

# Independent Healthcare Inspection Report (Announced)

The Beauty Rooms at The Nibblers,  
Barry

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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 Beauty Rooms at The Nibblers, 68 Holton Road, Barry, CF63 4HE on 21 October 2025.

The inspection was conducted by a HIW healthcare inspector.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. A total of four 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:

The Beauty Rooms at The Nibblers offered a positive experience for patients in a comfortable environment. All patients who responded to the HIW questionnaire felt they had been treated with dignity and respect.

Patients were provided a full consultation with appropriate pre-treatment information given to enable them to make informed decisions. There was limited provision for patients whose first language was not English.

We found the clinic was generally accessible to patients with impaired mobility with wheelchair access to the downstairs treatment area arranged via the rear entrance.

Immediate assurances:

- To cease providing treatments to patients under the age of 18.

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:

- Staff to complete Equality and Diversity training
- To consider how best to meet the individual needs of patients who may wish to communicate through the medium of Welsh.

This is what the service did well:

- Comprehensive consultation including explanation of the risks and benefits of the treatment
- Signed consent obtained at each treatment appointment
- Patient feedback requested via text after treatment.

### Delivery of Safe and Effective Care

Overall summary:

The clinic appeared well maintained and equipped to provide the services they are registered to deliver.

In general, fire safety arrangements were good with an up-to-date Portable Appliance Testing (PAT) and Electrical Installation Condition Report (EICR)

available. However, we found several members of staff required fire safety training.

There was an appointed Laser Protection Advisor (LPA), up-to-date Local Rules and a risk assessment in place. The laser machines were serviced appropriately. Although sufficient protective eyewear was available, some spare sets did not meet the criteria specified within the local rules and were removed to prevent accidental use.

Whilst appropriate safeguarding processes were in place, some additional safeguarding training was required to ensure staff were appropriately trained to the correct levels in all relevant modules.

This is what we recommend the service can improve:

- The medical treatment protocols required review
- Daily laser machine checks to be recorded.

This is what the service did well:

- Premises very clean and well maintained
- Good infection prevention and control processes were described
- Patient records were stored securely.

## Quality of Management and Leadership

Overall summary:

The Beauty Rooms at The Nibblers is run by the registered manager with a small team of staff. Valid employers and public liability insurance was in place. There was a range of policies to help staff carry out their duties. However, we did not see signed evidence that staff had read and understood them.

A complaints procedure was in place which included suitable time frames for acknowledgment and resolution.

There were appropriate procedures in place for the recruitment and induction of staff. Disclosure and Barring Service (DBS) checks were carried out for staff employed at the clinic.

This is what we recommend the service can improve:

- To display HIW certificate of registration where it can be easily seen
- To ensure all staff signed policies to confirm they have read and understand them.

This is what the service did well:

- All policies were regularly reviewed and updated
- Evidence of additional relevant clinical training undertaken.



## 3. What we found

### Quality of Patient Experience

#### **Dignity and respect**

The clinic had one laser treatment room situated downstairs in the basement of the clinic. Access to the treatment room was restricted while there was a lock on the door leading to this area enabling patients to change in private.

Consultations with patients were carried out within the treatment rooms to ensure patient confidentiality.

All respondents to the HIW questionnaire felt they were treated with dignity and respect and felt that staff listened to them and answered their questions.

#### **Communicating effectively**

The clinic had a website that provided information about their services and contained copies of the patients' guide and the statement of purpose which appeared to be compliant with the regulations. Copies of both were also available at reception and could be provided in large print if required.

The clinic did not have any Welsh speaking staff and had no provision for translation services. We were not assured that this would sufficiently enable patients to understand their treatment or procedure to provide informed consent. We advised the registered manager of the need to seek an appropriate translation service.

**The registered manager must consider how best to meet the individual needs of patients who may wish to communicate through the medium of Welsh.**

Consultations and treatment appointments could be arranged at reception, by telephone and social media, or via the clinic's online booking platform.

The clinic price lists were available both at the premises and on their website. We were told costs of treatments would be discussed and confirmed as part of the consultation process.

#### **Patient information and consent**

We asked to see the treatment register as required by the regulations and found this was completed with the necessary treatment details and equipment parameters clearly recorded.

We reviewed a sample of five patient records and saw that an initial consultation and medical history check had been documented with signed consent obtained from each patient. We saw evidence that changes in medical history were checked at each subsequent appointment. We were saw aftercare documentation which we were told was provided to each patient following treatment. However, we found that laser treatment had been provided to a patient under the age of 18, which was a breach of the Conditions of Registration with HIW.

Our concerns regarding these issues 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](#).

### **Care planning and provision**

All patients were given a full consultation prior to agreeing to any treatments. We were told that this included the risks, benefits and the expected results of the planned treatment. We were assured that patients were being provided with enough information to make an informed decision about their treatment.

We were told that all patients were given a patch test 48 hours prior to commencing a course of treatment.

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

We were told that the clinic was an inclusive environment 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.

The clinic had an equality and human rights policy in place and saw evidence that the registered manager had completed training on this subject. However, we were unable to find evidence of equality and diversity training for any other members of staff.

### **The registered manager must ensure staff complete relevant Equality and Diversity training.**

There was level access into the building from the street and level floors throughout the ground floor. As the laser treatment room was in the basement, level access could be arranged via the rear entrance for wheelchair users and patients with impaired mobility.

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

### **Citizen engagement and feedback**

We were told that patient feedback was requested after treatment via the clinic's online booking platform and was also obtained either via online reviews or in person at the clinic.

The registered manager advised that feedback is assessed and analysed on an ongoing basis. We were provided with examples where this had resulted in service improvements that included additional notes within records to indicate patient preferences and allergies.

# Delivery of Safe and Effective Care

## **Managing risk and health and safety**

The building appeared to be well maintained, with suitable measures in place to prevent unauthorised access. The clinic consisted of a reception and waiting area with separate treatment rooms for laser treatments and other services offered. The laser treatment room appeared comfortable and well equipped.

We saw evidence that the five yearly Electrical Installation Condition Report (EICR) and Portable Appliance Testing (PAT) had been completed recently. A fire risk assessment was available which had been regularly reviewed. Fire exits were clear and signposted, and extinguishers had been serviced within the last year. Records indicated that fire alarm checks and evacuation drills were conducted at appropriate intervals. However, we found that fire safety awareness training had not been completed by several staff members.

Our concern regarding this was raised with the registered manager during the inspection who arranged for this training to be completed immediately after the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

A first aid kit was readily available for use in event of an accident or injury. A suitable number of staff had completed up-to-date first aid training.

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

We observed all areas to be visibly clean and free of clutter. The registered manager described suitable clinical cleaning processes for staff, equipment and the treatment room, and we saw evidence of monthly cleaning audits. Suitable arrangements were in place for the safe storage and disposal of waste generated by the clinic.

There was an up-to-date IPC policy in place, and we saw evidence that IPC training had been completed by staff employed at the clinic.

All respondents to the HIW questionnaire felt that the setting was very clean and that IPC measures were being followed.

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

We saw the clinic had a safeguarding policy which was aligned with the Wales Safeguarding Procedures. A safeguarding lead was appointed who had downloaded the Wales Safeguarding Procedures mobile phone app to ensure they remained up-to-date with the latest guidelines.

We reviewed staff compliance with safeguarding training and found that not all elements had been completed to the appropriate levels.

Our concern regarding this was raised with the registered manager during the inspection who arranged for this training to be completed immediately after the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

### **Medical devices, equipment and diagnostic systems**

The laser machine was the same as registered with HIW and we saw evidence that regular service maintenance had been carried out. We were told that routine daily laser equipment and systems diagnostics checks were carried out. However, we saw no evidence that these were recorded.

**The registered manager must ensure daily laser machine checks are conducted and recorded.**

There was a current contract in place with a Laser Protection Advisor (LPA) who had prepared a laser risk assessment and up-to-date local rules detailing the safe operation of the laser machine. Medical treatment protocols were available but required review.

**The registered manager must arrange for the medical treatment protocols to be reviewed by an appropriate medical practitioner and supply a copy to HIW when complete.**

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

Eye protection was available for patients and the operators. These were clean and appeared to be in good condition. However, there were an additional two sets which were not consistent with the requirements as specified in the local rules. Inquiries indicated that these were not appropriate for laser protection. The registered manager immediately removed these to prevent them from being used.

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](#).

There were signs on the outside of the treatment room to indicate the presence of the laser machine and suitable arrangements were in place to secure the laser machine when not in use.

Authorised operators had general Core of Knowledge training in the use of laser and IPL machines and had completed device specific training relating to the laser machine at the setting.

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

Patient feedback was encouraged, reviewed and discussed at team meetings to help improve the service. However, there was no documented system 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.**

#### **Records management**

We saw that patient records were kept securely at the service, and that suitable processes were in place to prevent the loss of personal data. Appropriate data retention periods and disposal arrangements were in place.

# Quality of Management and Leadership

## **Governance and accountability framework**

The Beauty Rooms at The Nibblers is run by the registered manager with a small team of dedicated staff. Our observations of the clinic found that current employers and public liability insurance was in place and displayed as necessary. HIW certificate of registration and associated conditions of registration were held in a folder and not on display as required by the regulations.

**The registered manager must ensure the HIW certificate of registration and associated conditions are displayed where they can be easily seen.**

A range of policies and procedures were in place and subject to regular reviews. These were signed by the registered manager on behalf of staff after they had been discussed at team meetings. We discussed ensuring that staff signed and dated these documents themselves to confirm they had read and understood these policies.

**The registered manager must ensure that all staff sign the relevant policies to confirm that they have read and understood them.**

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

There was a suitable complaints procedure in place and readily available to patients. This included the name of the person responsible for handling the complaints and suitable timescales for responding. Contact details for other organisations were available should a complainant wish to escalate a concern.

## **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). Where references were not available for staff who were known personally to the registered manager, we discussed developing individual risk assessments to be kept in each staff file.

## **Workforce planning, training and organisational development**

Staff were rostered to ensure there was always enough qualified staff available. To develop and maintain the skills and knowledge of the workforce the registered manager monitored training requirements and discussed these with the staff as necessary. We saw evidence of additional training that was relevant to staff roles.

## 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
We found fire safety awareness training had not been completed by staff.	Patients were potentially at risk when using the visiting the premises.	We raised this immediately with the registered manager.	Fire safety awareness training was arranged and completed immediately following the inspection.
We found elements of safeguarding training had not been completed to the correct levels by staff.	Patients were potentially at risk when using the visiting the premises.	We raised this immediately with the registered manager.	The missing elements of safeguarding training were arranged and completed immediately following the inspection.
We found two additional sets of protective eyewear which were inconsistent with the requirements specified in the local rules.	Patients were potentially at risk when using the laser machine.	We raised this immediately with the registered manager.	The eyewear was immediately removed to prevent their accidental use.

## Appendix B - Immediate improvement plan

**Service:** The Beauty Rooms at The Nibblers

**Date of inspection:** 21 October 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 provide written assurance to HIW that the practice will not provide any further laser treatment to patients under the age of 18, without the required authorisation from HIW.	Section 24, Care Standards Act 2000	No under 18's will be treated moving forward, or until changes have been agreed with HIW.	Carys Fitzgerald	Immediate

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):** Carys Fitzgerald

**Job role:** Registered manager

**Date:** 21 October 2025

## Appendix C - Improvement plan

**Service:** The Beauty Rooms at The Nibblers

**Date of inspection:** 21 October 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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must consider how best to meet the individual needs of patients who may wish to communicate through the medium of Welsh.	Regulation 15 (1)(a)	<p>Introduce a simple system to identify patients who prefer to communicate in Welsh at the point of booking.</p> <p>Ensure key documents (consent forms, aftercare, complaints information) are available in Welsh.</p> <p>Provide staff with access to basic Welsh greetings and phrases to support culturally sensitive communication.</p> <p>Signpost patients to Welsh-speaking staff where available.</p>	Carys Fitzgerald, Registered Manager	4 weeks

The registered manager must ensure staff complete relevant Equality and Diversity training.	Standard - Equity	<p>Enrol all staff onto accredited Equality, Diversity &amp; Inclusion (EDI) training.</p> <p>Maintain a training matrix to monitor completion and renewal dates.</p> <p>Incorporate EDI awareness into induction for all new starters.</p>	Carys Fitzgerald, Registered Manager	2 weeks
The registered manager must ensure daily laser machine checks are conducted and recorded.	Regulation 15(2)	<p>Implement a daily laser safety checklist to be completed before the first treatment of the day.</p> <p>Store completed checklists in a dedicated folder (digital or paper) for audit purposes.</p> <p>Provide refresher training to all authorised laser operators on correct checking procedures.</p>	Carys Fitzgerald, Registered Manager	Immediate implementation
The registered manager must arrange for the medical treatment protocols to be reviewed by an appropriate medical practitioner and supply a copy to HIW when complete.	Regulation 45(1)	<p>Arrange for an appropriate medical practitioner to review and update all treatment protocols.</p> <p>Ensure protocols reflect current best practice and manufacturer guidance.</p>	Carys Fitzgerald, Registered Manager	4 -6 weeks

		Submit updated protocols to HIW upon completion.		
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	<p>Introduce a structured quality monitoring system including monthly audits (infection control, record keeping, equipment checks, training compliance).</p> <p>Hold quarterly management reviews to evaluate findings and identify improvements.</p> <p>Document all actions and outcomes to demonstrate ongoing quality assurance.</p>	Carys Fitzgerald, Registered Manager	Completed
The registered manager must ensure the HIW certificate of registration and associated conditions are displayed where they can be easily seen.	Section 28, Care Standards Act 2000	<p>Display the HIW certificate of registration and conditions in a prominent, public-facing area of the premises.</p> <p>Ensure the certificate is replaced immediately if updated or damaged.</p>	Carys Fitzgerald, Registered Manager	Completed
The registered manager must ensure that all staff sign the relevant policies to confirm that they have read and understood them.	Regulation 9	Issue all relevant policies to staff and ensure they sign to confirm they have read and understood them.	Carys Fitzgerald, Registered Manager	Completed

		Maintain a policy sign-off log for audit purposes.		
		Incorporate policy sign-off into the induction process for new staff.		

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):** Carys Fitzgerald

**Job role:** Registered Manager

**Date:** 11 December 2025