

Independent Healthcare Inspection Report (Announced)

Allure Aesthetics Ltd, Blackwood

Inspection date: 09 April 2025

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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 Allure Aesthetics Ltd on 09 April 2025.

The inspection was conducted by a HIW healthcare inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of nine questionnaires were completed by patients or their carers. 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 that Allure Aesthetics was committed to providing a positive experience for their patients in a very clean and pleasant environment, with friendly, professional and committed staff.

We found processes in place to ensure patients were being treated with dignity and professionalism.

The patient records reviewed showed that consent was obtained and a patch test was conducted prior to commencing a course of treatment. All respondents to the HIW questionnaire agreed this was the case.

We found patient feedback was being requested. This was being monitored and responded to in a timely manner.

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

This is what the service did well:

- The clinic is committed to providing a positive experience for patients
- The clinic was very clean and tidy. The premises were decorated to a high standard
- Staff were polite, caring and listened to patients
- The clinic had a system in place for seeking the views of patients.

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.

We found fire safety arrangements were good and all staff had completed fire training. There were up-to-date Portable Appliance Testing (PAT) and an electrical installation certificate available, demonstrating the premises were safe and fit for purpose.

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. The local rules and medical protocols had been completed as required. Appropriate protective eyewear was available and in good condition.

Patient records were stored securely with suitable safeguards in place.

This is what the service did well:

- Premises were well maintained and had relevant certificates in place to ensure the premises remains fit for purpose
- 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:

Allure Aesthetics has an established team with good leadership and clear lines of accountability.

We found a range of policies and procedures in place. There was evidence that staff had read these and therefore understood the content and their responsibilities.

A complaints procedure was in place which included suitable time frames for acknowledgment and resolution.

The staff files had appropriate information, including employee references and criminal records checks. Regular one-to-one meetings were taking place with all staff members.

This is what the service did well:

- We saw certificates showing authorised users who operate the laser machine had completed the Core of Knowledge training and on how to use the laser machines
- Patient notes were of a good standard
- Appropriate recruitment and fitness to work checks were in place.

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. In total, we received nine responses.

All patients who completed a questionnaire rated the service provided as very good. Some of the patients did not answer all of the questions.

Patient comments included:

"The clinic is welcoming and everyone working there is friendly. All staff are knowledgeable and able to confidently answer any questions or concerns I have relating to my treatments".

"Always receive excellent service and care. Everything is checked with every visit and the girls always advise any problems get in touch. Nothing is ever too much trouble".

Health protection and improvement

Staff at Allure Aesthetics were passionate to promote healthier lifestyles to their client group for the treatments to be more beneficial. Staff said that information about skin and the improvements clients can make will result in skin that can heal more quickly.

This information was provided during client consultations, as well as providing written after care documentation.

The service has information on their website and has released several podcasts as a way of supporting and promoting healthier lifestyles.

We saw that clients complete a medical history form before starting any treatments. This form is updated at every appointment to ensure any changes are discussed and the impact they might have on the client.

Dignity and respect

We saw and heard staff treating clients with respect and kindness. Discussions about their treatment were held in the treatment room. These rooms were closed to provide privacy and stop sensitive conversations being overheard.

We saw all laser treatment rooms had key coded door locks and signs were visible on the outside informing staff and others when the rooms were in use. Clients can change within the treatment room, in private and where applicable, dignity towels will be provided.

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

All respondents who answered the HIW questionnaire strongly agreed that:

- Staff treated me with dignity and respect
- Measures were taken to protect my privacy
- Staff explained what they were doing throughout the treatment
- I was involved as much as I wanted in making decisions about my healthcare.

Patient information and consent

We found that people received the right information when they need it and in a way they can easily understand to help them make the best choices.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. We were told discussions are held prior to any treatment starting, including the risks and benefits of treatment. We saw that consent to treatment was obtained at the start of each course of treatment. A policy on obtaining informed consent from patients was in place to support this.

All patients who completed a questionnaire agreed they have been given enough information about their treatment, including the risks, different treatment options, cost and after care services.

Medical history is completed at each treatment and any changes to this result in a new consent form being completed.

All respondents to the HIW questionnaire agreed they had their medical history checked before undertaking treatment and they signed a consent form before receiving new treatment.

Communicating effectively

We reviewed the patients' guide and the statement of purpose provided to us by the registered manager. We found both documents included the relevant information about the services being offered. These were available in a folder in the reception area.

The clinic has a website and leaflets which provide information on available treatments.

We looked at a sample of patients' records and found evidence that there was a clear and transparent approach to treatment pricing. This was also reflected in response to our questionnaire, in which all respondents agreed that the cost was made clear before treatment was received.

We were told there were no requests from clients to receive services in Welsh. However, the manager said she would try to accommodate any client wishing to communicate in Welsh.

Care planning and provision

All patients receive a consultation appointment prior to treatment starting, which includes a skin type assessment. We saw examples of good information and aftercare documents that are given to patients, which included detail of the risks and benefits of treatments.

There were detailed individual patient notes available, with evidence of good record keeping processes. There was good documentation in place covering skin type, consent to treatment and medical history.

An up-to-date treatment register was being maintained.

All patients confirmed that they complete a medical history form and / or had their medical history form checked before undertaking any treatment. All patients also confirmed that they were given a patch test to determine the safe and effective laser setting before receiving treatment; and all patients confirmed that they signed a consent form before receiving new treatment.

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. There was an equality and diversity policy in place and staff had received training in this topic.

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

Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. We noted that online reviews were actively monitored, and the clinic had made changes to their booking system and social media pages as a result, which we considered good practice.

Delivery of Safe and Effective Care

Environment

We found the premises was safe and fit for purpose. The clinic was visibly clean and in a good state of repair, including furniture, fixtures and fittings.

We observed no obvious trip hazards and there were sufficient security measures in place against unauthorised access.

We saw evidence that Portable Appliance Testing (PAT) had been conducted, to help ensure that small electrical appliances were safe to use. We also saw evidence that a building electrical wiring check had been undertaken within the last five years.

A gas safety certificate was seen which ensured gas appliances were safe to use.

We looked at the arrangements for fire safety and found that the fire extinguishers had been serviced annually, and fire exits were clearly signposted. Fire risk assessments were in place, and we saw evidence that these had been regularly reviewed. Weekly fire alarm tests were taking place. Staff had up to date fire safety training in place.

Managing risk and health and safety

We found the clinic was taking appropriate measures to manage the risk to health and safety. A health and safety risk assessment was in place and was regularly updated to ensure any identified issues are managed.

There were suitable arrangements in place to respond to a patient emergency. All staff were first aid trained. A first aid kit was in place and there was evidence of monthly checks being carried out to ensure the items within the first aid kit were in date. We were told there was always a member of staff available at the clinic who is first aid trained.

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly clean and tidy. Furniture used for treatments, 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. Clinical waste was disposed of appropriately and we saw that there was a contract in place with an approved waste carrier.

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

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 18 years only. The registered manager confirmed that this was complied with.

The registered manager described how they would deal with any adult safeguarding issues. A safeguarding policy was in place with clear procedures to follow in the event of an adult safeguarding concern which included the local safeguarding referral team contact details. We found all staff had completed safeguarding training at the required level.

Medical devices, equipment and diagnostic systems

The laser machines had an annual service and calibration certificate which was in date. There were treatment protocols in place for the use of the laser machines and these had been approved by an expert medical practitioner.

There was a contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machine. The local rules had been regularly reviewed by the LPA and signed by the staff who operate the laser machines.

Safe and clinically effective care

We saw certificates showing that all the laser operators had completed Core of Knowledge training and training in the use of the laser machine.

Eye protection was available for patients and the laser operator. The eye protection appeared in visibly good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There was a sign on the outside of the treatment rooms which indicated when the laser machine is in use. The registered manager also confirmed that the treatment room doors are locked when the machine is in use to prevent unauthorised access. We were told that the machines are always kept secure due to the key code pad on each treatment room door and the removal of keys from the laser machines which prevent unauthorised operation.

The risk assessments had recently been reviewed by the LPA.

Participating in quality improvement activities

There were suitable systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager regularly seeks the views of patients as a way of informing care, conducts audits of

records to ensure consistency of information and assesses risks in relation to health and safety.

Records management

We found that patient information was kept securely at the service. We examined a sample of patient records and found evidence that patient notes were maintained to a good standard.

Quality of Management and Leadership

Governance and accountability framework

Allure Aesthetics is owned and run by the registered manager, who is supported by a small team of staff. We were told there were clear lines of accountability at the clinic, and staff were clear of their roles and responsibilities.

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 in place and there was evidence to confirm they had been signed by staff to show they had read and understood the documents.

Dealing with concerns and managing incidents

There was a complaints policy in place, which included the contact details for HIW in line with regulatory requirements. Details of the complaints procedure had also been included within the statement of purpose.

The practice has a system in place to log formal and informal complaints and concerns. At the point of inspection, no complaints had been received at the clinic.

Workforce recruitment and employment practices

The registered manager stated that the current staff team is well established and described the recruitment processes. Vacant posts are advertised with prospective staff interviewed, references sought, and Disclosure and Barring Service (DBS) checks undertaken. Newly appointed staff are expected to undertake a period of induction. A recruitment policy was in place which supported the recruitment process described to us.

Authorised users would not use the laser machine without appropriate training and a period of monitoring a new starters experience of conducting consultations and use of the laser machines.

Workforce planning, training and organisational development

We found there were sufficient numbers of appropriately qualified, experienced and competent staff to provide safe care and treatment.

We saw certificates showing that all staff had completed mandatory training, including Core of Knowledge training for authorised users who operate the laser machines. A training log is kept monitoring compliance with mandatory training.

There were documented one-to-one meetings for each staff member, which included performance and any development requirements. As the team is small no formal meeting minutes were captured, however, we were told the team talk daily and key messages will be shared.

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
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Allure Aesthetics

Date of inspection: 9 April 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 immediate non-compliance issues were identified at this inspection.					

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:

Appendix C - Improvement plan

Service: Allure Aesthetics

Date of inspection: 9 April 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.	No areas for improvement were identified on this inspection.					

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): Sophia Roisin Hopkins

Job role: Director

Date: 13/05/2025