

# Independent Healthcare Inspection Report (Announced)

FACE clinic, Mold, Flintshire

Inspection date: 13 November 2025

Publication date: 13 February 2026



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Digital ISBN 978-1-83745-000-8

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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 FACE clinic on 13 November 2025.

The inspection was conducted by a HIW healthcare inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 15 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 staff at FACE clinic to be committed to providing a high standard of care to their patients.

The premises were pleasant, well maintained and very clean.

Staff treated patients with dignity and respect. Patients who completed the HIW questionnaire praised the professionalism, knowledge and friendliness of staff.

We saw good arrangements in place for providing information to patients prior to, during and after their treatment. There were appropriate measures to gather feedback and deal with complaints.

This is what the service did well:

- Communication with patients
- Provision of wheelchair accessible facilities
- Actively seeking patient feedback.

### Delivery of Safe and Effective Care

Overall summary:

We found that the FACE clinic maintained a high standard of safety and effectiveness in its care delivery. The environment was clean, well maintained and provided a pleasant setting for patients.

Laser units were in good condition, with appropriate safety measures and servicing records, though one unit was overdue for servicing, which was being addressed. A contract was in place with a qualified Laser Protection Advisor and comprehensive local rules and protocols. Operators had up-to-date training in laser use.

Patient records were comprehensive, securely stored and managed electronically.

This is what we recommend the service can improve:

- Carry out a Health and Safety risk assessment
- Ensure servicing of laser units is carried out regularly.

This is what the service did well:

- Detailed patient notes stored using a well-designed electronic system
- Clean, tidy and well-maintained premises.

## Quality of Management and Leadership

Overall summary:

The clinic had a clear governance structure, with a practice manager in post and were members of the 'Save Face' accreditation scheme, which provided additional support.

A suitable complaints procedure was available to patients, including clear timescales and escalation details.

Recruitment and induction procedures were robust and staff described good training arrangements with structured progression and support.

This is what we recommend the service can improve:

- Staff to sign that they have read and understood policies and procedures
- Put systems in place to monitor training compliance.

This is what the service did well:

- Clear leadership and clarity of staff roles
- Notably good training for new staff.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

All respondents to the HIW questionnaire rated the service as very good. Responses were positive with patients praising the professionalism and knowledge of staff with many expressing loyalty and recommending the clinic.

Patient comments included:

*"It's a very clean and professional place. The girls are always kind, patient and professional. I wouldn't go anywhere else."*

*"An amazing facility with amazing staff. I wouldn't go anywhere else for my treatments. I have every faith in the staff to advise me on appropriate treatments."*

*"The setting has a professional and relaxed atmosphere as do the staff. They are friendly and professional."*

#### Dignity and respect

We observed staff greeting patients in a friendly and professional manner.

The two treatment rooms had lockable doors and no external windows, to ensure patient privacy during treatment. Music was played in the reception area to promote patient privacy during treatment.

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

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.

#### Patient information and consent

The operator told us that patients were provided with detailed information during consultations to ensure they could make an informed decision about their treatment. Patients signed a consent form electronically prior to initial treatment and each subsequent appointment. These were stored as part of the patient record.



All respondents to the HIW questionnaire said they were given enough information to understand all treatment options and their risks and benefits, and all but one agreed that the cost was made clear to them before they received treatment.

### **Communicating effectively**

The clinic had a website that provided information about their services, prices and contact details. The statement of purpose and patient information guide were made available to patients at the premises.

Notably, the clinic had a mobile phone application (app) where patients could request or view information, book appointments and collect loyalty points.

We reviewed the complaints process and it included all the required information, including who to contact, appropriate timescales for response and contact details for HIW.

The clinic had comprehensive treatment prices listed on their website and in a leaflet at the premises.

Patients were invited to contact the clinic in person, by phone, via the website or through the app.

All respondents to the HIW questionnaire agreed that staff explained what they were doing during treatment, listened to patients and answered questions. One respondent commented:

***"Staff put me at ease and explained everything to me clearly."***

### **Care planning and provision**

All patients underwent a face-to-face consultation and patch test prior to treatment, with the results documented as part of the patient treatment record.

The staff described appropriate arrangements for obtaining a medical history and procedures for the assessment, diagnosis and treatment of clients. This included patients submitting an electronic medical history form prior to the commencement of any treatment. Verbal checks would be carried out at each subsequent visit to identify any changes since the initial consultation.

We saw that a written treatment register was kept for each of the laser units. This included patient identification, date and type of treatment, treatment parameters and operator identification.

All respondents to the HIW questionnaire agreed that their medical history was checked and a patch test carried out before undertaking treatment.

One respondent to the HIW questionnaire commented:

*"I was very impressed that I was advised I couldn't have treatment yet as just finished radiotherapy. It was explained why. I don't think other places would have done the same."*

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

The premises enabled wheelchair users and those with mobility difficulties to access the services. There was step free, level access throughout with all areas on the ground floor. The toilet was designed to be wheelchair accessible with an extra wide door, raised toilet, lowered sink and a range of grab handles.

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

### **Citizen engagement and feedback**

The clinic actively sought patient feedback. Quick response (QR) codes were displayed at the premises to direct patients to online review platforms. The clinic provided an app and encouraged patients to provide feedback by offering loyalty points for each review.

Staff told us that they carried out patient surveys to inform business decisions. An example was provided where a decision about amending business hours was made as a direct result of patient views.

Staff outlined how feedback was regularly reviewed and patients were encouraged to make contact if they had any issues or concerns.

# Delivery of Safe and Effective Care

## Environment

The premises were visibly clean, tidy and well maintained. The clinic was in a very good state of repair and provided a pleasant and welcoming environment for patients.

A mixed gender patient toilet was provided, with appropriate hand washing, drying facilities and sanitary disposal unit.

Staff were provided with a separate toilet, a locked staff room where they could store belongings.

## Managing risk and health and safety

The clinic had policies and procedures in place to help maintain the health and safety of staff and patients at the clinic. We noted that there was a health and safety policy in place but no associated risk assessment.

**The registered manager must ensure that a health and safety risk assessment is carried out and reviewed regularly.**

We saw evidence of an up-to-date electrical installation report and portable appliance testing.

We found overall satisfactory arrangements in place for fire safety, with appropriately serviced fire extinguishers mounted correctly and clearly indicated. The fire exits were clearly indicated with appropriate signage. There was evidence of regular checking of fire detection systems. No smoking signs were clearly displayed. A fire risk assessment was in place and the practice manager described how actions identified were addressed and recorded. We suggested that a summary showing all the recommendations and actions taken would be useful to monitor progress.

We noted that one of the illuminated, emergency fire exit signs could suggest an incorrect escape route when viewed from one direction and recommended that advice be sought whether one side could be obscured to make the sign clearer.

Staff had appropriate and up to date fire safety training.

A first aid kit was available with the contents being complete and up to date. All three operators were trained in first aid.

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

We observed all areas of the clinic including the treatment rooms to be visibly clean and free from clutter. The premises were in a very good state of repair enabling effective cleaning.

We saw appropriate hand hygiene arrangements with hand-washing facilities in the treatment rooms and provision of sanitising gel.

Staff described appropriate cleaning arrangements, including between patients and the premises were notably clean. Both treatment rooms had cleaning schedules with signed checklists. We saw evidence that staff were suitably trained in IPC.

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

Clinical waste was stored in a locked bin stored externally and disposed of under contract with a waste management company. As there was potential for public access to the waste bin storage area, we recommended securing the bin to the building to avoid removal by unauthorised persons. Staff told us that this would be subject to approval from the landlord.

**The registered manager should identify means to secure the clinical waste bin, to prevent unauthorised removal.**

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

The service was registered to treat patients aged 16 years and over. Staff told us that children were discouraged from attending the premises and were not allowed in treatment rooms.

There was an up-to-date safeguarding policy in place and staff were aware of the Wales Safeguarding procedures. However, staff weren't aware of the mobile phone application and this was resolved on the day with copies downloaded.

The safeguarding lead was a qualified nurse and had training to level three, which is a higher level than required for the laser operator role. Other staff were appropriately trained in safeguarding and were able to describe suitable procedures for dealing with a safeguarding concern.

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

The two laser units were in good condition, visibly clean and in line with the HIW registration.

The doors to the treatment rooms had appropriate signage to warn that laser units were in operation. Both laser units had key switches and keys were stored securely when the machines were not in use. Additionally, the doors to the treatment rooms were kept locked when not being used.

One of the laser units was under twelve months old and therefore had not yet required servicing or maintenance.

The other laser unit had records showing regular annual servicing and in-house checks. The operator explained that servicing was overdue at the time of inspection due to the availability of both the engineer and a replacement part. However, they intended to have this in place within six weeks of the inspection.

### **The registered manager must ensure that appropriate servicing and maintenance of the overdue laser unit is carried out.**

A contract was in place with a suitably qualified Laser Protection Advisor (LPA). The LPA had visited the site within recent months and an appropriate visit report was available. There were appropriate local rules and treatment protocols in place.

Suitable eye protection was available for both patients and operators, aligned with the local rules and the operator described regular checks to ensure fitness for use.

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

All authorised operators had appropriate and up to date training in the use of the specific laser units and general Core of Knowledge training, in line with British Medical Laser Association (BMLA) guidelines.

Appropriate treatment protocols were in place, which included treatment techniques, parameters and permitted variations and actions to take in the event of an adverse incident.

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

Feedback from patients was encouraged and regularly reviewed, to help improve the service.

The clinic carried out patient reviews with 'before and after' pictures to assess how successful the treatment had been. Staff also described how treatment

effectiveness was monitored throughout and adjustments made to the treatment plan if required.

### **Records management**

We reviewed a sample of patient records and saw notably good record-keeping, with comprehensive information being recorded electronically. This included patient identification, medical history, consent, consultation forms and treatment history. The interface used was clear, intuitive and enabled effective recording of information.

Staff described secure and appropriate systems for the storage and retention of patient records.

# Quality of Management and Leadership

## **Governance and accountability framework**

We saw clear governance and leadership at the clinic, including having a practice manager in place.

The clinic was a member the 'Save Face' accredited registration scheme, which also provided assistance with policies, procedures and auditing.

There was a range of policies and procedures in place, to meet regulatory requirements. We recommended that these are signed by staff to confirm they had read and understood them.

**The registered manager should ensure that all staff sign policies and procedures to confirm they have read and understood them.**

We saw HIW registration certificates were clearly displayed. The clinic had up-to-date public liability and employers' insurance.

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

There was a suitable complaints procedure in place and made available to patients. This included appropriate timescales for response and contact details to escalate concerns with external bodies.

## **Workforce recruitment and employment practices**

There were appropriate procedures in place for the recruitment and induction of staff. These included checks of identity, right to work in the UK, references and checks using the Disclosure and Barring Service (DBS).

We saw an induction checklist that was used to ensure all checks had been completed and that employees had been made aware of various procedures including patient confidentiality, handling of data, fire safety and how to raise concerns.

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

We spoke to a recently recruited member of staff and they described notably good training arrangements, with structured progression and training. They felt they were well supported in their role.

There were appropriate appraisal and peer review arrangements in place and regular management meetings to identify any training needs.

We did not find sufficiently robust systems in place for monitoring compliance with mandatory training requirements, to identify when training was due and maintaining records to show compliance.

**The registered manager must ensure that robust systems are put in place to identify and monitor compliance with mandatory training requirements.**



## 4. Next steps

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

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

The improvement plans should:

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

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

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

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

## Appendix A - Summary of concerns resolved during the inspection

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

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

## Appendix B - Immediate improvement plan

**Service:** FACE clinic

**Date of inspection:** 13 November 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 issues were identified on this inspection.					

## Appendix C - Improvement plan

**Service:** FACE clinic

**Date of inspection:** 13 November 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.	There was a health and safety policy in place but no associated risk assessment.	The registered manager must ensure that a health and safety risk assessment is carried out and reviewed regularly.	The Independent Health Care (Wales) Regulations 2011, Regulation 9	Health and Safety risk assessment will be carried out in January 2026	Shellie Jones	January 2026
2.	There was potential for public access to the waste bin storage area.	The registered manager should identify means to secure the clinical waste bin, to prevent unauthorised removal.	The Independent Health Care (Wales) Regulations 2011, Regulation 9	Leasehold restrictions prevent chaining the waste bin to the building. However, the risk is mitigated by the bin being kept locked at all times, and access restricted by other waste bins and a gate.	Shellie Jones	December 2025

				In addition, no sharps are stored in the external bin as these are kept indoors and collected directly from the clinic.		
3.	Servicing of one laser unit was overdue	The registered manager must ensure that appropriate servicing and maintenance of the overdue laser unit is carried out.	The Independent Health Care (Wales) Regulations 2011, Regulation 9	Service engineer booked January 2026	Joanne Roberts	January 2026
4.	There was a range of policies and procedures in place. We recommended that these be signed by staff to confirm they had read and understood them.	The registered manager should ensure that all staff sign policies and procedures to confirm they have read and understood them.	The Independent Health Care (Wales) Regulations 2011, Regulation 9	All staff have signed policies which have been printed and are kept in the staff room for perusal	Shellie Jones	December 2026
5.	We did not find sufficiently robust systems in place for monitoring compliance with mandatory training requirements, to identify when training was due and	The registered manager must ensure that robust systems are put in place to identify and monitor compliance with mandatory training requirements.	The Independent Health Care (Wales) Regulations 2011, Regulation 20	Training Matrix in place to note training records and dates  Training certificates are kept on the one drive in the cloud	Shellie Jones	January 2026

maintain records to show compliance.					
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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):** Shellie Jones

**Job role:** Practice Manager

**Date:** 17<sup>th</sup> December 2025