

Independent Healthcare Inspection Report (Announced)

Cardiff Cosmetic Clinic

Inspection date: 31 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.



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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 Cardiff Cosmetic Clinic on 31 July 2025.

Our team for the inspection comprised of two HIW healthcare inspector and a clinical peer reviewer.

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 14 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:

Staff at Cardiff Cosmetic Clinic were committed to providing a positive experience for patients. We found that staff were friendly and polite and treated patients with dignity and respect.

An appropriate range of information was provided to patients about the service and treatments provided. Patients had the option to book online, directly by phone or in person at the clinic. Patients agreed that they had enough information to make choices about their treatment.

All the patients who completed a HIW questionnaire rated the service provided by the clinic as either 'very good' or 'good'. All respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one.

This is what the service did well:

- Dignified and respectful care
- An appropriate range of patient information provided
- Patients found it easy to make appointments.

Delivery of Safe and Effective Care

Overall summary:

Suitable arrangements were in place to protect the safety and wellbeing of staff and people visiting the clinic. The clinic was clean, well maintained, and organised, with all areas free from visible hazards. However, there was no documented evidence of cleaning schedules to demonstrate the regular cleaning of rooms and laser equipment.

There were robust procedures in place to support the safe and appropriate use of the laser machine. Effective arrangements ensured the equipment was well maintained and operated in line with safety protocols.

Medications were stored safely and appropriately. We saw evidence that they were prescribed and administered correctly. However, the registered manager did not maintain a log of the medication stock held at the clinic.

Appropriate safeguarding policies and procedures were in place with a safeguarding lead appointed. All staff had completed up-to-date safeguarding training.

The patient records we reviewed were clear, legible and generally of good quality. These were stored safely in line with relevant legislation.

This is what we recommend the service can improve:

- Cleaning schedules and checklists were required
- A stock checklist for medicines stored at the clinic was required to ensure proper inventory management and accountability.

This is what the service did well:

- Suitable risk management processes were in place to maintain safety of staff and patients
- Processes related to the use of the laser machine were appropriate, and treatments were delivered safely in accordance with relevant protocols
- Medical records were well maintained and securely stored.

Quality of Management and Leadership

Overall summary:

We saw a clear commitment to providing a high standard of service to patients. The day-to-day management of the clinic was the responsibility of the registered manager, who we found to be very committed and dedicated to the role and the clinic.

The clinic demonstrated a positive approach to quality improvement, with patient feedback actively sought following each appointment. This process supported ongoing service development and helped ensure that patient experiences informed future improvements.

Staff records were well maintained, with evidence of up-to-date training in line with regulatory requirements. We also saw documentation confirming that appropriate pre-employment checks had been carried out.

This is what the service did well:

- A committed and dedicated Registered Manager
- Actively sought patient feedback to support improvement
- Well maintained staff records with up to date training.

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

HIW issued a questionnaire to obtain patient views on the care at Cardiff Cosmetic Clinic for the inspection in July 2025.

In total, we received 14 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 14 responses.

All respondents agreed their comments could be published anonymously within the HIW inspection report.

Patient comments included:

“Exceptional clinical setting. Expert advice and guidance in a range of areas. Such care and expertise are rarely available in Cardiff.”

“Very professional treatment and sensitivity to my anxiety and needs.”

“Excellent customer service.”

Health protection and improvement

Dignity and respect

Consultations and treatments were undertaken in private rooms at the setting. The rooms had solid doors without windows, which were locked during appointments. A modesty towel could be used if required to protect patient privacy during treatments. All these measures helped ensure patient privacy was maintained during their patient journey.

Chaperones were permitted in the treatment room, where requested. An additional set of protective eyewear was available to ensure their safety. This was detailed in a Chaperone policy.

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 that their questions were answered and they felt listened too.

Patient information and consent

Healthy lifestyles were promoted to patients using the service, including discussions regarding maintaining healthy skin and ultra-violet light protection pre- and post-treatment. The setting shared a building with a General Practice (GP) and so had plenty of health promotion information which included healthy eating and smoking cessation.

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 every treatment and the majority agreed the costs were clear. The costs for treatments were outlined on the practice website and provided to patients prior to a course of treatment taking place.

Communicating effectively

We found suitable information was provided to patients at every stage of their treatment. All respondents who answered the HIW survey, agreed that they were given adequate aftercare instructions. 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.

All but one who answered the HIW patient survey underwent a procedure or treatment, and all said they had received enough information to understand the treatment options and the risks and benefits. Patients were made aware of their treatment options at consultation.

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

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

We reviewed five patient records during the inspection, and we noted clear care planning and provision arrangements in place. 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, where applicable. All patients responding to the HIW questionnaire said before receiving a treatment that their medical history was checked. All patients who received a treatment requiring a patch test,

said 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

An appropriate equality and diversity policy in place, alongside a suitable 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 by text following their treatment to request feedback. Written and verbal feedback was collected and recorded. Staff explained that where they look to introduce a new treatment, patients would be surveyed for their views to shape the services delivered. All patient feedback was reviewed by staff when it was received, and general overview was conducted annually to spot key trends or themes.

Delivery of Safe and Effective Care

Environment

The clinic was situated over two floors with the laser in use on the first floor and a room on the ground floor used for aesthetic procedures. The building is shared with a GP practice. There was lift access to the first floor for use for patients with mobility issues.

Access to the building was available via a shared front entrance with the GP practice, or alternatively through a rear entrance for patients using the car park located behind the building. Limited street parking was available near the front entrance; however, due to high demand, spaces were often difficult to find. Staff routinely informed patients of this when appointments were booked.

All but one respondent said they found the building accessible with the remaining respondent saying they were unsure.

Managing risk and health and safety

Suitable arrangements were in place to protect the safety and wellbeing of staff and people visiting the clinic. The building appeared to be well maintained internally and externally. We saw that all areas were clean, tidy and free from obvious hazards. We found the rooms used to store the laser machines were locked by practitioners when not in use.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment in place. Escape routes were clearly signposted, and we saw evidence of fire drills having taken place. Fire extinguishers were mounted and indicated appropriately with evidence of regular servicing and maintenance. 'No smoking' signs were clearly displayed.

We saw evidence of up-to-date Portable Appliance Testing (PAT), five-yearly electrical installation inspection and annual gas safety checks. An approved health and safety poster was clearly displayed for staff to see, and we confirmed that employer's and public liability insurance was in place. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

The staff we spoke with demonstrated a good understanding of what to do in the event of an emergency. The first aid kit for the setting was fit for purpose and all items were within their expiry dates. We saw the laser operator had completed a first aid training course.

Infection prevention and control (IPC) and decontamination

Arrangements were in place to ensure a good standard of infection control. These included appropriate infection control policies and having a designated infection control lead. All respondents who completed the HIW felt the setting was 'very clean' and that infection and prevention control measures were evident.

Suitable handwashing and drying facilities were available in each treatment room and in the patient toilet. Personal protective equipment (PPE) was readily available for staff to use.

Robust 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. Clinical waste was handled correctly and disposed of through a waste handling contract. We were told that rooms were cleaned before and after use. However, the clinic did not keep a record of this.

The registered manager must keep a record of cleaning schedules for evidence of appropriate cleaning.

Medicines management

The clinic used two prescription medications, which were ordered from an online pharmacy. These were stored and prescribed in accordance with relevant guidelines. However, there was no documented record of the medication stock held on site.

The Registered Manager should maintain a stock checklist to ensure accurate tracking and accountability of all medications stored at the clinic.

Safeguarding children and safeguarding vulnerable adults

The service had an appropriate and up-to-date safeguarding policy in place, which included contact details for the local safeguarding team. The policy clearly outlined the procedures to follow in the event of a safeguarding concern. We also saw evidence that the registered manager had completed Level 3 adult safeguarding training. No treatments were provided to individuals under the age of 18.

Medical devices, equipment and diagnostic systems

We found the devices at the setting were being used safely and in line with manufacturer guidelines.

A suitable contract was in place with certified Laser Protection Advisor (LPA). We saw records of annual reviews of the setting by the LPA and a comprehensive report was produced, which included a risk assessment. We saw the LPA last

visited the setting within the last year. On review of a sample of the documentation for the laser machine, we saw there were individualised treatment protocols in place for the use of the laser, which had been created and approved by a medical practitioner as part of the LPA contract.

The local rules for the setting were up to date and contained all the required information relating to each machine. All staff had signed to agree to the local rules.

The designated room for laser treatments was locked when not in use, and the keys for all devices were stored securely by the laser operators for the setting. Daily checks took place on the laser machine, with calibration checks prior to each treatment. Servicing records for the laser machine were satisfactory. Protective eyewear was readily available, appeared to be in good condition and consistent with the local rules.

Safe and clinically effective care

We found treatments at the setting were being delivered safely and effectively. The laser operator had received up to date training, including the core of knowledge.

One room was used for laser treatments and one room was used for all other aesthetic treatments. Both treatment rooms were 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.

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.

Records management

We found evidence of effective record keeping in the sample of five records reviewed. All records were complete, detailed, and well-maintained. The clinic utilised both paper-based and digital systems, with digital records securely stored using a system called Forrest, in accordance with data protection regulations. We also saw evidence that records were disposed of securely when appropriate. However, the treatment register was maintained in a diary-style format. We discussed with the laser operator the potential benefits of adopting a more streamlined and structured approach to recording treatments, to enhance accessibility and consistency.

Quality of Management and Leadership

Governance and accountability framework

The governance arrangements in place at this setting were suitable. The manager for the setting was the point of contact for all staffing matters and we saw they were confident in their role. Staff meetings took place routinely and were used to discuss new ways of working or the introduction of new procedures.

We noted HIW certificates for the setting were displayed on the wall in reception and employer liability insurance certification was also displayed.

Dealing with concerns and managing incidents

Patient complaints were overseen by the manager for the setting. The complaints procedure we reviewed was appropriate, up to date and referenced HIW to escalate 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 complaint would be discussed at staff meetings and any verbal complaints would be noted within the complaints book.

Workforce recruitment and employment practices

Appropriate arrangements were in place for employing staff. At the time of the inspection there were two staff members working at the clinic including the Registered Manager.

We saw policies and procedures detailing the recruitment process which included suitable fitness to work checks made on prospective employees. These checks included proof of identity, the right to work, qualifications and vaccinations and use of the Disclosure and Barring Service (DBS).

Workforce planning, training and organisational development

We reviewed staff records and found staff had up to date training relevant to their roles. All staff also had up to date records pertaining to their pre-employment and Disclosure & Barring Service checks.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

Appendix B - Immediate improvement plan

Service: Cardiff Cosmetic Clinic

Date of inspection: 31 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.	There were no immediate assurance issues identified during this inspection.					
2.						
3.						
4.						

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: Cardiff Cosmetic Clinic

Date of inspection: 31 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.	During our inspection we did not see evidence of cleaning records or schedules.	The registered manager must keep a record of cleaning schedules for evidence of appropriate cleaning.	Infection Prevention and Control	Weekly register	Collette England	From 1.11.2025
2.	During our inspection we saw there was no documented record of the medication stock held on site.	The Registered Manager should maintain a stock checklist to ensure accurate tracking and accountability of all medications stored at the clinic.	Medicines Management	Diary with stock checklist	Dr Raj Aggarwal	From 22/10/2025
3.						

4.					
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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): Dr R Aggarwal

Job role: Registered Manager

Date: 22/10/2025