

# Independent Healthcare Inspection Report (Announced)

Sugarbox Cosmetic Treatment Clinic,  
Risca

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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 Sugarbox Cosmetic Treatment Clinic on 29 September 2025.

The inspection was conducted by two HIW healthcare inspectors.

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 that Sugarbox was committed to enabling patient choice regarding treatments and providing services within a well-presented and welcoming environment. Responses to the HIW patient questionnaire were positive, with all respondents indicating they felt the clinic was 'very good' or 'good' and the premises 'very clean'. Patients told us they were treated with dignity and respect. However, more proactive information-sharing regarding the clinic layout and provision of key information in a wider variety of formats would further strengthen the clinic's supportive approach. Robust consenting and assessment processes were in place to ensure individualised care, and the registered manager demonstrated an interest in wider health promotion.

This is what we recommend the service can improve:

- Provide key documents in a wider variety of formats, for example, easy-read, large print and Welsh.
- Confirm any specific mobility needs people may have on first contact to support appropriate treatment planning.

This is what the service did well:

- Measures implemented to protect patient privacy throughout consultation and treatment
- Practitioners confident in declining to provide treatments they did not feel were suitable to patient need
- Invited patients to provide feedback, whether positive or negative and responded constructively.

### Delivery of Safe and Effective Care

Overall summary:

Security and gas safety were appropriate but further checks of electrical safety and maintenance to laser treatment equipment was required. Key documents, such as registration certification, medical protocols and risk assessments, were in place but required updating. We noted improvements required to record keeping and we discussed the opportunity that a new record keeping system might bring to enhance the management of information.

This is what we recommend the service can improve:

- Complete recommended maintenance of treatment equipment, including laser, treatment couch and first aid kit
- Review and fully implement fire, health and safety and COSHH risk assessments
- Update template for handwritten patient treatment register.

This is what the service did well:

- Laser equipment clearly signposted and kept secure
- All appropriate Personal Protective Equipment available to staff and patients
- Regular audit plan in place and learning shared in team meetings.

## Quality of Management and Leadership

Overall summary:

We found the registered manager provided visible leadership while promoting staff autonomy in their roles. Staff were enabled to make decisions in their work through appraisals and personalised goals. A recruitment policy was in place but required more robust implementation.

Public Liability insurance certification was displayed, providing assurance to patients.

This is what we recommend the service can improve:

- Implementation of a system to ensure policy and training updates on a regular basis
- Ensure compliance with HIW requirements regarding registration and complaints procedures
- Robust implementation of recruitment policy.

This is what the service did well:

- Registered manager readily available to support team members
- Any queries raised by employees constructively responded to
- Probation and appraisal systems in place providing individualised development opportunities.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Respondents who completed a HIW questionnaire provided positive feedback about their experiences at the clinic. Overall, the service was rated by all respondents as either 'very good' or 'good'. Respondents also indicated that they were provided with suitable information and advice, and all believed that the premises were 'very clean'.

Patient comments included:

*"...it was clear that trust and honesty came before any financial gain."*

#### Health protection and improvement

We saw that information regarding the risks and benefits of treatment was presented clearly on the clinic website, where frequently asked questions were also answered. Discussions regarding treatment processes, costs, risks, benefits and suitability for the patient, which took place on initial enquiries and at the beginning of each consultation and treatment session, were described to us. All respondents to the HIW questionnaire either strongly agreed or agreed that this information was provided to them regarding their treatments.

We were told that the clinic had previously distributed smoking cessation information leaflets when applicable and the registered manager planned to order in more leaflets to continue health promotion activity.

#### Dignity and respect

We saw that Sugarbox Cosmetic Treatment Clinic had one laser treatment room located on the first floor. The treatment room appeared clean, tidy, and well organised, and had a lockable door and blinds covering the window to enable patients to change in privacy. All respondents to the HIW questionnaire strongly agreed that measures were taken to protect their privacy.

We were told patients could be provided with disposable paper roll or towels if necessary to protect their dignity. Patients were permitted to bring their own chaperones if they chose to.

We observed conversations with members of the public on the premises and over-the-phone to be respectful and one respondent to the HIW questionnaire stated:



*“The team are always really friendly and helpful.”*

### **Patient information and consent**

We saw that appropriate policies were in place to support patient informed consent for treatment.

We were told that robust discussions ensured patient understanding of their treatment. These discussions also allowed the laser operator to consider whether the patient had mental capacity regarding the decision to undergo treatment and was giving consent of their own free will. We were informed that laser operators were confident to decline to provide treatment if they did not feel the treatment was suitable to patient need. One respondent to the HIW patient questionnaire indicated that this was not only confined to practices around provision of information and advice regarding laser treatments, stating:

*“During a Botox consultation I was advised against having Botox in additional areas as it would not achieve what I was aiming for. I was very impressed...”*

### **Communicating effectively**

We reviewed the patients’ guide and the statement of purpose provided by the registered manager. Both were compliant with the regulations.

We found clinic information was only available in English. We were told that patients would be requested to bring an English-speaking personal contact with them if communicating in English would be difficult.

**The registered manager must ensure information about the clinic and treatments is available in a wider variety of formats, such as easy-read and Welsh versions.**

### **Care planning and provision**

We saw that appointments could be arranged via the clinic website, telephone, or in-person.

We were assured that treatments were offered after a comprehensive assessment and that patients were provided with sufficient information to make an informed decision about their treatment. We saw that patients were asked to provide a full medical history into the online consenting system. We were told that medical history and precautions were also confirmed during the initial consultation and at the beginning of treatment sessions.

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

We reviewed the Sugarbox Equality and Diversity policy and confirmed it included defined protected characteristics, roles and responsibilities within the clinic in relation to equality, diversity and inclusion, and how reports of discrimination would be investigated.

We were told that treatments at the clinic were accessed by trans patients, and we were informed staff sufficiently exercise sensitivity around preferred name, pronoun and general communication. We saw that preferred name was recorded in the patient records.

We saw that the front door to the clinic was accessible to pushchairs and wheelchairs, but that internal steps and steep stairs presented a barrier to patients with mobility needs from accessing laser treatment.

**The registered manager must check any mobility concerns patients may have as part of the appointment booking process and inform patients who indicate mobility issues of the layout of the building.**

### **Citizen engagement and feedback**

We saw that both the collection of patient feedback and complaints was promoted within the patients' guide and information available in the reception area. We were told that any review rating less than five stars was followed up. We found evidence that formal complaints were responded to constructively.

# Delivery of Safe and Effective Care

## Environment

We saw that security cameras were in place. We reviewed gas and electrical service documentation. Gas safety certification was appropriate. However, the electrical circuit test report indicated that the electricity supply to the laser may not have been tested.

**The registered manager must provide assurance to HIW that the electrical supply to the laser has been tested and confirmed as safe for use.**

## Managing risk and health and safety

We inspected the fire safety arrangements at the clinic and found fire extinguishers had been recently serviced. We saw that a fire risk assessment had been completed and reviewed shortly after the inspection. The fire assembly point was also changed to a more suitable location and escape signage increased following the inspection. However, during the inspection we had concerns in relation to whether the escape route from the first floor was safe and accessible and usable without undue risk of physical harm.

**The registered manager must ensure a fire risk assessment is undertaken by a competent person to provide assurance on whether the fire escape routes at the premises are acceptable.**

We saw evidence of recent fire drills and fire alarm tests and were told that weekly alarm tests are planned on an ongoing basis. We noted that 'No Smoking' signs were absent from the premises and the registered manager arranged for signs to be ordered during the inspection.

We reviewed the generic risk register and risk assessment log in place. This needed reviewing to ensure identified risks and mitigation plans comprehensively consider the safeguarding of patients and their belongings and environmental accessibility and safety. We saw that some substances hazardous to health had risk assessments in place but that these should be extended to include all hazardous chemicals held on the premises. Action plans also need to be consistently implemented to ensure chemicals are kept in locked cupboards to prevent public access.

**The registered manager must ensure health and safety and Control of Substances Hazardous to Health (COSHH) assessments and action plans are reviewed and implemented as appropriate.**

We inspected the first aid kit and found dressings and cool packs which had expired. We raised this with the registered manager who immediately arranged for replacement items to be ordered. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We were informed that the registered manager and two other members of staff were registered nurses and were confident of the actions to take in a medical emergency. The registered manager reported to have cascaded emergency procedures to the rest of the team. However, we noted that emergency first aid items were not all kept together, potentially delaying staff in gathering the items they required in the event of a medical emergency.

**The registered manager must ensure that emergency first aid items are kept in one location and that a process is implemented to ensure reordering of items approaching their expiry date.**

We found that a virtual laser risk assessment had recently been conducted by the appointed Laser Protection Advisor. A recent laser service had identified minor damage to the laser hand trigger and recommended this be repaired. However, the registered manager confirmed during the inspection that this repair had not yet been completed.

**The registered manager must ensure that the hand trigger is repaired or replaced to ensure it continues to operate safely.**

We were told that previously two lasers had been registered at the clinic but that one of these had broken and subsequently been removed from the premises and business assets.

**The registered manager is required to complete and submit a formal deregistration of the removed laser to HIW.**

We saw standard medical protocols were displayed on the treatment room wall for quick reference and were informed these were the most recent versions available from the manufacturer. However, we noted these were dated 2014.

**The registered manager must check regularly with the laser manufacturer for any up-to-date versions of medical protocols.**

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

We saw that the interior of the clinic was generally tidy and clean to a high standard, with regular cleaning schedules completed and a recent update to the template enabling at-a-glance confirmation that essential aspects were fulfilled.

All respondents to the HIW questionnaire indicated that they felt the clinic was 'very clean'. However, we noted damage to the laser treatment couch which would hinder effective cleaning. We were informed that the registered manager was considering purchasing a new couch with plastic covers to enable improved IPC.

**The registered manager must ensure that the laser treatment couch is repaired or replaced as appropriate.**

We found that staff had not recently undertaken formal IPC training. Without this training staff may not fully implement IPC measures, affecting patient safety. The HIW questionnaire asked if IPC measures are followed, and one out of five respondents said they were only sometimes or partially followed.

**The registered manager must ensure that staff complete IPC update training to a level consistent with their role.**

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

The laser on site was registered to treat patients aged 16 years and over. The registered manager confirmed that this was complied with, and we found that consent procedures were appropriate for the age range.

We reviewed the Sugarbox safeguarding policy. While this contained the relevant local authority contact details, we found it lacked clear procedures as to how the clinic would respond to concerns. We discussed displaying a flow chart based on the Wales Safeguarding Procedures to support staff to act should they identify safeguarding concerns.

We saw that one laser operator had completed safeguarding children and adults training and were informed that the registered manager was undergoing training to the appropriate level. However, we were told that other staff working at the clinic had not undertaken safeguarding training.

**The registered manager must arrange for staff to undertake appropriate safeguarding training and provide evidence of all training completed.**

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

Eye protection was available for patients and the laser operator. A recent laser risk assessment had noted signs of wear and tear, but that eyewear remained safe for use. Suitable spare eye protection was available should a pair fail, or an additional set be required for a chaperone.

There were signs on the outside of the treatment room to indicate the presence of the laser machine with a lock on the door and a light-up warning sign to prevent unauthorised entry when the machine was in use. Appropriate arrangements were in place to keep the laser machine secure when not in use.

We saw evidence that Core of Knowledge training and specific training to the laser machine had been historically undertaken. We discussed this with the registered manager who agreed update training would be completed.

**The registered manager must ensure up-to-date Core of Knowledge and training specific to the laser machine are completed by all laser operators.**

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

We reviewed the research and audit policy which specified a range of regular audits that the clinic should undertake. We were told that these audits were completed and saw evidence of staff meetings where learning was shared.

### **Information management and communications technology**

We saw that both paper and electronic records were held by the clinic and suitable arrangements were in place to secure records against unauthorised access. The registered manager reported that a new electronic record platform was being considered, and we discussed this as an opportunity to review archived records and consider safe retention or destruction of historic notes in accordance with retention schedules.

### **Records management**

- We reviewed five entries from the handwritten patient treatment register and a sample of handwritten and electronic notes. We identified: Use of abbreviations created ambiguity with respect to the meaning of notes
- Errors were not clearly updated, reducing legibility
- Entries indicated the laser frequency used for treatments but did not specify the laser machine
- Electronic patient records had space for free text comments regarding the effects of treatments and any reactions, but handwritten records did not.

**The registered manager must update the patient treatment register template to ensure the laser machine is specified and allow for brief comments. The registered manager must ensure all handwritten entries are legible and completed in full.**

# Quality of Management and Leadership

## **Governance and accountability framework**

Sugarbox Cosmetic Treatment Clinic is owned and run by the registered manager, to whom all eight staff, both employed and self-employed, report to.

We saw current public liability insurance and HIW registration certificates were on display. We discussed the conditions of registration also being displayed, and the registered manager arranged for this to be completed during the inspection.

Team members were observed to work with autonomy and were welcoming and helpful to the inspection team. However, we found that there was no system in place to ensure staff are provided with relevant training on a regular basis. While there was a range of policies and procedures available to support staff, there was also no system in place to prompt regular reviews of these to ensure they remained up to date. We were told there had previously been a clinic manager who would oversee timely updates and training and that the clinic would be looking to employ another clinic manager to support registered manager with the governance of the service.

**The registered manager must implement a system to ensure regular policy and training updates are available to clinic staff.**

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

We reviewed the Sugarbox whistleblowing and complaints policies and found both set out a logical process and reasonable timescales for concerns to be investigated and responded to. However, the complaints procedure needs to contain full HIW contact details for complaints to be raised to if required.

**The registered manager must update the complaints policy to include full HIW contact details.**

## **Workforce recruitment and employment practices**

We found that a recruitment policy was in place but that more consistency was needed in its application. We also noted that checks confirming the good character of staff members were not completed following initial employment checks.

**The registered manager must ensure that appropriate pre-employment checks are undertaken on all new members of staff in line with the recruitment policy.**

**Workforce planning, training and organisational development**

We found an induction checklist and probation process were available to support the development of new staff. Evidence of staff appraisals and individualised development goals was also seen. Registered manager presence and regular staff meetings were found to support team communication and development.



## 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
Some first aid items had exceeded the expiry date.	Visitors to the premises could be put at risk in event of an accident.	This was raised immediately with the registered manager.	Replacement items were ordered during the inspection.

## Appendix B - Immediate improvement plan

**Service:** Sugarbox Cosmetic Treatment Clinic

**Date of inspection:** 29 September 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 immediate non-compliance concerns were identified on this inspection.					

## Appendix C - Improvement plan

**Service:** Sugarbox Cosmetic Treatment Clinic

**Date of inspection:** 29 September 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.	Information regarding the clinic and treatments available in English, long-read version, only.	Information about the clinic and treatments should be made available in a wider variety of formats, such as easy-read and Welsh versions.	Independent Health Care (Wales) Regulations 18(1)(b)			
2.	Premises not fully accessible to patients with reduced mobility.	Clinic information to include details of the layout of the premises.	Independent Health Care (Wales) Regulations 18(1)(b)			
3.	Unclear whether electrical supply to the laser had been tested and deemed safe.	Electrical supply to the laser to be confirmed as tested and safe for use.	Independent Health Care (Wales) Regulations 26(2)(b)			

4.	Fire risk assessment and action plan requires updates to ensure it is comprehensive and suitable.	Fire risk assessment to be undertaken by a competent person to provide assurance on whether the fire escape routes at the premises are acceptable.	Independent Health Care (Wales) Regulations 26(4)(f)			
5.	Health and safety risk and COSHH risk assessments require updating and consistent implementation.	Health and safety and COSHH risk assessments and action plans to be reviewed and implemented as appropriate.	Independent Health Care (Wales) Regulations 9(1)(k)			
6.	First aid items not kept in a central location	Emergency first aid items to be kept in a central location for ease of access in case of an emergency	National Minimum Standards for Independent Health Care Services in Wales Standard 3 / Regulations 9, 19, 26			
7.	No process in place to ensure timely reordering of first aid items approaching their expiry date.	A process should be implemented to ensure timely reordering of items approaching their expiry date.	National Minimum Standards for Independent Health Care Services in Wales Standard 3 / Regulations 9, 19, 26			

8.	Recommended repair of laser machine handheld trigger not completed.	Recommended repair or replacement to be completed.	Independent Health Care (Wales) Regulations Schedule 3 Part II 3(c)			
9.	Laser machine still registered to the clinic but no longer a clinic asset.	Formal deregistration of removed laser to be submitted to HIW	Independent Health Care (Wales) Regulations Schedule 3 Part II 3			
10.	Standard medical protocols for laser treatments easily accessed but dated 2014.	Regular checks must be made with the laser manufacturer regarding any updated versions of medical protocols.	Independent Health Care (Wales) Regulations 45(1)			
11.	Damage to laser treatment couch hindering effective cleaning.	Repair or replacement of laser treatment couch.	Independent Health Care (Wales) Regulations 15(7)(a) / 8(c)(ii)			
12.	Clinic staff have not completed recent IPC training.	IPC training to be completed to the relevant level: Clinical staff - Level 2 Administrative staff - Level 1	Independent Health Care (Wales) Regulations 15(7)			
13.	Not all staff working at the clinic have	Staff to undertake appropriate safeguarding training	Independent Health Care (Wales) Regulations 16(1)			

	undertaken safeguarding training.	and provide evidence of all training completed: Safeguarding lead - Level 3 Clinical staff - Level 2 Administrative staff - Level 1				
14.	Laser operators have not completed recent Core of Knowledge or laser-specific training.	Laser operators to complete Core of Knowledge and laser specific update training.	Independent Health Care (Wales) Regulations 45			
15.	Inadequate standard of recording within patient treatment register.	The patient treatment register template update to include documentation of the laser machine and allow for brief comments. The registered manager must ensure all handwritten entries are legible and completed in full.	Independent Health Care (Wales) Regulations 45(2)			
16.	No system in place to support the maintenance of staff training and policy updates.	System to be implemented to ensure regular policy and training updates are available to clinic staff.	Independent Health Care (Wales) Regulations 9			

17.	HIW contact details not provided in full within the complaints procedure.	Update of the complaints policy to include full HIW contact details.	Independent Health Care (Wales) Regulations 24(4)(a)			
18.	Recruitment policy in place but more consistency needed in its application	Pre-employment checks to be conducted in-line with the policy.	Independent Health Care (Wales) Regulations Part VI Schedule 2 (3)(a)			

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:**