

Independent Healthcare Inspection Report (Announced)

The NEAT Clinic, Gowerton

Inspection date: 28 August 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 The NEAT Clinic, 91 Sterry Road, Gowerton, Swansea, SA4 3BN on 28 August 2025.

The inspection was conducted by a HIW healthcare inspector.

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 NEAT Clinic was committed to providing a positive experience for patients in a pleasant environment. The treatment room was comfortable, well organised and maintained the privacy and dignity of patients.

The clinic could accommodate several languages and could arrange access to appropriate translation services. Patients had a full consultation and were assured that adequate information was provided both before and after treatment to enable them to make informed decisions.

We felt the clinic was an inclusive service although the setting was unable to provide an equality and diversity policy at the time of the inspection. Patient feedback was obtained by several methods including questionnaires that were readily available in the clinic. We discussed options for informing patients of the clinic response to their feedback.

This is what we recommend the service can improve:

- To review the patients' guide to include a suitable summary of the complaints process
- To ensure consent and medical history updates are consistently documented within the patient records.

This is what the service did well:

- Treating patients with dignity and respect
- Copies of treatment information including aftercare guidance was provided to all patients
- Good patient feedback mechanisms.

Delivery of Safe and Effective Care

Overall summary:

The clinic appeared well maintained and equipped to provide the services they are registered to deliver. There were good infection prevention and control (IPC) processes in place with suitable arrangements for the removal of clinical waste.

We found the fire extinguishers had been serviced and emergency exit routes were clear. However, there were several areas of non-compliance which required immediate rectification including irregular testing of fire detection equipment.

The clinic had a current Laser Protection Advisor (LPA) contract in place and up-to-date Local Rules and medical protocols were available. The Intense Pulsed Light (IPL) machine had been serviced, and suitable eye protection was available and in good condition.

Immediate assurances:

- To complete up-to-date training for fire safety awareness, first aid, safeguarding of children and core of knowledge for the IPL machine
- To complete a fire risk assessment.

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

This is what we recommend the service can improve:

- To develop a written health and safety policy
- Daily IPL machine and equipment checks to be recorded
- Put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.

This is what the service did well:

- Treatment rooms and reception area appeared very clean and tidy
- Premises appeared well maintained with five yearly electrical wire testing, up to date Portable Appliance Testing (PAT) and valid Gas Safety certificates in place
- Patient records were stored securely.

Quality of Management and Leadership

Overall summary:

The NEAT Clinic is owned and run by the registered manager. A new IPL operator had recently been appointed but had not commenced treatments at the time of the inspection. Appropriate pre-employment checks had been completed including a current Disclosure and Barring Service (DBS) certificate.

We found a range of policies in place although several had to be drafted and supplied shortly following the inspection. Whilst there was a complaints procedure in place, this required a review. There was complaints log available although, we were told there had been no complaints received to date.

This is what we recommend the service can improve:

- To ensure that all operators have read and understood relevant policies to ensure adherence to clinic processes

- To review the complaint procedure to accurately reflect the personnel involved
- To implement terms of employment that include an obligation to inform management of any changes that would affect their DBS status
- To arrange for IPL operators to complete and sign an annual declaration that there have not been any changes that would affect their DBS status.

This is what the service did well:

- Enthusiastic, friendly and experienced registered manager
- Positive reaction to feedback and suggestions made during inspection.

3. What we found

Quality of Patient Experience

Dignity and respect

The clinic had one IPL treatment room situated on the ground floor. The clinic was clean, tidy and uncluttered. The treatment room had a lockable door where patients could change in private with paper towels provided for patients to use during treatments to protect dignity. Consultations with patients were carried out within the treatment rooms to ensure confidentiality.

Communicating effectively

We reviewed the patients' guide and the statement of purpose provided to us by the registered manager. Whilst both contained useful information about the services provided by the clinic, the patients' guide only contained a brief overview of the complaint process, which we considered required greater detail.

The registered manager must review the patients' guide to ensure it complies with the regulations.

The clinic had access to Welsh, Arabic and Polish speaking staff working at other services within the premises whilst other languages could also be accommodated via a translation service arranged upon making the appointment booking. Consultations and treatment could be arranged in person at reception, on telephone or by booking using the online booking system.

Patient information and consent

We saw the IPL treatment register as required by the regulations and found this was well organised and easy to follow.

During the inspection we reviewed a sample of five patient records. We saw that an initial consultation form had been completed along with a medical history check and signed consent obtained from each patient. There were individual patient notes for each subsequent appointment that included relevant information about each treatment provided to patients. All but one were signed by the patient to indicate that continued consent had been given. We also found two omissions where medical history updates were not marked as checked.

The registered manager must provide assurance that all relevant entries are consistently documented within the patient records.

There was no written consent policy available at the time of the inspection. We raised this with the registered manager who subsequently drafted the policy and supplied to HIW shortly following the inspection.

Care planning and provision

We saw evidence that patients were given a full consultation, including details of any risks and benefits, prior to agreeing to any treatments. We saw copies of treatment information including aftercare guidance which was provided to all patients. We were assured that patients were being provided with enough information to make an informed decision about their treatment.

The records indicated all patients were given a patch test prior to commencing a course of treatment to help determine the likelihood of any adverse reactions.

Equality, diversity and human rights

We were assured that the clinic was an inclusive environment irrespective of any protected characteristic and that all staff and patients were treated fairly. We were told that the human rights of transgender patients would be actively upheld with preferred names and pronouns used as requested. However, there was no equality and diversity policy or up-to-date training available at the time of the inspection. We raised these matters with the registered manager who supplied copies of the relevant policy and completed training certificates to HIW shortly following the inspection.

Citizen engagement and feedback

We were told that patient feedback was obtained through the online booking system, social media reviews or in person using questionnaires that were readily available in the clinic. The registered manager advised that feedback is considered on an ongoing basis. Whilst to date there had been no changes made as a result of patient feedback, we discussed how the registered manager might keep patients informed by displaying a notice in the clinic and on the website.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found the building to be visibly well maintained both internally and externally, with suitable security measures to prevent unauthorised access. The clinic consisted of a reception area with separate treatment rooms for IPL treatment and other services offered. The IPL treatment room appeared well-organised and appropriately equipped.

We found that the electrical wiring in the premises had been inspected within the last five years and Portable Appliance Testing (PAT) had been completed recently with stickers visible on relevant appliances. A current gas safety certificate was in place.

We inspected the fire safety arrangements at the clinic. We saw that fire exits were clear and signposted and that fire extinguishers had been serviced within the last year. We were told that testing of fire detection equipment was irregular and was not logged. Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

In addition, the registered manager was unable to provide a written fire risk assessment and had not completed up-to-date fire safety training. Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

We found a suitable risk assessment for the use of the IPL machine had been conducted by a Laser Protection Advisor (LPA). Whilst a health and safety risk assessment was available for the clinic, there was no policy detailing the arrangements for ensuring the health and safety of staff and patients.

We recommend that the registered manager develops a written health and safety policy and provide a copy to HIW when completed.

We were told that staff knew their responsibilities in the event of an emergency. Whilst we found a first aid kit was available, numerous items were found to be over their expiry date. Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

In addition to this, we also found that the registered manager did not have up to date first aid training. Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly very clean and tidy. The equipment including the treatment couch was in good condition and all surfaces were clear and easily wipeable. We were provided with a comprehensive IPC policy while the registered manager described suitable clinical cleaning processes.

A suitable contract was in place for the collection and disposal of clinical waste. We saw that clinical waste was securely stored within the premises while awaiting collection.

Safeguarding children and safeguarding vulnerable adults

We saw the clinic had a safeguarding policy which was aligned with the Wales Safeguarding Procedures and included the contact details of the local safeguarding teams. The Wales Safeguarding Procedures was also downloaded to ensure their process remained updated with the latest guidance.

We reviewed staff compliance with safeguarding training. Whilst we found evidence of safeguarding of vulnerable adults training, we noted that safeguarding of children training had not been completed. Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Medical devices, equipment and diagnostic systems

We saw that the IPL machine was the same as registered with HIW and that the annual service and calibration checks were in date. The equipment appeared to be in good condition with no damage or defects visible.

There was a current contract in place with an LPA and local rules detailing the safe operation of the IPL machine were available and had been reviewed within the last year. There were up to date medical treatment protocols in place which had been approved by an expert medical practitioner.

We were told that IPL equipment and systems diagnostics checks were carried out on each day prior to commencing treatments. However, we saw no evidence that these were being recorded.

The registered manager must ensure daily equipment checks, including eye protection, are conducted and recorded.

Safe and clinically effective care

We saw that appropriate eye protection was available for patients and the IPL operator. These appeared to be in a good condition and consistent with the requirements specified in the local rules. We were told these were also checked prior to treatments. We discussed including eye protection to the daily equipment check (as above).

There were signs on the outside of the treatment room to indicate the presence of the IPL machine and a lock to prevent unauthorised entry when the machine was in use. We found suitable arrangements to ensure the IPL machine was secure when not in use.

We inspected training records and found that the registered manager's core of knowledge training for the safe use of the IPL machine had recently expired. Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Participating in quality improvement activities

We found no documented systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager must consider industry relevant information including complaints and investigations, results of clinical audits, expert advice and national reviews as part of the clinic's quality improvement activities.

The registered manager must put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.

Records management

We found the patient records were kept securely at the service, and that suitable processes were in place to prevent the loss of personal data. We found the data retention periods and disposal arrangements to be appropriate, although the clinic has not been running long enough to enact these measures.

Quality of Management and Leadership

Governance and accountability framework

The NEAT Clinic is owned and run by the registered manager. We were told that they had recently appointed an additional IPL operator but that they had not yet commenced providing treatments at the clinic.

We saw that the HIW registration certificate and conditions of registration were on display as required by the regulations. A current employers and public liability insurance was in place and displayed as necessary.

We looked at a sample of policies and procedures which in general, we found to be appropriate. We discussed ensuring the new operator was made aware of the clinic policies and that the registered manager obtain signatures for each as a way of confirmation that they were aware of and understood the policies.

The registered manager must ensure that all operators have read and understood relevant policies to ensure adherence to clinic processes.

Dealing with concerns and managing incidents

We saw a log was in place to record any complaints, but we were told that no complaints had been received to date. The clinic had a written complaints procedure available which indicated that all complaints would be acknowledged and resolved within specified time frames. This was available in the clinic and on the online booking system. However, we found this to be slightly confusing as it referred to a customer service manager, director and chief executive at different stages of the complaints process, when these in fact referred to the same person.

The registered manager must review the complaint procedure to accurately reflect the personnel involved in the process.

Workforce recruitment and employment practices

As the new operator was only recently appointed on a self-employed basis, there were no recruitment policies or procedures in place. However, we were informed that appropriate pre-employment checks had been completed and found evidence of these on file including a current Disclosure and Barring Service (DBS) certificate. We discussed making suitable arrangements to confirm the DBS status of the operator as an ongoing requirement.

The registered manager must ensure that:

- The terms of employment should include an obligation to inform management if there have been any changes that would affect their DBS status (i.e. criminal convictions or cautions etc)
- There is a requirement for operators to complete and sign an annual declaration that there have not been any changes that would affect their DBS status.

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 summaries 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
All items contained in the first aid kit had exceeded the expiry date.	Patients were potentially at risk in event of an emergency or accident.	We raised this immediately with the registered manager.	A new first aid kit was ordered on the day of the inspection.
Testing of fire detection equipment was irregular and was not logged.	Visitors to the premises would potentially be put at risk in the event of a fire being undetected.	We raised this immediately with the registered manager.	Alarms were checked and a log created.

Appendix B - Immediate improvement plan

Service: The NEAT Clinic

Date of inspection: 28 August 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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must immediately provide HIW with evidence of up to date: • Fire safety risk assessment • Fire safety awareness training • First aid training • Safeguarding of children training • Core of knowledge training for IPL machine For all persons who work for the purposes of The Neat Clinic.	Regulation 19(1)(a) & (b) - The Independent Health Care (Wales) Regulations 2011	Fire risk officer appointed and conducted report on 1/9/25. Report Submitted to HIW.	Natalie	Immediate
		All training completed and up to date. Certification Submitted to HIW.	Natalie	Immediately
		Core of knowledge completed for one member of staff. All staff now in date of Core of Knowledge.	Natalie	Immediately
		Certifications Submitted to HIW.		

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): Natalie Luben
Job role: Clinic Manager
Date: 05/09/2025

Appendix C - Improvement plan

Service: The NEAT Clinic

Date of inspection: 28 August 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 action they are taking to address these areas.

Risk/ Finding/ Issue	Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The patients' guide only contained a brief overview of the complaint process, which we considered required greater detail.	The registered manager must review the patients' guide to ensure it complies with the regulations.	Regulation 7(1)(d)	Patients guide has been updated with more detail of services available in the clinic	Natalie Luben	Immediate
We found continued consent had been unrecorded on one occasion. We also found two omissions where medical history updates were not marked as checked.	The registered manager must provide assurance that all relevant entries are consistently documented within the patient records.	Regulation 9(4)(b) & 23	Recorded consent is to be adhered for every client that is treated. This will not be missed in future services.	Natalie Luben	Immediate
There was no policy detailing the arrangements for ensuring	We recommend that the registered	Regulation 9(1)(k)	Health and Risk policy in place	Natalie Luben	Immediately

the health and safety of staff and patients.	manager develops a written health and safety policy and provide a copy to HIW when completed.		ensuring health and safety of staff and patients.		
We saw no evidence that daily IPL equipment checks were being recorded.	The registered manager must ensure daily equipment checks, including eye protection, are conducted and recorded.	Regulation 15(2)	A file is in place for test output of IPL machine. All other tools needed e.g. goggles, blocks, hand pieces etc must be checked before use for any damaged, imperfections or concerns and logged on sheets as a written record.	Natalie Luben	Immediately
We found no documented systems in place to regularly assess and monitor the quality of service provided.	The registered manager must put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.	Regulation 19	A system will be put in place to assess and monitor the quality of services provided by the clinic	Natalie Luben	In review

The clinic had recently appointed a new IPL operator.	The registered manager must ensure that all operators have read and understood relevant policies to ensure adherence to clinic processes.	Regulation 9	All relevant policies have been read and understood by operator and a record is kept signed and dated by operator.	Natalie Luben	Immediately
The complaints procedure was confusing as it referred to various job roles at different stages of the complaints process, when these in fact referred to the same person.	The registered manager must review the complaint procedure to accurately reflect the personnel involved in the process.	Regulation 24	Complaints procedure has been updated and made clearer, with steps explaining how to make a complaint.	Natalie Luben	Immediately
The registered manager must ensure that: The terms of employment should include an obligation to inform management if there have been any changes that would affect their DBS status		Regulation 21	Staff have been made aware to report any changes that would affect their DBS status. They must report changes to Clinical Manager. Any changes will be assessed to check	Natalie Luben	In review

(i.e. criminal convictions or cautions etc) • Operators are required to complete and sign an annual declaration that there have not been any changes that would affect their DBS status.			that this does not impact or affect working within the clinic with others or the public. This will be recorded annually and dated. An annual questionnaire for any changes will be completed by operators.		
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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): Natalie Luben

Job role: Clinic Manager

Date: 24/10/2025