

Independent Healthcare Inspection Report (Announced)

Cardiff Beauty Clinic

Inspection date: 7 July 2025

Publication date: 7 October 2025



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

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

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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	10
• Quality of Management and Leadership	13
4. Next steps.....	14
Appendix A - Summary of concerns resolved during the inspection	15
Appendix B - Immediate improvement plan.....	16
Appendix C - Improvement plan	18

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 Cardiff Beauty Clinic on 7 July 2025.

The inspection was conducted by two HIW healthcare inspectors and one member of HIW staff.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of five were completed. 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 robust arrangements in place to fully support the privacy and dignity of patients, giving due regard to their equality and rights. All the patient feedback we received was positive and outlined the support they had received from the setting. We saw how staff at the setting provided clear and concise information to patients prior to, during and post-treatment, which was confirmed by patients. Patients were treated in a dignified and respectful manner throughout their patient journey and the systems in place for care planning were managed well at the setting.

This is what the service did well:

- All patient feedback we received was positive
- Medical histories and changes in circumstances were discussed prior to every treatment with patients.

Delivery of Safe and Effective Care

Overall summary:

We found the setting was well maintained and well equipped. All areas were clean and free from any visible hazards. All patients agreed the setting was 'very clean' and infection control procedures were being followed by staff.

The registered manager demonstrated their understanding of where and how to access advice and guidance to ensure that the laser machine was used appropriately and safely. However, during the inspection, we discovered the setting did not have a current Laser Protection Advisor (LPA) contract in place. We also noted out-of-date local rules and laser risk assessments. Furthermore, we also found that safeguarding training and procedures were not in place.

The laser machine for this setting was with an engineer being serviced, therefore we could not inspect the machine in situ. Prior to any laser treatments taking place in future, we required the setting to provide HIW with suitable assurance the matters outlined in this report had been addressed.

Immediate assurances:

- The setting did not have a current contract in place with a Laser Protection Advisor (LPA), meaning there was no up-to-date laser risk assessment, local rules nor evidence of a recent visit by the LPA

- On inspection of the first aid kit for the setting we noted bandages which were out of date and burn gels, for dealing with any potential laser-related injuries, which expired in October 2020.

This is what we recommend the service can improve:

- The registered manager must ensure all staff who treat patients receive safeguarding training to the requisite level
- The registered manager must provide evidence of engineer service reports for the laser machine.

This is what the service did well:

- Record keeping was robust
- Security arrangements for the laser machine and cleanliness of the practice were comprehensive.

Quality of Management and Leadership

Overall summary:

The leadership and management arrangements in place were satisfactory for the size of the workforce. Clear and comprehensive policies were in place to provide guidance for staff, including complaints and training policies. We found the processes for continued professional development and training to be appropriate.

This is what the service did well:

- The systems in place to record and respond to patient feedback and complaints were appropriate.

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

3. What we found

Quality of Patient Experience

Patient feedback

All of the patient feedback we received was positive, including all patients rating the service as ‘very good’. One patient said:

"Very informative and professional."

Dignity and respect

We found staff maintained patient dignity and treated patients in a respectful manner. All respondents to the HIW patient survey told us they were treated with dignity and respect, that measures were taken to protect their privacy and staff explained what they were doing during their treatments.

Privacy measures we noted during our inspection included towels provided to patients for treatments, blinds were closed on windows during treatments and solid doors were locked to prevent patients being overlooked or walked in upon during treatments. All consultations took place within the treatment room so conversations could not be overheard.

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 also said they were involved as much as they wanted to be in their treatment and that staff listened to them and answered their questions.

Healthy lifestyles were promoted to patients using service, including discussions regarding maintaining healthy skin and ultra-violet light protection pre-and post-treatment. Health promotion information was also provided on the setting website which patients were referred on to.

We reviewed five patient records during our inspection, all of these records had evidence of a signed consultation form being completed prior to any treatment taking place. Informed consent was also noted for every treatment in all the patient records we reviewed. Patients told us they provided signed consent prior to ever treatment. The costs for treatments were also outlined on the practice website and prior to a course of treatment taking place.

Communicating effectively

The setting statement of purpose and patient guide were both available for patients upon request.

Most patient information was generally available in English. All respondents to the HIW patient questionnaire told us their preferred language was English. Staff told us any patient wishing to converse in another language would either bring a relative or translator with them or online translation tools would be used.

Patients generally made appointments online through the practice website or social media. However, telephone consultations and appointment bookings were open to those patients without digital access.

Care planning and provision

All five patient records we reviewed during the inspection were comprehensive and easy to navigate. The records outlined that medical histories were checked prior to every treatment and patch testing took place at the start of every course of treatment. All patients responding to the HIW questionnaire said before receiving a treatment that their medical history was checked, and they were given a patch test. Patients also confirmed they were given clear aftercare instructions and what to do in the event of an emergency.

Equality, diversity and human rights

We saw an appropriate equality and diversity policy in place, alongside a robust means to protect staff and patients from discrimination. During our discussions with staff, we noted satisfactory examples of how they treated patients equally and upheld their rights. The rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records.

Citizen engagement and feedback

We found the systems in place to request and respond to feedback were robust. Patients were automatically contacted to request written feedback following their appointment and verbal feedback was also requested, where necessary. All patient feedback was reviewed by staff when it was received, and general overview was conducted annually to spot key trends or themes. Patient feedback was published online for general awareness. Staff confirmed that patients also had the choice to submit feedback anonymously.

Delivery of Safe and Effective Care

Environment, Managing risk and health and safety

We found a secure environment was maintained at the setting. This setting was adjoined to a dental practice and utilised their secure entry points. We found the room used to store the laser machine had a combination lock on it to ensure its security.

We saw the premises were clean, clutter free with no visible hazards nor risks. Safety certifications for electrical wiring and portable appliance testing were all in place and fire safety precautions were outlined within a dedicated policy. As this was a shared setting with the neighbouring dental practice and other co-located services, fire safety arrangements were shared between all settings. The staff we spoke with demonstrated a good understanding of what to do in the event of an emergency.

We saw the practice had a first aid kit which contained items suitable for the services provided. However, some items inside were passed their expiration date. There was no checklist in place to monitor the items contained within the kit. Due to the risk posed to patients, we issued Cardiff Beauty Clinic with a Non-Compliance Notice. The details of the actions taken by HIW and the setting in response can be found at Appendix B.

Infection prevention and control (IPC) and decontamination

Appropriate processes were in place to enable the effective cleaning and decontamination of treatment areas and the equipment. We saw gloves were worn during treatments and routine hand washing pre-and-post treatment. The IPC and decontamination process were suitably outlined in the infection control policy for the setting. Clinical waste was handled correctly and disposed of through a waste handling contract.

All patients said they saw IPC measures being followed by staff and that the setting was 'very clean'.

Safeguarding children and safeguarding vulnerable adults

The setting had a suitable safeguarding policy in place, which was up-to-date and contained details of the local safeguarding team. The policy clearly outlined the procedures to follow in the event of a safeguarding concern. We also saw evidence the registered manager had previously completed adult safeguarding training, however, this training had not been completed within the last five years.

The registered manager must ensure all staff who treat patients receive safeguarding training to the requisite level.

Medical devices, equipment and diagnostic systems

Prior to our inspection, we were informed the sole laser machine for this setting had been sent away to an engineer for repair. Therefore, we were unable to review the machine in situ nor its service reports. Once the laser machine has returned, the registered manager must provide HIW with the engineer servicing reports for this machine.

The registered manager must provide evidence of engineer service reports for the laser machine.

During the inspection, we found the setting did not have a current contract with a Laser Protection Advisor (LPA). The paperwork we reviewed stated the last LPA to be contracted by the setting was in January 2020, with their contract expiring in January 2021. This meant a relevant expert in the field of laser of intense pulsed light had not been involved in the work at the setting since that time. The laser risk assessment for the setting was dated January 2020 with no review date having been completed. In addition, the local rules for the setting had not been updated since January 2020. The practice advised us the LPA last visited the setting in person in 2016.

Due to these omissions, we could not be assured the treatments being provided were in accordance with the latest safe usage guidelines and therefore posed a risk to the safety of patients receiving treatments at this setting. Due to the laser machine not currently being available nor onsite, we were assured no patients could be impacted. However, we instructed the setting not to use the laser machine until these matters had been resolved. We issued Cardiff Beauty Clinic with a Non-Compliance Notice, the details of the actions taken by HIW and the setting are outlined at Appendix B.

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

Safe and clinically effective care

We found individualised treatment protocols in place for the use of the laser machines, which had been created and approved by a medical practitioner.

The sole laser operator had received up to date training on the machine being used, and their core of knowledge training was also up to date.

There was one room used for laser treatments at the setting. This room was lockable and displayed appropriate signage on the door indicating that laser treatments took place within the room. The signage also advised not to enter while treatments were being provided. The registered manager 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 key, preventing unauthorised operation.

We saw evidence in patient records of every patient in our sample receiving patch-testing and skin typing prior to their course of treatments.

Participating in quality improvement activities

Patient feedback was regularly reviewed and discussed within the setting in order to drive continuous improvement. Patient record audits also took place at each treatment cycle.

The registered manager confirmed the setting had the means to provide an annual return to HIW upon request.

Records management

We found evidence of good record keeping in the sample of five we reviewed. Patient records were paper-based and were stored in a securely locked cabinet away from public access. Access to the records was overseen by the registered manager. We saw evidence that all records were disposed of securely, when necessary.

Quality of Management and Leadership

Governance and accountability framework

This setting was managed and the laser operated by one member of staff. The governance and accountability frameworks in place were suitable for the size and staffing of the setting.

We saw all policies and procedures were clear and comprehensive. The public liability insurance and HIW registration certificates were on display at the setting.

Dealing with concerns and managing incidents

Patient complaints were overseen by the individual staff member managing the service. If the complaints related directly to this staff member, patients were encouraged to bring them to the attention of HIW or an individual working in the co-located services in the building would oversee the investigation. The complaints procedure was appropriate, up to date and referenced HIW to raise concerns. There were no complaints for us to review during the inspection, and we were assured by the complaints process in place. We were told that any verbal complaint would be noted within the complaints book.

Workforce planning, recruitment and training

We saw that the clinic had a recruitment process in place. However, there were no recruitment plans for the foreseeable future.

This setting was staffed by one laser operator who had undertaken their core of knowledge training and training on the laser machine for the setting. This staff member also had an enhanced disclosure and barring service check recorded. As noted elsewhere in this report, the setting was a shared building where fire safety and first aid were provided by the services co-located. Therefore, the sole employee did not require these qualifications.

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 resolved during the inspection.			

Appendix B - Immediate improvement plan

Service: Cardiff Beauty Clinic

Date of inspection: 7 July 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. The setting did not have a current contract in place with a Laser Protection Advisor (LPA), meaning there was no up-to-date laser risk assessment, local rules nor evidence of a recent visit by the LPA.	The registered manager must immediately provide HIW with details of a current LPA contract; alongside copies of an up-to-date laser risk assessment and local rules for the registered laser machine.	Regulation 19 (1) (b) of the Independent Healthcare (Wales) Regulations 2011 Section 24 of the Care Standards Act 2000	Laser Protection Advisor has been contacted and will be placed on contract once laser machine has returned from service. We currently do not have our laser machine on site and as such a laser protection advisor cannot complete a visit nor undertake a risk assessment. Local rules will be updated once the laser	Charlotte McNeill	As soon as laser machine returns from service engineer.

				machine has returned from service. No treatments will take place until these have been completed.		
2.	On inspection of the first aid kit for the setting we noted bandages which were out of date and burn gels, for dealing with any potential laser-related injuries, which expired in October 2020.	The registered manager must provide evidence to HIW that the first aid kit has been checked, any expired items removed and appropriately re-stocked with relevant items for the treatments provided.	Regulation 3 of the Health and Safety (First-Aid) Regulations 1981	New items for the first aid kit have been ordered and delivered. A checklist has been set up to ensure checks take place.	Charlotte McNeill	Completed.

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): Charlotte McNeill

Job role: Registered Manager

Date: 15 July 2025

Appendix C - Improvement plan

Service: Cardiff Beauty Clinic

Date of inspection: 7 July 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. We saw evidence the registered manager had previously completed adult safeguarding training, however, this training had not been completed within the last five years.	The registered manager must ensure all staff who treat patients receive safeguarding training to the requisite level.	Regulation 21, Independent Health Care (Wales) Regulations 2011			
2. The sole laser machine for this setting had been sent away to an engineer for repair. Therefore, we were	The registered manager must provide evidence of engineer service reports for the laser machine.	Regulation 15 (2), Independent Health Care (Wales) Regulations 2011			

unable to review the machine in situ nor its service reports. Once the laser machine has returned, the registered manager must provide HIW with the engineer servicing reports for this machine.					
--	--	--	--	--	--

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: