

Independent Healthcare Inspection Report (Announced)

The Aesthetic Clinic and Academy,
Porthcawl

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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 The Aesthetic Clinic and Academy, 31 New Road, Porthcawl, CF36 5DL on 29 January 2025.

The inspection was conducted by a HIW healthcare inspector.

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 The Aesthetic Clinic and Academy was committed to providing a positive experience for patients in a pleasant environment. The treatment room was comfortable, well organised and maintained the privacy and dignity of patients.

Patients had a full consultation and were provided with adequate information both pre and post treatment to enable them to make informed decisions.

Patient feedback was obtained via automated text and from online reviews. We discussed options for enabling anonymous feedback and to inform patients of the clinic response to their feedback.

We found the clinic was generally accessible to patients with impaired mobility although the patient toilet was not suitable for wheelchair users.

Immediate assurances:

- Comprehensive health care records to be maintained in relation to each patient.

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

This is what we recommend the service can improve:

- Implement a treatment register specific to the laser machine
- To review and update the clinic information to indicate the lack of accessible toilet for patients with impaired mobility.

This is what the service did well:

- Treating patients with dignity and respect
- Price list was clearly displayed when using the online booking system
- Patient feedback requested via text after treatment.

Delivery of Safe and Effective Care

Overall summary:

The clinic appeared well maintained and equipped to provide the services they are registered to deliver. Most areas were very clean although there was debris in the

fireplace within the laser treatment room. We found suitable arrangements in place for the removal of clinical waste.

We found a fire risk assessment in place, evidence of weekly fire alarm tests and that the emergency exit route was kept clear. However, fire drills were not carried out regularly and fire extinguishers had not been serviced within the last year.

The laser machines had been serviced and suitable eye protection was available and in good condition. The clinic had a current Laser Protection Advisor (LPA) contract in place and up-to-date Local Rules and medical protocols were available.

This is what we recommend the service can improve:

- Daily laser machine checks to be recorded
- To conduct a health and safety risk assessment at the clinic
- Put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.

This is what the service did well:

- Treatment rooms and reception area appeared clean and tidy
- Premises appeared well maintained with a valid fire risk assessment, five yearly electrical wire testing and Portable Appliance Testing (PAT) in place
- Patient records were stored securely.

Quality of Management and Leadership

Overall summary:

The Aesthetic Clinic and Academy is owned by the registered manager with a small team of dedicated staff. We found the registration documentation on display was incorrect and required amending.

We found a wide range of policies in place to help staff carry out their duties. However, we found that version control and signed evidence that staff had read and understood them, to be absent.

There was an appropriate written complaints procedure in place. However, we were told there had been no complaints received to date.

Appropriate processes were described for the recruitment of new employees including pre-employment checks. However, we found one member of staff had a basic Disclosure and Barring Service (DBS) certificate rather than the required enhanced certificate.

This is what we recommend the service can improve:

- To de-register with HIW the laser machine that has been sold
- To implement changes to processes and contracts to ensure staff remain fit to work at the clinic.

This is what the service did well:

- Enthusiastic, friendly and experienced registered manager
- Positive reaction to feedback and suggestions made during inspection
- Evidence of additional relevant clinical training undertaken.

3. What we found

Quality of Patient Experience

Dignity and respect

The clinic had one laser treatment room situated on the ground floor. We found the clinic to be clean, tidy and uncluttered.

The treatment room had a lockable door where patients could change in private. Towels were provided for patients to use throughout treatments to protect dignity. Chaperones were not typically offered by the service. Consultations with patients were carried out within the treatment rooms to ensure patient confidentiality.

Communicating effectively

We reviewed the patients' guide and the statement of purpose provided to us by the registered manager and found both to be compliant with the regulations.

We found the patients' guide contained comprehensive details relating to the complaint procedure, terms and conditions of treatment with the cost of treatment signposted to separate price lists available in the reception. We also found the price list was clearly displayed when using the online booking system.

The clinic did not have any Welsh speaking staff and had no provision for translation services other than via Google translate. We were not assured that this would sufficiently enable patients to understand their treatment or procedure to provide informed consent. We advised the registered manager of the need to seek an appropriate translation service.

We recommend that the service considers how it would best meet the individual needs of patients who may wish to communicate through the medium of Welsh or other languages.

Appointments for consultations and treatment could be arranged in person at reception, via telephone or booking online via the clinic website.

Patient information and consent

We asked to see the laser treatment register as required by the regulations. The registered manager informed us that they did not have one as the information was contained within the individual patient records.

We recommend that the registered manager maintains a register recording each occasion laser treatments are provided, which is specific to the machine rather than being separated into individual patient files.

During the inspection we reviewed a sample of five patient records. We saw that an initial consultation form had been completed along with a medical history check and signed consent obtained from each patient. There were individual patient notes for each subsequent appointment that included relevant information about each treatment provided to patients. These were signed by the patient to indicate that continued consent had been given on each occasion. However, the entries had not been signed by the laser operator, and treatment parameters were only partially recorded. Furthermore, entry fields for the equipment used, time of treatment, and details of any adverse reaction were left blank. We considered the details documented within the patient records we reviewed to be insufficient and required improvement.

Our concerns regarding this were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

There was no written consent policy available at the time of the inspection. We raised this with the registered manager who subsequently drafted the policy and supplied to HIW shortly following the inspection.

Care planning and provision

We saw evidence that patients were given a full consultation prior to agreeing to any treatments. This included the risks, benefits, frequency and anticipated number of sessions as well as the expected results. We were told aftercare guidance was provided to all patients. We were assured that patients were being provided with enough information to make an informed decision about their treatment.

The records indicated all patients were given a patch test prior to commencing a course of treatment to help determine the likelihood of any adverse reactions. We were told images were taken throughout a course of treatment so the operator and patients were able to check how results were progressing.

Equality, diversity and human rights

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. Whilst there was no

equality and diversity policy in place at the time of the inspection, a suitable policy was supplied to HIW shortly following the inspection.

There was ramp access into the building from the street and level floors throughout to aid patients with impaired mobility. However, we found the patient toilet was not of appropriate size nor design to be considered accessible.

The registered manager must update the patient information leaflet, statement of purpose and website to advise patients of the lack of an accessible toilet at the premises.

Citizen engagement and feedback

We were told that patient feedback was requested after treatment via text. 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 installing a suggestions box as a method to obtain anonymous feedback.

The registered manager advised that feedback is assessed and analysed on an ongoing basis. We discussed how the registered manager might consider informing patients of the clinic actions following feedback, such as a 'You said, we did' notice displayed in the clinic and on the website.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found the building to be visibly well maintained both internally and externally, with suitable security measures to prevent unauthorised access. The clinic consisted of a reception and waiting room along with separate treatment rooms for laser treatment and other services offered. The laser treatment room was clean and comfortable and appeared well equipped.

We found that the electrical wiring in the premises had been inspected within the last five years and Portable Appliance Testing (PAT) had been completed recently with stickers visible on relevant appliances. We were informed that there was no gas supply into the clinic.

We inspected the fire safety arrangements at the clinic which included an up-to-date fire risk assessment. We saw that fire exits were clear and signposted, weekly checks of the fire alarm system were undertaken and recorded and fire safety awareness training had been completed by all staff. However, we were told that fire drills were not being conducted regularly.

The registered manager must arrange for emergency fire evacuation drills to be conducted regularly and maintain a log as evidence.

We also found that fire extinguishing equipment had not been serviced within the last 12 months. We raised this issue immediately with the registered manager.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We found comprehensive risk assessments for each laser had been conducted by a Laser Protection Advisor (LPA) and a health and safety policy was in place to ensure effective risk management and safety measures are implemented. However, there was no health and safety risk assessment available to demonstrate how the clinic has assessed and mitigated the risks that were identified.

The registered manager must arrange for a health and safety risk assessment to be completed at the clinic and provide a copy to HIW as evidence.

We were assured that staff knew their responsibilities in the event of an emergency and saw that up-to-date first aid training was in place for the nominated first aider. Following a discussion, an additional trained first aider was

appointed to cover for absence or sickness. We found a first aid kit was available with all contents present but over their expiry date. We raised this issue immediately with the registered manager who ordered a new first aid kit at the time of the inspection.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

Infection prevention and control (IPC) and decontamination

In general, we saw that the clinic itself was visibly clean and tidy. The treatment couch was in good condition and surfaces in the treatment room were easily wipeable. The registered manager described suitable clinical cleaning processes for staff, the equipment and treatment room. We found that cleaning schedules were in place to assist with cleaning processes throughout the clinic. Whilst we found debris in the fireplace within the treatment room, we attributed this to the stormy weather experienced around the time of the inspection. We discussed adding the fireplace as an area of focus to the cleaning schedule, although sealing the chimney may be a more appropriate solution.

We recommend the registered manager considers sealing off the chimney to prevent further debris falling into the fireplace.

We inspected the clinic toilet that was used by both staff and patients. We found this to be clean with all fixtures operating as required. Whilst there was handwash available, we found that a shared-use hand towel was provided for drying hands which was considered unsuitable.

The registered manager must provide single-use paper towels in the toilet for the use of patients and staff.

We found that a suitable contract was in place for the collection and disposal of clinical waste. Clinical waste was securely stored within the premises while awaiting collection.

Safeguarding children and safeguarding vulnerable adults

Children were not permitted within the clinic treatment areas. We were told this was made clear to patients when appointments were booked.

We saw the clinic had a safeguarding policy which was aligned with the Wales Safeguarding Procedures and included the contact details of the local safeguarding teams. The registered manager told us that a patient's capacity to consent was

assessed during the initial consultation process. However, we found limited detail about capacity to consent processes within the policy.

The registered manager must set out a written policy detailing how the service assesses and manages patient capacity to consent to treatment.

We reviewed staff compliance with safeguarding training. We found evidence that some training was completed and that some were allocated for completion on the clinic online training platform. Copies of the outstanding training certificates were subsequently provided shortly following the inspection.

Medical devices, equipment and diagnostic systems

We saw that two of the laser machines were the same as registered with HIW and that the annual service and calibration checks were in date where required. We were told that one laser machine had been sold a year ago. We discussed deregistering this laser with HIW by way of a variation application.

There was a current contract in place with an LPA and local rules detailing the safe operation of the laser machines had been reviewed within the last year. There were up to date treatment protocols in place for the safe use of the laser machines and these had been approved by an expert medical practitioner.

We were told routine daily laser equipment and systems diagnostics checks were carried out. However, we saw no evidence that these were recorded.

The registered manager must ensure daily laser machine checks are conducted and recorded.

Safe and clinically effective care

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

There were signs on the outside of the treatment room to indicate the presence of the laser machines and a lock to prevent unauthorised entry when the machines were in use. We found suitable arrangements to ensure the laser machines were secure when not in use.

Participating in quality improvement activities

We found no documented systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager must consider industry relevant information including complaints and

investigations, results of clinical audits, expert advice and national reviews as part of the clinic's quality improvement activities.

The registered manager must put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.

Records management

We found the patient records were kept securely at the service, and that suitable processes were in place to prevent the loss of personal data. A data protection policy was in place which provided guidance for staff to understand and comply with the rules for collecting, using and safely disposing of sensitive personal information that was processed at the clinic.

We found the data retention periods and disposal arrangements to be appropriate, although the clinic has not been running long enough to enact these measures.

Quality of Management and Leadership

Governance and accountability framework

The Aesthetic Clinic and Academy is owned and run by the registered manager with a small team of dedicated staff.

Our observations of the clinic found that the HIW registration certificate and associated schedule containing the conditions of registration were on display as required by the regulations. However, we noted that these were still showing the details of the sold laser and did not include the most recently registered laser machine. As we had already discussed deregistering the sold laser, it was agreed that the clinic waits for the new certificate that will be issued upon completion of that process.

We found that current employers and public liability insurance was in place and displayed as necessary.

We looked at a sample of policies and procedures which in general, we found to be appropriate. The clinic had an infection prevention and control policy, although this was undated and lacked version control, with no review dates. We were told that staff were aware of the policy but there were no signatures recorded to confirm they had read and understood the contents. We found this to be consistent with most policies available at the clinic.

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

The clinic had a written complaints procedure available which was summarised in the statement of purpose and patients' guide. This indicated that all complaints would be acknowledged and resolved within specified time frames. All complaints were to be recorded in a complaint log; however, we were told that no complaints had been received to date.

Workforce recruitment and employment practices

We were told the recruitment process involved the submission of a curriculum vitae (CV) followed by interview. An offer of employment would be subject to satisfactory pre-employment checks.

Our review of staff records found evidence of pre-employment checks including proof of identity and references from previous employers. We found each staff member had a contract of employment and job description. A Disclosure and Barring Service (DBS) certificate was in place for the registered manager. However, when inspecting DBS arrangements for staff, we found one certificate was over three years old while the other was at an insufficient level. We saw no evidence of a system in place to ensure staff remained fit to work at the clinic.

The registered manager must ensure that:

- **Appropriate DBS checks are carried out on all new staff before starting work and evidence kept on file**
- **The contracts of employment should include a section on having to inform management if there had been any changes that would affect their DBS 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 DBS status.**

Workforce planning, training and organisational development

We found enough trained staff to cover the clinic's needs and to provide safe treatment for patients. We saw certificates showing that all authorised users of the laser machines had completed the Core of Knowledge training and training by the manufacturer on how to safely use the laser machines.

To develop and maintain the skills and knowledge of the workforce the registered manager monitored training requirements. We saw evidence of additional training that was relevant to staff roles.

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 extinguishing equipment had not been serviced within the last 12 months.	Patients were potentially at risk in the event of a fire.	We raised this immediately with the registered manager.	New extinguishers were purchased on the day of inspection.
All items contained in the first aid kit had exceeded the expiry date.	Patients were potentially at risk in event of an emergency or accident.	We raised this immediately with the registered manager.	A new first aid kit was ordered on the day of the inspection.

Appendix B - Immediate improvement plan

Service: The Aesthetic Clinic and Academy

Date of inspection: 29 January 2025

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The registered manager must provide written assurance to HIW that:</p> <ul style="list-style-type: none">In the future, all required entries on patient records, including treatment parameters, are completed fully and correctly and are signed by the laser operator as correct.	Regulation 23(1)(a)	This will be actioned by all team members. Team training to commence 4th February 2025.	Hannah Colling-Morgan	1 week

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): Hannah Colling-Morgan

Job role: Registered manager

Date: 03 February 2025

Appendix C - Improvement plan

Service: The Aesthetic Clinic and Academy

Date of inspection: 29 January 2025

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
We recommend that the registered manager considers how it would best meet the individual needs of patients who may wish to communicate through the medium of Welsh and other languages.	Regulation 9(1)(g)	If a client books in and states they don't speak English, measures will be taken to accommodate them, such as consultation forms created for them and an interpreter.	Hannah Colling-Morgan	Done
We recommend that the registered manager maintains a register recording each occasion laser treatments are provided, which is specific to the machine rather than being separated into individual patient files.	Regulation 45(2)	This is already stated on the consultation forms.	Hannah Colling-Morgan	Done

The registered manager must update the patient information leaflet, statement of purpose and website to advise patients of the lack of an accessible toilet at the premises.	Regulation 6 & 7	This has been done.	Hannah Colling-Morgan	Done
The registered manager must arrange for emergency fire evacuation drills to be conducted regularly and maintain a log as evidence.	Regulation 26(4)(d)	This has now been added to our schedule.	Hannah Colling-Morgan	Done
The registered manager must arrange for a health and safety risk assessment to be completed at the clinic and provide a copy to HIW as evidence.	Regulation 19(1)(b)	This has been done, with evidence sent.	Hannah Colling-Morgan	Done
We recommend the registered manager considers sealing off the chimney to prevent further debris falling into the fireplace.	Regulation 26(2)(a)	This has been done, chimney balloon bought.	Hannah Colling-Morgan	Done
The registered manager must provide single-use paper towels in	Regulation 15(7)	Already been provided.	Hannah Colling-Morgan	Done

the toilet for the use of patients and staff.				
The registered manager must set out a written policy detailing how the service assesses and manages patient capacity to consent to treatment.	Regulation 9(4)(a) & (c)	This will be done.	Hannah Colling-Morgan	Done
The registered manager must ensure daily laser machine checks are conducted and recorded.	Regulation 15(2)	This is already in action.	Hannah Colling-Morgan	Done
The registered manager must put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.	Regulation 19	I am in contact with my LPA and laser machine supplier to ensure I keep up to date with new legislation and regulations coming out in regard to providing laser in my clinic.	Hannah Colling-Morgan	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	This is already done.	Hannah Colling-Morgan	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 ensure that:</p> <ul style="list-style-type: none"> Appropriate DBS checks are carried out on all new staff before starting work and evidence kept on file The contracts of employment should include a section on having to inform management if there had been any changes that would affect their DBS 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 DBS status. 	Regulation 21	<p>The DBS are still being processed.</p> <p>New contracts are being written up and a declaration from staff will be written up.</p>	Hannah Colling-Morgan	4 Weeks

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): Hannah Colling-Morgan

Job role: Registered Manager

Date: 4th March 2025