

# Independent Healthcare Inspection Report (Announced)

Skindeep Clinic, Aberystwyth

Inspection date: 20 May 2025

Publication date: 20 August 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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

Digital ISBN 978-1-80633-308-0

© 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 .....	8
• Quality of Patient Experience .....	8
• Delivery of Safe and Effective Care .....	11
• Quality of Management and Leadership .....	14
4. Next steps.....	15
Appendix A - Summary of concerns resolved during the inspection .....	16
Appendix B - Immediate improvement plan.....	18
Appendix C - Improvement plan .....	19

# 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 Skindeep Clinic, Aberystwyth on 20 May 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 seven 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 that Skindeep Clinic was committed to providing a positive experience for patients in a pleasant environment with friendly and professional laser operators.

All patients who completed a HIW questionnaire rated the service provided by the clinic as very good.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- Pleasant and welcoming environment
- The clinic was clean and tidy
- Staff were polite, caring and listened to patients
- Patients were treated in a caring and friendly manner within treatment rooms that preserved their dignity.

### Delivery of Safe and Effective Care

Overall summary:

We found that Skindeep Clinic was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

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

There were good arrangements in place to ensure that the laser machine was used appropriately and safely.

The registered manager was very knowledgeable, professional and demonstrated their understanding of where and how to access advice and guidance.

We found evidence that patients were provided with safe and effective care.

This is what the service did well:

- The clinic and treatment rooms had been designed and finished to a high standard
- Treatment rooms were clean, well equipped and fit for purpose
- Patients were provided with detailed information to make an informed decision about their treatment
- Patients were very satisfied with their treatments and services provided
- Patient notes were of a good standard.

## Quality of Management and Leadership

Overall summary:

We found that Skindeep Clinic had very good leadership and clear lines of accountability.

The day to day management of the clinic was the responsibility of the registered manager who we found to be extremely committed and dedicated to providing high quality patient care.

We observed that the staff team worked very well together and were committed to providing a high standard of care for patients.

Staff had access to appropriate training opportunities in order to fulfil their roles.

This is what the service did well:

- A range of policies were readily available to staff to support them in their work roles
- Staff worked very well together as part of a team
- All authorised users of the laser machine had completed the core of knowledge training and training on how to use the laser machine
- Patient information was kept securely.

## 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 seven responses. Some of the patients did not answer all of the questions.

All patients who completed a questionnaire rated the service provided as very good. Some of the comments provided by patients included:

*“My experience throughout has been very good.”*

*“Cleanliness was excellent, and I felt incredibly comfortable throughout my treatment. The therapist spoke to me clearly and reassured any questions I had.”*

*“Excellent service with a professional approach and environment was spotless. Thank you.”*

#### Health protection and improvement

We confirmed that patients provided comprehensive health and medical histories prior to their initial treatment and again prior to subsequent treatments. We confirmed medical histories were signed by the patient and were countersigned by the laser operator. All patients told us they had their medical histories taken prior to treatment.

#### Dignity and respect

All patients who completed a questionnaire confirmed that staff treated them with dignity and respect when visiting the clinic.

The door to the treatment rooms were lockable and the registered manager confirmed they locked the door during treatment to maintain privacy. However, we noted that one of the treatment room doors had recently been replaced and a new lock was due to be installed. We received evidence immediately following the inspection confirming that a new lock had been installed.

Patients were provided with towels to protect their dignity if required and were left alone to undress if necessary.



Consultations were carried out in the treatment room, to ensure that confidential and personal information could be discussed without being overheard.

All patients who completed a questionnaire confirmed that staff explained what they were doing throughout the treatment and that they listened to them and answered any questions.

We were told that patients could be accompanied to the setting, but not during the treatment for safety reasons. All patients strongly agreed that they had been treated with dignity and respect by staff at the service.

### **Patient information and consent**

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

Patients were provided with a thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered.

We found evidence to indicate patients were provided with enough information to make an informed decision about their treatment.

All patients who completed a questionnaire confirmed they had completed and signed a medical history, a consent form and received a patch test prior to commencement of any new treatment. We were told that all patients were given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions.

We saw that patients were asked to complete and sign a medical history form at the start of each treatment, prior to patch testing. We also saw evidence that patients provided an update to their medical history at every follow-up appointment.

### **Communicating effectively**

A statement of purpose and a patients' guide was available for patients to take away. The statement of purpose included relevant information about the services being offered.

Comprehensive patient information was available for patients to read to help them decide about their treatment options and details about the service. We found evidence of this in the records we reviewed. All patients strongly agreed that staff

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

All patients who completed a questionnaire told us their preferred language was English.

### **Care planning and provision**

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

Treatment information was recorded within individual patient files and a treatment register was being maintained.

We reviewed a sample of patient records and found a good standard of record keeping, which covered all areas of the patient journey, pre and post treatment.

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

There was an equal opportunities policy in place. This meant that the clinic was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

The laser treatment rooms were located on the ground floor of the premises, which helped to provide an accessible service to all.

### **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 discussed the mechanism for actively seeking patient feedback, which the clinic did by emailing patients a survey at the end of their treatment. Patients were also able to give feedback in person or anonymously via social media.

# Delivery of Safe and Effective Care

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

We saw evidence that portable appliance testing (PAT) had been conducted, to ensure that small electrical appliances were safe to use.

We also saw that a building electrical wiring check had been undertaken within the last five years.

We looked at the arrangements for fire safety and found that the fire extinguishers had been serviced, and fire exits were clearly signposted. However, we noted that there were no 'No Smoking' signs within the premises confirming that the clinic adhered to the smoke free premises legislation. We received evidence immediately following the inspection confirming that a 'No Smoking' sign had been installed.

Fire risk assessments were in place, and we saw that these had been regularly reviewed. Fire alarm tests and annual fire drills were taking place. However, we found that one of the laser operators were required to renew their fire safety training. We received evidence immediately following the inspection confirming that fire safety training had been renewed.

There was an emergency first aid kit available. However, we found several out-of-date items in the kit. The registered manager immediately arranged for a replacement first aid kit to be purchased during the inspection.

Appropriate laser safety and privacy signage was displayed on the treatment room doors to remind staff and visitors to avoid entering when treatments are being provided.

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

We observed all areas of the service to be visibly clean and all patients felt the clinic was 'very clean'.

The registered manager described a range of infection control arrangements. These included a daily cleaning checklist for the treatment rooms, cleaning laser and bed equipment in between appointments, cleaning of eyewear prior to each use. There were appropriate arrangements in place for the disposal and collection of clinical waste, including sharps.

We saw that IPC training for both laser operators was due for renewal. We received evidence immediately following the inspection confirming that both laser operators had renewed their training.

There were no concerns expressed by patients over the cleanliness of the clinic. All patients who completed a questionnaire confirmed that IPC measures were being followed and that the setting was very clean. Patients told us:

*“Cleanliness was excellent.”*

*“Immaculate treatment rooms.”*

*“Environment was spotless.”*

Clinical waste was disposed of appropriately and there was a contract in place with an approved waste carrier.

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

The registered manager described how they would deal with any safeguarding issues. We saw evidence that the laser operators had completed safeguarding level two training. However, we found that the training for one of the operators was due for renewal. We received evidence immediately following the inspection confirming that laser operator had renewed their training.

A policy was in place to safeguard vulnerable adults and children. There were clear procedures to follow in the event of any safeguarding concerns, along with flowcharts and contact details listing the actions required should a safeguarding issue arise.

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

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

There were signs on the outside of the treatment room to indicate when the laser machine was in use. The registered manager also confirmed that the treatment room door was locked when the machine was used to prevent unauthorised access. We were told that the machine was always kept secure and could only be activated by a passcode, preventing unauthorised operation.

The environmental risk assessments had recently been reviewed by the Laser Protection Advisor (LPA).

We requested to see the medical treatment protocols in relation to the laser machine. We were provided with the relevant medical protocols, produced and approved by an expert medical practitioner. However, these were due for review

in June 2022. The registered manager immediately contacted the manufacturer who confirmed the protocols were still valid during the inspection. We also received evidence immediately following the inspection confirming that renewed medical treatment protocols had been received at the clinic.

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

The registered manager demonstrated a good knowledge and understanding of the treatments provided. The registered manager also described the importance of post treatment observations and follow up with patients to help provide improved individualised care throughout a course of treatment.

### **Records management**

A sample of five patient records were reviewed. There was evidence that good records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. All the records we reviewed were individualised and contained appropriate patient identifiers, medical history, areas treated, relevant parameters, shot count and details of any adverse effects. Records were detailed, clear, legible and of good quality. Records were kept in a well organised manner and were kept secure when not in use.

# Quality of Management and Leadership

## **Governance and accountability framework**

Skindeep Clinic was run and owned by the registered manager who we found to be very committed and dedicated to their role.

We saw a current HIW certificate of registration and public liability insurance certificate on display.

We looked at a sample of policies and procedures and saw that these had been reviewed regularly and contained version and / or review dates.

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

We confirmed with the registered manager that there had been no HIW reportable incidents.

There was a complaints policy in place, which included the contact details for HIW. The complaint procedure was also included within the statement of purpose.

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

## **Workforce recruitment and employment practices**

We saw that the clinic had a recruitment process in place. We were told that any new staff underwent an in-depth induction process followed by a probation period with appropriate supervision. Staff were issued with detailed job descriptions outlining their roles and responsibilities.

## **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 that core of knowledge training and system machine specific training was completed by both laser operators.

We also saw evidence that both laser operators had an appropriate Disclosure and Barring Service (DBS) check in place to help protect and safeguard patients.

## 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
We noted that one of the treatment room doors had recently been replaced and there was no lock on the door.	If someone enters the room during a procedure, they could be exposed to laser radiation.	Discussed with the registered manager.	We received evidence immediately following the inspection confirming that a new lock had been installed.
There were no 'No Smoking' signs displayed at the clinic.	Exposure to harmful smoke.	Discussed with the registered manager.	We received evidence immediately following the inspection confirming that a 'No Smoking' sign had been installed.
We found that one of the laser operators were required to renew their fire safety training.	Risk to patient safety and emergency response efficiency.	Discussed with the registered manager.	We received evidence immediately following the inspection confirming that fire safety training had been renewed.
We found several out-of-date items in the first aid kit.	Expired antiseptic and wound dressings are less effective.	Discussed with the registered manager.	The registered manager immediately ordered a replacement first aid kit to be delivered the following day.



We found that the safeguarding training for one of the operators was due for renewal.	Renewing safeguarding training is essential for the safety, wellbeing and the protection of vulnerable individuals.	Discussed with the registered manager.	We received evidence immediately following the inspection confirming that laser operator had renewed their training.
We found that the medical treatment protocols we due for renewal.	Renewing medical treatment protocols is essential for ensuring they are safe and effective.	Discussed with the registered manager.	The registered manager immediately contacted the manufacturer who confirmed the protocols were still valid. We also received evidence immediately following the inspection confirming that renewed medical treatment protocols had been received at the clinic.

## Appendix B - Immediate improvement plan

**Service:** Skindeep Clinic, Aberystwyth

**Date of inspection:** 20 May 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 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:** Skindeep Clinic, Aberystwyth

**Date of inspection:** 20 May 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.	There are no areas for improvement identified during 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:**