

Independent Healthcare Inspection Report (Announced)

New Image, Bangor

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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 New Image on 28 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 16 were completed. We also spoke to staff working at the service during our inspection. 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 the staff at New Image to be committed to providing a positive experience for patients in a pleasant environment. The premises were well maintained and visibly clean.

We saw patients being greeted in a polite, friendly and professional manner.

The treatment room was clean and tidy and ensured that the privacy and dignity of patients was maintained. Pre-treatment consultations and printed information ensured patients understood the treatments provided and expected results.

This is what we recommend the service can improve:

- Ensure all patients are provided with a copy of the patients' guide.

This is what the service did well:

- Clean and pleasant environment throughout the premises
- Comprehensive pre-treatment consultation processes.

Delivery of Safe and Effective Care

Overall summary:

The clinic was clean and tidy with effective cleaning regimes in place.

The laser unit was serviced and maintained appropriately. There was an appointed Laser Protection Advisor (LPA) and up-to-date Local Rules. The registered manager was the sole operator of the laser unit and demonstrated extensive experience. An up-to-date and comprehensive treatment protocol was in place.

Suitable arrangements were in place for safeguarding of vulnerable adults. Appropriate and complete records were kept securely.

Appropriate measures were in place regarding fire safety and risk assessments.

This is what we recommend the service can improve:

- Ensure Core of Knowledge training is refreshed at appropriate intervals
- Ensure fire safety awareness training is refreshed at appropriate intervals.

This is what the service did well:

- The premises were well maintained with appropriate arrangements for electrical testing and fire safety
- The laser unit in use at the clinic was serviced and maintained appropriately to ensure safe treatment
- Appropriate treatment protocols and local rules were in place
- Comprehensive patient records were kept.

Quality of Management and Leadership

Overall summary:

The registered manager was the sole operator of the laser unit and was patient focused and committed to providing a high-quality service.

Appropriate policies and procedures were in place. Some quality improvement work was carried out with a focus on patient experience.

This is what we recommend the service can improve:

- Consider options to monitor and improve the quality of service provided.

This is what the service did well:

- Comprehensive range of policies and procedures 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 at the clinic. In total we received 16 completed questionnaires. Some questions were skipped by some respondents, meaning not all questions had 16 responses.

Overall, the responses and comments were positive.

Patient comments included:

“Been coming into the salon for a few years. Very happy with my treatment.”

“Service is always of a very high standard.”

“Really good customer service.”

“I couldn't have asked for anything more. Made me feel at ease and answered all my questions. Excellent service.”

Dignity and respect

The treatment room had a lockable door and the external window was fitted with a closed blind, to ensure patient privacy during treatment. Music was played at the premises to promote patient privacy during treatment.

The registered manager confirmed that patients were able to change, if necessary, in the lockable treatment room and that staff members left the room to maintain privacy and dignity.

All respondents to the HIW questionnaire felt they were treated with dignity and respect and felt that staff listened to them and answered their questions.

Patient information and consent

The registered manager told us that patients were provided with detailed verbal information both pre and post treatment to ensure they could make an informed decision about their treatment.

Consultation forms were stored securely. Staff told us that clients completed consultation and medical history forms which included a signature showing consent and that patch skin tests were carried out. For subsequent appointments clients were also required to sign to confirm their consent and whether there had been any medical changes.

All patients who completed the HIW questionnaire agreed they were given a patch test and their medical history was checked before undertaking treatment.

Detailed information about the treatment, informed consent and post-treatment care was provided to all patients. A comprehensive patients' guide document was available but not routinely provided to patients.

The registered manager must ensure that all patients are provided with a copy of the patients' guide.

Communicating effectively

We reviewed the complaints process and it included all the required information, including appropriate timescales for response, contact details for HIW and how to access the latest inspection report.

The clinic had detailed price lists available and listed on their website.

The registered manager was a fluent Welsh speaker and this was promoted to patients both in person and on the clinic website.

Care planning and provision

The registered manager confirmed that all patients underwent a face-to-face consultation and patch test prior to treatment, with the results documented as part of the patient treatment record.

We saw that a treatment register was kept for the laser unit. This detailed patient name, address and date of birth, type of treatment, shot count and if any adverse reaction had taken place, with each record initialled by the operator. More detailed information was kept in patient records including skin type, medical history, treatment history and parameters used.

Equality, diversity and human rights

The clinic had an Equality, Diversity and Inclusion (EDI) policy in place, referencing appropriate legislation and protected characteristics.

The premises and treatment room were not accessible to wheelchair users or patients with mobility difficulties due to the clinic being on the second and third

floors of the building, with access by stairway only. The Statement of Purpose clearly stated this and that alternative businesses would be suggested to potential clients that required more accessible premises.

We were told that patients were routinely asked how they would like to be addressed regarding their name and pronouns.

All respondents to the HIW questionnaire agreed that they had not faced discrimination when accessing or using the service.

Citizen engagement and feedback

The clinic used paper survey forms to actively seek feedback from patients. We saw evidence of the results being collated and reviewed to assess whether any actions were required.

Delivery of Safe and Effective Care

Managing risk and health and safety

The clinic had policies and procedures in place to help maintain the health and safety of staff and patients at the clinic.

We saw evidence of an up-to-date electrical installation report, portable appliance testing and gas safety certificate.

We found satisfactory arrangements in place for fire safety, with appropriately serviced fire extinguishers mounted correctly and clearly indicated. Fire alarm tests and evacuation drills were carried out. A fire risk assessment was in place and fire exits were clearly indicated. The registered manager had undertaken fire safety awareness training but this required updating. This was addressed immediately after the inspection with evidence provided to HIW that training had been completed.

A first aid kit was available in the staff room and the contents were all in date. The registered manager was a first aider, with up-to-date training.

Infection prevention and control (IPC) and decontamination

We observed all areas of the clinic including the treatment room to be visibly clean and free from clutter. The premises were in a very good state of repair enabling effective cleaning.

All respondents to the HIW questionnaire felt that IPC measures were being followed and that the setting was very clean.

The registered manager described appropriate cleaning processes supported by cleaning checklists. A suitable waste disposal contract was in place and clinical waste was handled and stored appropriately.

The registered manager had up-to-date training in IPC.

Safeguarding children and safeguarding vulnerable adults

The service was registered to treat patients aged 18 years and over. The registered manager confirmed that children were not allowed in the treatment room.

The clinic had a policy for the safeguarding of vulnerable adults, with appropriate contact details for the local authority. The registered manager was not aware of the Wales National Safeguarding procedures.

We recommend the registered manager utilise the Wales National Safeguarding website and phone application.

We reviewed training certificates and saw evidence that the operator had up-to-date training at Level one.

Medical devices, equipment and diagnostic systems

The laser unit was in good condition and regularly serviced and maintained. The operator carried out daily checks, including cleaning of the unit.

A contract was in place with a Laser Protection Advisor (LPA). We saw that Local Rules were available, having been signed by the LPA and were specific to the clinic and laser unit. We found that a risk assessment relating to the laser equipment was out of date. The registered manager believed that the document had been updated recently but the date appeared to be incorrect. The LPA confirmed this to be the case and an updated version was provided on the day of inspection.

Suitable eye protection was available for both patients and operators.

We were told that the laser unit had an electronic keypad that required a PIN number to enable use. Additionally, the door to the treatment room was kept locked when not in use.

The door to the treatment room had appropriate signage to warn that laser units were in operation.

Safe and clinically effective care

The registered manager had completed Core of Knowledge training but this had not been refreshed in line with guidelines provided by the British Medical Laser Association (BMLA).

The registered manager must ensure that they undertake Core of Knowledge training every five years, in line with BMLA guidelines.

A comprehensive and up-to-date treatment protocol was in place having been signed off by a medical practitioner.

Participating in quality improvement activities

The registered manager clearly understood the purpose of auditing to monitor and improve the service provided. The registered manager explained that as a sole

operator there was limited benefit in auditing their own records and auditing was focussed on patient experience and feedback to identify potential improvements.

We saw that regular patient surveys were carried out with results collated and reviewed.

Records management

The treatment register and patient records were kept as hard copies and stored securely in the treatment room.

Quality of Management and Leadership

Governance and accountability framework

The registered manager was the only authorised laser operator at the time of inspection. This was in line with their HIW registration.

We saw that the clinic clearly displayed HIW registration certificates in both English and Welsh and had an up-to-date certificate of public liability insurance.

There was a comprehensive range of policies and procedures in place, to meet regulatory requirements.

Dealing with concerns and managing incidents

There was a suitable complaints procedure in place and made available to patients. This included appropriate timescales for response and contact details to escalate concerns with external bodies.

The clinic also had policies and procedures in place about public interest disclosure (whistleblowing).

Workforce recruitment and employment practices

We saw evidence that the authorised laser operator had undergone appropriate checks, including using the Disclosure and Barring Service (DBS).

There were appropriate procedures in place for the recruitment and induction of staff.

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
A risk assessment relating to the laser equipment was out of date.	Up to date assessment is required to ensure risks to patients are reduced.	This was raised with the registered manager during the inspection.	The registered manager believed the document had been updated recently but the date appeared to be incorrect. The LPA confirmed this to be the case and an updated version was provided on the day of inspection.
The registered manager had undertaken fire safety awareness training but this required updating.	Staff should have annual training on fire safety awareness to ensure patient safety.	This was raised with the registered manager during the inspection.	This was addressed immediately after the inspection with evidence provided to HIW that training had been completed.

Appendix B - Immediate improvement plan

Service: New Image

Date of inspection: 28 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
No immediate non-compliance issues were identified.					

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: New Image

Date of inspection: 28 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. A comprehensive Patients' Guide document was available but not routinely provided to patients.	The registered manager must ensure that all patients are provided with a copy of the Patients' Guide.	The Independent Health Care (Wales) Regulations 2011, Regulation 7(2)	This is now provided with every consultation from my inspection date.	Lisa Owen	Completed
2. The registered manager was not aware of the Wales National Safeguarding procedures.	We recommend the registered manager utilise the Wales National Safeguarding website and phone application.	The Independent Health Care (Wales) Regulations 2011, Regulation 16(3)	I have since downloaded the Wales Safeguarding Procedures app onto my phone and can utilise it there	Lisa Owen	Completed
3. The registered manager had completed Core of Knowledge training	The registered manager must ensure that they undertake Core of Knowledge training every	The Independent Health Care (Wales) Regulations 2011, Regulation 20	I will be participating on an online Core of Knowledge course in the next month.	Lisa Owen	Within 1 month.

but this had not been refreshed in line with guidelines provided by the British Medical Laser Association (BMLA).	five years, in line with BMLA guidelines.				
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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): Lisa Owen

Job role: Registered Manager

Date: 24/06/25