Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

CosmeticliniC, Caerphilly

Inspection date: 03 December 2025

Publication date: 05 March 2026

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83745-187-6

© Crown copyright 2026

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.

Contents

1. What we did 5

2. Summary of inspection 6

3. What we found 9

Quality of Patient Experience 9

Delivery of Safe and Effective Care 11

Quality of Management and Leadership 16

4. Next steps 17

Appendix A – Summary of concerns resolved during the inspection 18

Appendix B – Immediate improvement plan 20

Appendix C – Improvement plan 21

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 CosmeticliniC, Bedwas Health Centre, Caerphilly on 03 December 2025.

The inspection was conducted by two HIW healthcare inspectors.

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

Patients had a full consultation and were provided with sufficient information both before and after treatment to enable them to make informed decisions.

The clinic had recently moved from the first floor to the ground floor which improved accessibility for patients with impaired mobility. All patients who responded to the HIW questionnaire rated the service as very good.

This is what we recommend the service can improve:

- To develop a chaperone policy
- To ensure informed consent is always recorded at each visit where treatment is provided
- To review the consent policy to include the procedure to be followed when a patient lacks capacity to consent to treatment.

This is what the service did well:

- Treating patients with dignity and respect
- Active request for patient feedback after treatment with lots of positive reviews seen on the clinic website.

Delivery of Safe and Effective Care

Overall summary:
The clinic appeared well maintained and equipped to provide the services they are registered to deliver. All areas appeared to be very clean. We found suitable arrangements in place for the removal of clinical waste.

There was a valid fire risk assessment in place, and we found emergency exit routes well signposted and free from obstructions. Fire extinguishers had been serviced within the last year and a new sprinkler system installed. However, the fire detection equipment was not tested regularly.

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

We found an unregistered intense pulse light (IPL) machine at the clinic although we saw no evidence this had been used on patients. We advised the registered manager to ensure this was registered before providing IPL treatments.

We found infection prevention and control, fire safety awareness and first aid training was not up to date. These were completed immediately following the inspection. A suitable first aid kit was not immediately available, with a replacement kit ordered during the inspection.

Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

This is what we recommend the service can improve:

- To conduct a health and safety risk assessment at the clinic
- To display warning signage for trip hazards
- To review the safeguarding policies to include the contact details of the local safeguarding teams
- Daily laser machine 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 clean and tidy
- Up-to-date electrical installation testing, Portable Appliance Testing (PAT) and gas safety checks in place.

Quality of Management and Leadership

Overall summary:
CosmeticliniC is owned by the registered manager who was also the sole laser operator. The registered manager was enthusiastic and knowledgeable of the treatments offered at the clinic and was found to be very committed to providing high quality patient care.

We found a wide range of policies in place to help standardise the clinic processes and operations. However, we considered the safeguarding and consent policies each required more detail.

There was an appropriate written complaints procedure in place. However, there was only one complaint logged on file which related to a healthcare fraud scam.

This is what we recommend the service can improve:

- To register the IPL machine with HIW prior to providing treatment using this machine.

This is what the service did well:

- Enthusiastic, friendly and knowledgeable registered manager.

3. What we found

Quality of Patient Experience

Dignity and respect
CosmeticliniC had one laser treatment room situated on the ground floor. The clinic appeared to be clean, tidy and uncluttered. The treatment room had a lockable door where patients could change in private. Towels were available for patients to use during treatments to protect their dignity.

Patient consultations were conducted in a separate office to ensure patient confidentiality. We were told that chaperones were permitted although there was no policy explaining how this service would be provided.

The registered manager must develop a chaperone policy and provide a copy to HIW when complete.

All six respondents to the HIW patient questionnaire said that they were treated with dignity and respect and that measures were taken to protect their privacy.

Communicating effectively
We reviewed the clinic statement of purpose and patients' guide and found both to be compliant with the regulations. We found the patients' guide contained a summary of the complaints procedure and terms and conditions of treatment, with treatment costs signposted to a separate price list. We also found the price list was displayed in the clinic reception and on the clinic website. We were advised that the cost of treatment was fully explained during the consultation process, and we found that this was recorded within the consent document and countersigned by the patient.

There were no Welsh speaking staff employed at the clinic, with no provision for translation services. We were informed that if they could not understand the patient sufficiently, then treatment could not be carried out.

Appointments for consultations and treatment could be arranged by email via a website link, by text or by telephone.

Patient information and consent
We reviewed the laser treatment register as required by the regulations and found this to be clear, well organised and easy to follow, although we found two

duplicated entries within the register. We discussed the importance of taking more care when completing the register to avoid potential errors.

During the inspection we reviewed a sample of five patient records and found that appropriate patient identifiers were used. There were individual notes about each subsequent treatment provided which were signed by the patient to indicate that continued consent had been given. However, we found several instances where ongoing consent was missing.

The registered manager must ensure informed consent is always recorded in patient records at each visit where treatment is provided.

We found the clinic had an up-to-date written consent policy in place, which included an assessment of the capacity of patients to provide consent. However, there was little detail regarding the clinic procedure when it is established that a patient lacks this capacity.

The registered manager must review the consent policy to include more detail of the procedure to be followed when it is established that a patient lacks capacity to consent to treatment.

Care planning and provision
We saw evidence that patients were given a full consultation prior to agreeing to any treatments which included the risks and benefits of that treatment. We were told pre-treatment and aftercare guidance was provided to all patients. We were assured that patients were being provided with enough information to make an informed decision about their treatment.

We found evidence within the records that patients were given a patch test prior to commencing a course of treatment to help determine the likelihood of any adverse reactions.

All six respondents to the HIW patient questionnaire said that they were given enough information to understand the treatment options, and their risks and benefits, and that the cost of the course of treatment was made clear to them. Five respondents confirmed that they were given aftercare instructions and guidance about what to do in the event of an infection. The other respondent skipped these questions.

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 upheld with

preferred names and pronouns used as requested. We found a suitable equality and diversity policy in place at the time of the inspection

There was level access into the building from the street with a ramp installed inside the clinic to provide wheelchair access to the treatment rooms and patient toilet.

Citizen engagement and feedback
We were told that patient feedback was requested after treatment and that patients were directed to the feedback button on the clinic website. Feedback was also obtained through online reviews. We saw a lot of reviews posted on the clinic website, all of which were positive.

The registered manager advised that feedback is assessed and analysed on an ongoing basis. We were told that the clinic had moved from the first floor to the ground floor to accommodate patients with impaired mobility. Due to largely positive feedback, we were told that there were no suggestions made by patients for consideration.

All six respondents to the HIW patient questionnaire rated the service as very good.

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 and waiting room along with separate rooms for laser treatment and other services offered. The laser treatment room was clean and comfortable and was suitably equipped.

The practice manager was unable to provide a health and safety risk assessment to demonstrate how the clinic has assessed and mitigated any such hazards. We noted a low, raised area and a short ramp at the entrance to the hallway leading to the treatment rooms, both of which presented trip hazards to anyone who was unaware.

The registered manager must:

- **Arrange for a health and safety risk assessment to be completed at the clinic and provide a copy to HIW as evidence**
- **Display suitable warning signage for any hazards identified, including those found as part of the inspection.**

We confirmed that both the five-yearly Electrical Installation Condition Report (EICR) and the Portable Appliance Testing (PAT) had been completed recently. Gas safety certificates for the premises were issued within the last 12 months.

We inspected the fire safety arrangements at the clinic which included an up-to-date fire risk assessment. The fire exits were clearly signposted and unobstructed, while fire extinguishers were available and had been serviced within the last year. The practice had a full fire sprinkler system installed. However, we found that regular checks of the fire alarm system were not currently carried out.

The registered manager must arrange for regular checks of the fire detection equipment and maintain a log as evidence.

We also found that fire safety awareness training had not been completed. We raised this issue immediately with the registered manager who completed the course immediately following the inspection.

Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

We reviewed first aid arrangements at the clinic but found that up-to-date first aid training was not completed. We also found that the clinic did not have a suitable first aid kit available. We raised these issues immediately with the registered manager who ordered a new first aid kit at the time of the inspection. First aid training was arranged and completed shortly following the inspection.

Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

Infection prevention and control (IPC) and decontamination
We considered the clinic to be visibly clean and tidy with furnishings and equipment all in good condition and surfaces easily wipeable. The registered manager described suitable clinical infection control processes. While there was a comprehensive infection prevention and control policy in place, the registered manager was unable to provide evidence that relevant training had been completed. We raised this issue immediately with the registered manager who completed the course immediately following the inspection.

Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

All six respondents to the HIW patient questionnaire said in their opinion, infection and prevention control measures were being followed and rated the setting as very clean.

We found that a suitable contract was in place for the collection and disposal of clinical waste. Clinical waste was stored within the premises while awaiting collection. However, this was in an area that was easily accessible to patients. We raised this issue with the registered manager who immediately moved the waste to a locked room during the inspection.

Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

Safeguarding children and safeguarding vulnerable adults
The clinic was registered to provide treatment to patients aged 18 and over. We found evidence that safeguarding training had been completed and was in date. The registered manager had online access to the Wales Safeguarding Procedures. However, we found the clinic safeguarding policies for both adults and children to be lacking in detail including contact information for the local safeguarding teams.

The registered manager must review the policies for safeguarding children and vulnerable adults to ensure they are comprehensive and relevant to the clinic

and include the appropriate contact details for the local safeguarding teams. A copy is to be provided to HIW when complete.

Medical devices, equipment and diagnostic systems
We saw that the laser machine was the same as registered with HIW and that the annual service and calibration checks were in date where required. We also found that the clinic had acquired an intense pulsed light (IPL) machine. We were told this had not been used on patients and saw no evidence to suggest otherwise. We discussed ensuring that this additional machine is registered with HIW before providing any treatments to patients.

There was a contract in place with a Laser Protection Advisor (LPA), who had completed a comprehensive risk assessment for the laser. Local rules detailing the safe operation of the laser machine were available and reviewed within the last year. We found up-to-date treatment protocols approved by an expert medical practitioner also available.

We were told 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.

Safe and clinically effective care
Eye protection was available for patients and the laser operator. These were found to be clean and in a good condition. and consistent with the requirements specified in the local rules.

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

Participating in quality improvement activities
We saw evidence of audits conducted at the clinic. We were told that the service monitors industry relevant information and reviewed feedback although no themes had been identified. However, there was no documented system in place to assess the quality of service provided in accordance with the regulations. This would also include consideration of 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
Suitable processes were described to prevent unauthorised access to personal data by third parties. We found the data retention periods and disposal arrangements to be appropriate.

Whilst we found appropriate arrangements were in place at the clinic to ensure the patient records were kept securely at the service, the registered manager was unable to provide treatment records for one patient when requested.

The registered manager must ensure that the data retention and filing processes at the clinic are robustly applied to enable effective storage and retrieval of patient data.

Quality of Management and Leadership

Governance and accountability framework
CosmeticliniC is owned and run by the registered manager who was also the sole laser operator. We saw that the HIW registration certificate and the conditions of registration were displayed as required by the regulations. We found current public liability insurance was in place.

We looked at a range of policies and procedures. We were told that the policies were provided by the LPA and that the registered manager would review and amend these as necessary to ensure they were relevant to the clinic. Apart from adding further details to the safeguarding and consent policies, we found these to be appropriate.

Dealing with concerns and managing incidents
The clinic had a written complaints procedure available which was summarised in the statement of purpose and patients' guide. This indicated that all complaints would be acknowledged and resolved within specified time frames. We were told that all complaints were recorded in a complaints file. At the time of the inspection there was only one complaint logged on file, which was found to be related to a scam.

Workforce recruitment and employment practices
As the only person employed at the clinic is the registered manager there were no workforce recruitment or employment practices in relation to employees.

Workforce planning and training
We saw evidence that the registered manager had completed Core of Knowledge training and manufacturer training in the use of the laser machine. However, they were unable to provide evidence of training for the use of the IPL machine. We discussed ensuring this additional training was completed prior to commencing treatments with this machine.

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 that fire safety awareness training had not been completed.	Patients were potentially at risk in the event of a fire.	We raised this immediately with the registered manager.	Relevant fire safety training was completed immediately following the inspection.
We found that up-to-date first aid training was not completed.	Patients were potentially at risk in event of an emergency or accident.	We raised this immediately with the registered manager.	First aid training was booked and completed shortly following the inspection.
The clinic did not have a suitable first aid kit.	Patients were potentially at risk in event of an injury or accident.	We raised this immediately with the registered manager.	A new first aid kit was ordered on the day of the inspection.
We found that infection prevention and control training had not been completed.	Patients were potentially at risk of exposure to infection.	We raised this immediately with the registered manager.	Relevant infection prevention and control training was completed immediately following the inspection.

We found clinical waste stored in an area easily accessible to patients.	Patients were potentially at risk of exposure to infection.	We raised this immediately with the registered manager.	Clinical waste was moved to a locked room at the clinic.

Appendix B - Immediate improvement plan

Service: CosmeticliniC

Date of inspection: 03 December 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
No immediate improvement plan was required for this inspection.				

Appendix C - Improvement plan

Service: CosmeticliniC

Date of inspection: 03 December 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 develop a chaperone policy and provide a copy to HIW when complete.	Regulation 15(1)(a) & (b)	A suitable policy has been drafted and enclosed for reference.	Dr Kaushal	Completed
The registered manager must ensure informed consent is always recorded in patient records at each visit where treatment is provided.	Regulation 9(4)(b)	The existing policy has been reviewed and updated, enclosed for reference.	Dr Kaushal	Completed
The registered manager must review the consent policy to include more detail of the procedure to be followed when it is	Regulation 9(4)(c)	The existing policy has been reviewed and updated, enclosed for reference.	Dr Kaushal	Completed

established that a patient lacks capacity to consent to treatment.				
The registered manager must: • Arrange for a health and safety risk assessment to be completed at the clinic and provide a copy to HIW as evidence • Display suitable warning signage for any hazards identified, including those found as part of the inspection.	Regulation 19(1)(b)	The Clinic will undertake its annual Health and Safety Risk Assessment in Jan 2026 – and a copy of the assessment shall be forwarded to HIW. Any actions including signage/warnings for any identified hazards shall be actioned following the audit.	Dr Kaushal	Feb 2026
The registered manager must arrange for regular checks of the fire detection equipment and maintain a log as evidence.	Regulation 26(4)(a)	These checks shall be completed, and records shall be maintained onsite.	Dr Kaushal	Feb 2026
The registered manager must review the policies for safeguarding children and vulnerable adults to ensure they are comprehensive and relevant to	Regulations 16(1)(a) & (b)	The existing policy has been reviewed and updated, enclosed for reference.	Dr Kaushal	Completed

the clinic and include the appropriate contact details for the local safeguarding teams. A copy is to be provided to HIW when complete.				
The registered manager must ensure daily laser machine checks are conducted and recorded.	Regulation 15(2)	In view of the fact that the Laser system is not used on a daily basis, the Clinic undertakes a check on the system on the days that it is utilised. This includes machine start up checks and in conjunction with the Laser Logbook, to ensure calibration.	Dr Kaushal	Completed
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	In addition to the accurate keeping of records and promptly addressing any issues, the clinic also undertakes a feedback modality via a questionnaire with its clients on an annual basis to assess perceived quality and provision of services. All data acquired is reviewed by the Clinic.	Dr Kaushal	Completed
The registered manager must ensure that the data retention and filing processes at the clinic are robustly applied to enable	Regulation 23(3)(b)	The filing system has been reviewed by the Clinic. All Patient records are now available and retrievable as required by the relevant regulations.	Dr Kaushal	Completed

effective storage and retrieval of patient data.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Dr S Kaushal

Job role: Registered Manager

Date: 26/01/2026