Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

City Skin Doctor Clinic, Cardiff

Inspection date: 29 July 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.

Contents

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 City Skin Doctor Clinic on 29 July 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 14 questionnaires were completed by patients or their carers and none were completed by staff. 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 City Skin Doctor to be committed to providing a positive experience for patients. We saw patients being welcomed in a professional and friendly manner.

The premises were clean, tidy and well maintained.

A good range of information was provided to patients and staff described thorough consultation processes. Patient records were all electronic and kept securely.

This is what we recommend the service can improve:

- Ensure prospective patients are aware of the accessibility limitations at the premises.

This is what the service did well:

- Positive feedback from patients about the services provided.

Delivery of Safe and Effective Care

Overall summary:
The clinic was well maintained with effective infection prevention and control measures in place.

The laser unit was serviced and maintained appropriately. There was an appointed Laser Protection Advisor (LPA), up-to-date Local Rules and a risk assessment. Comprehensive treatment protocols were in place.

This is what we recommend the service can improve:

- Review and update fire safety measures
- Review and update safeguarding policies and procedures.

This is what the service did well:

- Safe and regular maintenance of the premises and equipment
- Ensuring the documentation for the laser was in place.

Quality of Management and Leadership

Overall summary:
The clinic had clear leadership, with a commitment to providing a high standard of service to patients. We found a positive attitude towards obtaining and responding to feedback.

A comprehensive range of policies and procedures were in place to support staff and promote the safe delivery of services.

Where an issue was identified with staff training records, this was resolved within 24 hours of the inspection, showing a commitment to addressing issues when identified.

This is what we recommend the service can improve:

- Put systems in place to monitor and identify staff training requirements
- Ensure policies and procedures include information specific to this clinic.

This is what the service did well:

- Clear processes for dealing with complaints.

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
Overall, patient responses to the HIW questionnaire were positive. Respondents were satisfied that the clinic was clean, that staff treated them with dignity and respect and that the service provided was of a high standard.

Patient comments included:

> ***"Great job done by a great team. Very professional and clean environment. I feel like I have been given all the opportunities to ask questions and always received the best advice."***

> ***"It is my fifth treatment and every time I attend the professional friendly team provide an excellent service."***

Health protection and improvement
The registered manager was registered with the General Medical Council and told us that they discussed health protection matters with patients as appropriate to their treatment. This could include general advice on healthy eating and exercise, and patients undergoing laser treatments would be given specific advice on how to protect and care for their skin.

Dignity and respect
The treatment room was downstairs with no windows and had a lockable door to ensure patient privacy during treatment.

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

All respondents who answered the HIW questionnaire agreed 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.

A patient information pack was provided to patients and readily available at the reception desk. This included information about the services provided, making complaints, pricing and patient feedback. We noted that the pack did not include contact details for HIW, as the registration authority. This was resolved during the inspection with appropriate details added and copies printed.

Consultation forms were stored securely. We saw both completed consultation forms which included medical history, a signature showing consent and that patch skin tests were carried out.

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

Communicating effectively
The clinic provided information about their services both at the premises and on their website.

The website provided details about the registered manager, the services provided, pricing for laser treatments and a range of policies relevant to patients.

We observed staff speaking to patients in a friendly, professional manner.

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, that included the patient's name, date of treatment and area treated. This was then used to link to a more detailed electronic patient record, which noted the patient details with a photograph, skin type, medical history and treatment history. The record included, for each treatment session, the area treated and by whom, the parameters used and if any adverse reaction had taken place.

Equality, diversity and human rights
The clinic had an equality, diversity and inclusion policy in place, which referenced The Equality Act 2010 and protected characteristics.

The treatment room was not accessible to wheelchair users or patients with mobility difficulties as it was below ground, with access by stairs only. We advised

that patients should be made aware of the access issues inside the clinic. This issue had been raised at a previous inspection but not addressed.

The registered manager must ensure that patients individual needs and accessibility requirements are considered and, wherever possible, reasonable adjustments are put in place. This should include information contained within the Statement of Purpose to notify patients of the access issues inside the clinic.

We saw that patient records included notes to indicate preferred names or pronouns and were assured that transgender patients were treated with respect.

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

> **"They treat everyone fairly here."**

Citizen engagement and feedback
The clinic provided a suggestion box for patients to submit written feedback at the premises. Posters were seen actively seeking feedback, using QR codes that directed patients to leave Google reviews online.

We were told that feedback from patients was reviewed regularly and discussed during team meetings.

Delivery of Safe and Effective Care

Environment
Overall, the premises were seen to be secure, tidy and well maintained.

A mixed gender toilet was provided, with appropriate hand washing and drying facilities as well as a sanitary disposal unit. Staff were provided with a kitchen and a storage area for their belongings.

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 and portable appliance testing.

We reviewed the arrangements in place for fire safety and saw various fire extinguishers with up-to-date servicing and fire exits that were clearly signposted. We noted that a missing drain cover presented a trip hazard immediately beyond the rear fire exit and advised that this be replaced.

The registered manager must ensure that the drain cover immediately beyond the rear fire door is replaced.

Records showed that the fire alarm was tested regularly however no evacuation drills had been carried out.

The registered manager must ensure that regular fire drills are carried out and records kept.

A fire risk assessment was in place. We noted that the document listed locations for the fire extinguishers, and these had since been moved. We advised that the risk assessment be reviewed to ensure it was up to date.

The registered manager must ensure that the fire risk assessment is reviewed and updated as necessary.

Two members of staff did not have evidence that they had undertaken fire safety awareness training. This was addressed immediately after the inspection with evidence provided to HIW that training had been completed.

A first aid kit was available at reception and two members of staff were trained in first aid.

Infection prevention and control (IPC) and decontamination
Overall, the clinic was seen to be clean and tidy with effective cleaning taking place. Cleaning was carried out by the clinic staff and we saw that cleaning schedules were used.

The treatment room was visibly clean apart from a small area underneath the treatment bed. We advised that regular checking be carried out to ensure cleaning was completed thoroughly.

The registered manager must carry out regular checks to ensure cleaning of the treatment room is carried out to the required standard.

A suitable waste disposal contract was in place and clinical waste was handled and stored appropriately.

Two members of staff did not have evidence of up-to-date IPC training. This was addressed immediately after the inspection with evidence provided to HIW that training had been completed.

Safeguarding children and safeguarding vulnerable adults
The service was registered to treat patients aged 18 years and over and staff confirmed that only adults were treated.

The clinic had a policy for the safeguarding of vulnerable adults. This policy was primarily used for the London site of the business and did not contain local contact details or reference the Wales Safeguarding procedures.

The registered manager must ensure that the safeguarding policy is updated or supported by a local document, such that:

- **Local contact details are included and kept up to date**
- **Staff are aware of and can access the Wales National Safeguarding Procedures**
- **Flowcharts are available to aid staff in dealing with safeguarding issues.**

The registered manager was the safeguarding lead and had evidence of appropriate training. Other members of staff provided evidence of safeguarding training immediately after the inspection.

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. Staff told us that, each time settings were changed between patients, an internal calibration was automatically carried out.

Staff told us the laser unit had recently been replaced, to use a more up-to-date version of the same model. We advised that the registered manager should contact the HIW Registration Team for advice and update the unit details if required.

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. The local rules had been signed by all authorised users.

An up-to-date risk assessment was in place. We noted that the assessment included a laser unit in addition to the one registered with HIW. The registered manager confirmed that the additional unit had been moved across from another site and included as a precaution, however a decision had been made not to use it. The unit was being stored and was not in any of the treatment rooms.

Suitable eye protection was available for both patients and operators.

The laser unit had a key switch to enable operation. We were told this was normally worn on a lanyard by a member of staff or stored securely when the unit was not in use. 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 a laser was in operation.

Safe and clinically effective care
Appropriate treatment protocols were in place, with details of parameters and techniques to use according to skin type and area being treated.

Evidence was provided during the inspection and immediately afterwards to confirm all staff using the laser had appropriate training.

Participating in quality improvement activities
A member of staff had achieved Level 4 VTCT (Vocational Training Charitable Trust) for Skills in Laser and Intense Pulsed Light (IPL) Treatments and assisted in the training of students.

Feedback from patients and any issues encountered by staff were regularly reviewed and discussed at team meetings, to help improve the service.

Information management and communications technology
Patient records were kept using an electronic system hosted externally. Staff told us that the system was compliant with General Data Protection Regulation (GDPR) requirements, with an appropriate retention period.

There was an iPad at reception to complete patient details and record consent, with this being protected by a PIN number to minimise the risk of unauthorised access.

Quality of Management and Leadership

Governance and accountability framework
We saw HIW registration certificates in both English and Welsh were clearly displayed. The clinic had up-to-date public liability and employers' insurance. The certificate was not on display, however, this was addressed during the inspection with a copy being printed and put on display.

The registered manager worked across two clinics, being present at both every week.

There was a comprehensive range of policies and procedures in place, to meet regulatory requirements. We noted that where documents were used across both sites (London and Cardiff), some references were relevant to England only. We advised that policies and procedures be reviewed to ensure that information specific to Wales was included where relevant.

The registered manager must ensure that policies and procedures are reviewed to include information specific to Wales, where relevant.

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).

We noted that the clinic website displayed a different complaints procedure that related specifically to staff qualifications and training. When raised with the registered manager, it was found that this was an error by the developer where this document had replaced the main complaints procedure rather than existing alongside it, as planned.

The registered manager must ensure the clinic website is updated to include the correct version of the complaints procedure.

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

A review of staff records showed that appropriate checks were being carried out, including using the Disclosure and Barring Service (DBS).

Workforce planning, training and organisational development
The registered manager told us that staff numbers were typically sufficient to deliver the clinic services, with staff available to assist students undergoing training..

We found that staff training records were not managed effectively and there was no system evident to identify and monitor compliance with training requirements.

The registered manager must ensure that a robust system is put in place to identify and monitor compliance with training requirements.

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 review of staff records showed areas, for some staff, where training had not been completed or was out of date. These included: • Fire safety awareness • Infection prevention and control • Safeguarding	We could not be assured that staff were appropriately trained to ensure patient safety.	This was raised with the registered manager.	The issue was addressed promptly, with evidence that staff had completed the required training provided to HIW immediately after the inspection.

Appendix B - Immediate improvement plan

Service: City Skin Doctor Clinic

Date of inspection: 29 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.	No non-compliance issues were identified during this inspection					

Appendix C - Improvement plan

Service: City Skin Doctor Clinic

Date of inspection: 29 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.	The treatment room was not accessible to wheelchair users or patients with mobility difficulties as it was below ground, with access by stairs only. We advised that patients should be made aware of the access issues inside the clinic.	The registered manager must ensure that patients individual needs and accessibility requirements are considered and, wherever possible, reasonable adjustments are put in place. This should include information contained within the Statement of Purpose to notify patients of the access issues inside the clinic.	The Independent Health Care (Wales) Regulations 2011, Regulation 6 and Schedule 1	We have updated our statement of purpose on 15/08/25 to make our clients aware of accessibility issues for certain treatment like laser hair removals, microdermabrasion and facials.	Dr Ebrahim Feghenaby	Already actioned
2.	We noted that a missing drain cover presented a trip	The registered manager must ensure that the drain cover immediately beyond	The Independent Health Care (Wales)	The drain has now been covered	Dr Ebrahim Feghenaby	Already actioned

	hazard immediately beyond the rear fire exit.	the rear fire door is replaced.	Regulations 2011, Regulation 26	appropriately since 15/08/25.		
3.	Records showed that the fire alarm was tested regularly however no evacuation drills had been carried out.	The registered manager must ensure that regular fire drills are carried out and records kept.	The Independent Health Care (Wales) Regulations 2011, Regulation 26	The first fire drill was carried out on Tuesday 12/08/25 and plan in place to be actioned every 4 months on regular basis.	Dr Ebrahim Feghenaby	Already actioned
4.	A fire risk assessment was in place but required review to ensure it was up to date.	The registered manager must ensure that the fire risk assessment is reviewed and updated as necessary.	The Independent Health Care (Wales) Regulations 2011, Regulation 26	I have done a thorough review of the fire risk assessment on 12/08/25 and updated to newest version with all details	Dr Ebrahim Feghenaby	Already actioned
5.	The treatment room was visibly clean apart from a small area underneath the treatment bed. We advised that regular checking be carried out to ensure cleaning was completed thoroughly.	The registered manager must carry out regular checks to ensure cleaning of the treatment room is carried out to the required standard.	The Independent Health Care (Wales) Regulations 2011, Regulation 15	I have included this in our cleaning schedule on 15/08/25 for regular twice a week check of the spaces behind the beds and couches for better cleaning outcomes.	Dr Ebrahim Feghenaby	Already actioned
6.	The clinic had a policy for the safeguarding of	The registered manager must ensure that the	The Independent Health Care (Wales)	The safeguarding policy was updated on	Dr Ebrahim Feghenaby	Already actioned

	vulnerable adults. This policy was primarily used for the London site of the business and did not contain local contact details or reference the Wales National Safeguarding procedures.	safeguarding policy is updated or supported by a local document, such that: • Local contact details are included and kept up to date • Staff are aware of and can access the Wales National Safeguarding Procedures • Flowcharts are available to aid staff in dealing with safeguarding issues.	Regulations 2011, Regulation 16	13/08/25 containing all the information, contact details and referral flowchart for Wales. During our staff meeting this was addressed to the staff on 19/08/25.		
7.	There was a comprehensive range of policies and procedures in place, to meet regulatory requirements. We noted that where documents were used across both sites (London and Cardiff), some references were relevant to England only.	The registered manager must ensure that policies and procedures are reviewed to include information specific to Wales, where relevant.	The Independent Health Care (Wales) Regulations 2011, Regulation 9	I have already started updating all the policies to include relevant information needed specifically for Cosmetic City Skin Doctor Limited in Wales.	Dr Ebrahim Feghenaby	To be completed by 30/08/25
8.	We noted that the clinic website	The registered manager must ensure the clinic	The Independent Health Care (Wales)	The right version of complaint policy is	Dr Ebrahim Feghenaby	Already actioned

	displayed a different complaints procedure to that provided at the clinic.	website is updated to include the correct version of the complaints procedure.	Regulations 2011, Regulation 24	now available on our website. It was uploaded on 30/07/25		
9.	We found that staff training records were not managed effectively and there was no system evident to identify and monitor compliance with training requirements.	The registered manager must ensure that a robust system is put in place to identify and monitor compliance with training requirements.	The Independent Health Care (Wales) Regulations 2011, Regulation 20	Each staff will need to do annual appraisal to identify their training needs. They will require to meet their needs by then. If there are any helps needed in terms of financial support or leave (Where the training is not in-house) it will be arranged by managing director.	Dr Ebrahim Feghenaby	31/12/25

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): **Ebrahim Feghenaby**

Job role: **Medical Director**

Date: **24/08/2025**