required a review.

This is what we recommend the service can improve:

- To ensure keys to the laser machines are always kept secure when the machines are not in use
- To implement a procedure for ensuring continual evaluation and improvement where necessary as set out in the regulations.

This is what the service did well:

- Premises very clean and well maintained
- Equipment appeared to be in very good condition
- Good infection prevention and control process were described
- Patient records were kept secure.

Quality of Management and Leadership

Overall summary:

Beauty Advance Skin & Laser Clinic is family owned and run by the registered manager, clinic manager and a small team of staff.

We found a range of policies and procedures which were reviewed within the last year. However, there was no version control and no record that staff had either read or understood their content.

A complaints procedure was in place which included suitable time frames for acknowledgment and resolution. However, we saw no recorded document trail relating to complaints received by the clinic.

Overall, we considered staff files to be poorly managed, and that appropriate fitness to work checks, such as employee references and criminal records checks were not carried out as required.

Immediate assurances:

- To arrange for a criminal records certificate to be issued for each member of staff
- To arrange for written references to be obtained for each member of staff employed at the clinic.

This is what we recommend the service can improve:

- To ensure all policies contain version history and review dates
- To ensure staff read and understand clinic policies, and obtain staff signatures to confirm this
- To maintain a full record of each complaint, including details of investigations and outcomes.

This is what the service did well:

- All policies were regularly reviewed and updated.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided at the clinic. In total, we received five completed questionnaires. All respondents to the HIW questionnaire rated the service as either good or very good.

Dignity and respect

We saw that Beauty Advance Skin & Laser Clinic had three laser treatment rooms, two located on the ground floor and one in the basement. We found the patient areas appeared very clean, tidy, and well organised. The treatment rooms had lockable doors enabling patients to change in private. Towels were available as required to protect patient dignity.

We were told that chaperones could attend but were not permitted in the room during treatments.

Most respondents (4/5) who answered the HIW questionnaire said they were treated with dignity and respect, that measures were taken to protect their privacy and were as involved as they wanted to be in making decision about their treatment. The other respondent skipped these questions.

Communicating effectively

We reviewed the patients' guide and the statement of purpose provided to us by the registered manager. We found the patients' guide was lacking a summary of patient feedback and did not reference how patients could access the latest HIW inspection report. We also found that although costs were signposted to the clinic website, we were unable to find any clear costs for laser treatments displayed there.

We recommend that the registered manager review the patients' guide to ensure it is fully compliant with the regulations.

We were told that appointments are arranged online, by telephone or in person at the reception.

We found clinic information was only available in English. We were informed that one clinician could speak Welsh but was on maternity leave at the time of our inspection.

Patient information and consent

We saw the laser treatment register as required by the regulations. This was run in conjunction with the clinic booking system.

During the inspection we reviewed a sample of five patient records. There were detailed individual patient notes available including shot counts and we saw that signed consent was obtained at each treatment session. However, we found that the machine used was not recorded. Whilst currently this could be ascertained based on the type of treatment provided, we were aware that the clinic planned to introduce a new laser machine which covered several treatment options.

We recommend the registered manager specifies within the treatment register which laser machine is being used for each treatment. As an alternative, the registered manager may prefer to maintain separate registers specific to each machine.

All patient records that we reviewed indicated patients were given a patch test prior to commencing a course of treatment to determine the likelihood of adverse reactions.

Most respondents (4/5) who answered the HIW questionnaire confirmed they had a patch test and signed a consent form before receiving treatment. However, one respondent disagreed with both.

The registered manager must:

- **ensure all patients have a patch test to help determine the most effective parameters and identify possible adverse reactions prior to commencing a course of treatment**
- **ensure written consent is obtained prior to each treatment session.**

Care planning and provision

We saw that patients had a full consultation prior to agreeing to any treatments which included a discussion of the risks and benefits of the treatment. We also saw evidence that changes in medical history had been recorded and that aftercare guidance was provided. We were assured that patients were being provided with enough information to make an informed decision about their treatment.

All respondents said they were given adequate aftercare instructions and were given clear guidance on what to do and who to contact in the event of an infection

or emergency. Most respondents (4/5) who answered HIW questionnaire agreed that they had been given enough information to understand their treatment options and that the costs had been made clear to them before agreeing to treatment. However, one respondent disagreed with both.

The registered manager must:

- ensure all patients are provided sufficient information to understand the treatment options and their risks and benefits
- ensure all patients are provided a clear outline of the costs prior before receiving treatment.

Equality, diversity and human rights

The doorways and patient areas on the ground floor were wide enough for wheelchairs. Access to the basement area, including the patient toilet, was unsuitable for wheelchairs. We saw this was communicated to patients via the patient's guide.

We were assured that the clinic was an inclusive environment irrespective of any protected characteristic and that all staff and patients were treated fairly. We were told that the human rights of transgender patients would be actively upheld with preferred names and pronouns used as requested. However, there was no equality and diversity policy in place and staff had not received any training in this topic.

We recommend the registered manager:

- Implement an equality and diversity policy
- Ensure all staff complete equality and diversity training.

All respondents who answered the HIW questionnaire confirmed they had not faced discrimination when accessing the service.

Citizen engagement and feedback

We were told that patient feedback was requested after treatment via the clinic's online booking system. Feedback was also obtained either through online reviews or in person at the clinic. However, we found there was no facility for patients to provide anonymous feedback in person. We discussed the option of using a suggestions box as a method to obtain anonymous feedback.

We noted that online reviews were actively monitored and that the clinic made efforts to respond to each in a timely manner, which we considered good practice.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found the clinic to be visibly well maintained internally. As a unit within a shopping arcade, we were unable to fully examine the external structure of the clinic. There was a combined reception and waiting room which was a spacious, comfortable, light and airy. Treatment rooms appeared modern and well equipped.

There was a Health and Safety, Welfare and Hygiene policy in place. We saw that PAT testing had been conducted recently and that the premises had an up to date EICR five yearly electrical system inspection in 2022, providing assurance that it was safe to use electrical appliances within the clinic.

We inspected the fire safety arrangements at the clinic and found fire exits were clear and signposted and there was evidence of regular fire drills. Fire extinguishing equipment had been serviced and a fire risk assessment had been within the last 12 months. We reviewed staff training records and found that fire safety training was missing for several staff members. We raised this with the registered manager who arranged for the remaining staff to complete this training. Copies of completed certificates were supplied to HIW shortly after the inspection.

Our concerns regarding this were dealt with at the time of the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We inspected the first aid kit and found all standard first aid items in date. We recommended that an additional out-of-date first aid kit, which was in the kitchen area, be removed to prevent accidental use. There were two appointed first aid responders and saw these had up-to-date first aid training.

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly clean and tidy. Furniture, equipment and fittings were of materials that were easy to wipe down. We discussed the infection control arrangements with the registered manager and considered these were appropriate to protect patients from infection.

We saw an infection prevention and control policy was in place and that cleaning schedules were used. We discussed considering using initials rather than ticks on the schedule. We found that a suitable contract was in place for the collection and disposal of clinical waste.

All respondents to the HIW questionnaire said in their opinion, infection and prevention control measures were being followed and rated the setting as either very clean or fairly clean.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients aged 16 years and over. The registered manager confirmed that this was complied with and explained that they had decided not to treat anyone under the age of 18.

We saw the clinic had a safeguarding policy which was aligned with the All Wales Safeguarding guidelines and included the contact details of the local safeguarding teams.

We reviewed training records and found evidence of safeguarding for children was held by only one member of staff. We saw no evidence that either child or adult safeguarding training had been completed by any other staff member.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Medical devices, equipment and diagnostic systems

We found the laser machines were the same as registered with HIW and that the annual service and calibration checks were in date. An additional laser had been recently obtained and the service are in the process of registering this with HIW.

There was a current contract in place with a Laser Protection Adviser (LPA). However, we found the local rules detailing the safe operation of the laser machines had not been reviewed annually in accordance with the conditions of registration. We also found that the medical protocols as approved by an expert medical practitioner had expired and that the LPA risk assessments had not been recently reviewed.

Our concerns regarding these matters were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Safe and clinically effective care

Eye protection was available for patients and the laser operator. These were found to be clean, in a good condition and consistent with the local rules.

There were signs outside each treatment room to indicate the presence of the laser machine with a lock on the door. Access to the treatment areas was controlled by reception preventing unauthorised entry when the machines were in use.

Evidence was seen that up-to-date core of knowledge and device specific training had been completed. Appropriate arrangements were in place to keep the laser machines secure when not in use. However, the clinic manager suggested that this was not always adhered too, especially during busy periods.

The registered manager must ensure keys to the laser machines are always kept secure when the machines are not in use.

Participating in quality improvement activities

We requested evidence of quality improvement activities conducted by the clinic. Whilst we saw evidence of fire prevention and health and safety audits, we saw no evidence that IPC processes and patient records had undergone clinical audits. These would help the clinic comply with the regulations requiring it to assess and monitor the service to ensure it meets the necessary standards.

The registered manager must put in place a procedure for ensuring continual evaluation and improvement where necessary as set out in the regulations.

Records management

We found the patient records were kept securely at the service, and that suitable arrangements were in place to minimise the risks of losing or misplacing sensitive personal information.

The registered manager described appropriate processes for the disposal of records including data retention periods. A destruction of records and confidentiality policy was available to assist staff in complying with this matter.

Quality of Management and Leadership

Governance and accountability framework

Beauty Advance Skin & Laser is family owned and run by the registered manager, clinic manager and a small team of staff.

Our observations of the clinic found that the current HIW registration certificate and associated schedule containing the conditions of registration were on display as required by the regulations. We found public liability insurance was in place.

We found a range of policies that had been reviewed within the last year. However, we found that the policies were not version controlled and lacked issue and review dates. We also found they had not been signed by staff to confirm that they had read and understood the documents.

The registered manager must ensure that:

- All policies contain version history, review dates and person responsible for reviewing the procedure
- All staff have read and understood relevant policies to ensure compliance with clinic processes.

Dealing with concerns and managing incidents

There was a suitable complaints procedure in place, including time frames for acknowledgment and resolution. The policy identified the complaints manager and included further contact details should the patient wish to escalate any issues. A summary of the complaint procedure was also included within the statement of purpose and patients' guide.

We found complaints recorded within a complaints log. However, we did not see a documented trail for each complaint, which should include the written communications between the client and the clinic as described in the procedure. We were therefore unable to verify if complaints were dealt with within the timeframes indicated within the clinic procedures.

The registered manager must maintain a full record of each complaint, including details of investigations, outcomes and all correspondence as evidence.

Workforce planning, training and organisational development

We were told the clinic had three current operators of the laser machines, with two on maternity leave. We were told that two new staff members were currently training to use the laser machines. It is a requirement that all laser operators have

successfully completed core of knowledge training as well as training specific to the laser equipment present at the clinic. The clinic was aware that the new staff must complete this training prior to allowing them to use the laser machines.

Workforce recruitment and employment practices

Our review of staff records found these to be poorly managed. We saw no evidence of appropriate recruitment checks such references from previous employers or criminal records checks which all staff must have prior to commencement of employment.

Our concerns regarding these matters were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Furthermore, there was no process in place to regularly check that staff remained fit to work at the clinic. We saw that the most recent criminal records check held on file for the registered manager was completed in May 2017.

The clinic must ensure that:

- **The contracts of employment should include a section on having to inform management if there had been any changes that would affect their criminal records status (i.e. criminal convictions or cautions etc)**
- **Staff are required to complete and sign an annual declaration that there had not been any changes that would affect their criminal records status.**

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.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that fire safety training was missing for several staff members.	Staff and patient could be put at risk of harm in the event of a fire.	We raised this immediately with senior staff.	Staff were completed relevant training and certificates were supplied to HIW shortly following the inspection.

Appendix B - Immediate improvement plan

Service: Beauty Advance Skin & Laser Clinic

Date of inspection: 10 December 2024

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
The registered manager must immediately arrange for a criminal records certificate to be issued for each member of staff employed at the clinic and provide copies to HIW when complete.	Regulation 21(2) & Schedule 2, Para. 3,	All staff have been signed up for this, some have completed theirs and some are due to do this.	India Evans	3 months
The registered manager must immediately arrange for written references to be obtained for each member of staff employed at the clinic.	Regulation 21(2) & Schedule 2, Para. 4	New staff have had requests for these and are awaiting their response. All other members of staff have these and need to be sent over from Head Office to forward over.	India Evans	Completed

<p>The registered manager must immediately arrange for both child and adult safeguarding training to be completed by each member of staff employed at the clinic and provide copies of certificates to HIW when complete.</p>	<p>Regulation 16(1)(a) and 20(2)(a)</p>	<p>All employees with outstanding certifications for either adult or child safeguarding have been inducted to the training courses.</p> <p>Staff currently on maternity to complete training prior to resuming duties</p>	<p>India Evans</p>	<p>Completed</p>
<p>The registered manager must immediately provide HIW with up-to-date local rules for all laser machines currently in use at the clinic.</p> <p>The registered manager must provide assurance that the local rules will be reviewed annually in line with their conditions of registration with HIW.</p>	<p>Section 24, Care Standards Act 2000</p>	<p>We have a policy in place to review all paperwork every year.</p> <p>Up to date local rules are being provided for the Soprano Titanium/ Harmony XL Machine, as the other one has already been supplied.</p>	<p>India Evans</p>	<p>Completed</p>
<p>The registered manager must immediately provide HIW with up-to-date professional protocols for all laser machines currently in use at the clinic.</p>	<p>Regulation 45(1)</p>	<p>We have requested up to date protocols from our suppliers and are just awaiting a response. The Epidream hair removal machine protocols have already been provided.</p>	<p>India Evans</p>	<p>Completed</p>

The registered manager must immediately provide HIW with up-to-date laser risk assessments for all laser machines currently in use at the clinic.

Regulation
19(1)(b)

The Soprano Titanium and Harmony XL risk assessments have been completed and will be sent over.

India Evans

Completed

Appendix C - Improvement plan

Service: Beauty Advance Skin & Laser Clinic

Date of inspection: 10 December 2024

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 registered manager review the patients' guide to ensure it is fully compliant with the regulations.	Regulation 7	Reviewed	Daniela Evans	Done
We recommend the registered manager specifies within the treatment register which laser machine is being used for each treatment. As an alternative, the registered manager may prefer to maintain separate registers specific to each machine.	Regulation 45 (2)	Agreed	Daniela Evans	Done
The registered manager must:				

<ul style="list-style-type: none"> ensure all patients have a patch test to help determine the most effective parameters and identify possible adverse reactions prior to commencing a course of treatment ensure written consent is obtained prior to each treatment session. 	<p>Regulation 15(1)(a) & (b)</p> <p>Regulation 9(4)(b)</p>	<p>Revised and agreed</p>	<p>Daniela Evans and India Evans</p>	<p>Done</p>
<p>The registered manager must:</p> <ul style="list-style-type: none"> ensure all patients are provided sufficient information to understand the treatment options and their risks and benefits ensure all patients are provided a clear outline of the costs prior before receiving treatment. 	<p>Regulation 15(a)</p> <p>Regulation 7(1)(b)</p>	<p>Revised and agreed</p>	<p>Daniela Evans and India Evans</p>	<p>Done</p>
<p>We recommend the registered manager:</p>	<p>Regulation 18</p>	<p>Agreed</p>	<p>Daniela Evans and India Evans</p>	<p>Done</p>

<ul style="list-style-type: none"> • Implement an equality and diversity policy • Ensure all staff complete equality and diversity training. 				
<p>The registered manager must ensure keys to the laser machines are always kept secure when the machines are not in use.</p>	Regulation 15(3)	Processed	Daniela Evans and India Evans	Done
<p>The registered manager must put in place a procedure for ensuring continual evaluation and improvement where necessary as set out in the regulations.</p>	Regulation 19	Agreed	Daniela Evans and India Evans	Done
<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> • All policies contain version history, review dates and person responsible for reviewing the procedure 	Regulation 9	Yes, agreed	Daniela Evans and India Evans	Done

<ul style="list-style-type: none"> All staff have read and understood relevant policies to ensure compliance with clinic processes. 				
<p>The registered manager must maintain a full record of each complaint, including details of investigations, outcomes and all correspondence as evidence.</p>	Regulation 24(5)	Yes	Daniela Evans and India Evans	Done
<p>The clinic must ensure that workers remain fit to work at the clinic:</p> <ul style="list-style-type: none"> The contracts of employment should include a section on having to inform management if there had been any changes that would affect their criminal records status (i.e. criminal convictions or cautions etc) Staff are required to complete and sign an annual declaration that there had 	Regulation 21	Yes	Daniela Evans and India Evans	Done

not been any changes that would affect their criminal records status.				
---	--	--	--	--

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): Daniela Evans
Job role: Owner and Manager
Date: 07/02/2025