

Independent Healthcare Inspection Report (Announced)

The Skin Girl, St Mellons

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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

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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 Skin Girl on 16 December 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 11 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 the service demonstrated a strong commitment to providing safe, respectful, and person-centred care. Patient feedback was consistently positive, with individuals reporting high satisfaction with the quality of care and professionalism of staff.

The environment was welcoming and inclusive, and patients told us staff upheld their dignity and respected their individual needs. Privacy during consultations and treatments was maintained, and appropriate facilities were available to support patient comfort and confidentiality.

Patients were fully informed of the benefits and risks of treatment, with verbal explanations and written materials provided. Informed consent was clearly documented, and relevant pre-treatment checks were routinely carried out.

The clinic had clear systems for communication, offering information in a range of accessible formats and providing flexible contact options, including for those without digital access.

This is what we recommend the service can improve:

- The treatment register did not include the operator's name and signature, the equipment details or the specific area treated
- There was no equality and diversity policy in place at the time of the inspection.

This is what the service did well:

- Patients reported being treated with dignity and respect
- Patient-centred communication and consent
- Proactive patient engagement and feedback.

Delivery of Safe and Effective Care

Overall summary:

The clinic was well maintained inside and out, with appropriate security measures. The laser treatment room was organised, equipped, and supported infection prevention.

Health and safety arrangements were in place. Electrical wiring had been inspected within five years, and Portable Appliance Testing (PAT) was up to date. Fire safety measures were satisfactory, including clear exits, serviced extinguishers, and regular testing of detection equipment. A written fire risk assessment and training were confirmed, but evidence of first aid training was missing.

Risk assessments for Intense Pulsed Light (IPL) machines had been completed by a Laser Protection Adviser (LPA). Infection prevention and control procedures were robust, with regular cleaning and a contract for safe clinical waste disposal. However, the external clinical waste bin was not secured to a fixed point.

Safeguarding policies for adults were in place and reviewed annually, but the registered manager had not provided evidence of current safeguarding training. No children were allowed on the premises.

This is what we recommend the service can improve:

- Safeguarding training
- First aid training
- Clinical waste bin security.

This is what the service did well:

- Environment and infection control
- Safe use of IPL equipment.

Quality of Management and Leadership

Overall summary:

The registered manager owned and managed the clinic and took responsibility for all aspects of service delivery, including clinical standards, staffing, record-keeping, and compliance. Policies and procedures were in place, up to date, and regularly reviewed.

The clinic had not received any formal complaints but actively sought patient feedback through its booking system. A written complaints procedure was available, and summaries were included in the statement of purpose and patient guide. However, these summaries did not specify timeframes for acknowledging and responding to complaints.

The service had clear procedures for managing significant incidents and followed the required notification protocols. The registered manager had a current DBS check and had completed core of knowledge and equipment-specific training. Evidence of ongoing professional development was also provided.

This is what we recommend the service can improve:

- Incomplete complaints procedure.

This is what the service did well:

- Clear governance and accountability
- Commitment to laser specific training and development.

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

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection, we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received 11 responses. All patients who completed a questionnaire rated the service provided as very good.

Patient comments included:

"Fabulous staff"

Health protection and improvement

The registered manager told us the clinic took an active role in promoting health during consultations and treatment sessions. Practitioners routinely used patient interactions as opportunities to signpost individuals to relevant healthcare professionals and services, such as general practitioners or dermatologists when broader health needs were identified.

Dignity and respect

The clinic was closed to patients on the day of the inspection. However, all individuals who completed the HIW questionnaire strongly agreed that they were treated with dignity and respect by staff, and that appropriate measures were in place to safeguard their privacy during appointments.

We were told staff members routinely greet patients at the front door and escort them to the waiting area. The registered manager stated that consultations were carried out in the treatment room to ensure confidentiality. The waiting area is located away from the treatment room, providing an environment where confidential conversations and clinical discussions are protected from being overheard.

The laser treatment room was situated on the ground floor and we noted it was clean, well maintained, and free of clutter. The registered manager confirmed that patients were able to change in the lockable treatment room and that staff members left the room to maintain privacy and dignity. Robes were made available for patient use during treatments.

Patient information and consent

Staff described a comprehensive approach to patient consultations, during which individuals were given both verbal explanations and printed information about the treatments available. This information covered the intended benefits of treatment, as well as the potential risks and any limitations.

Consent for treatment was documented either on paper or within the service's electronic patient record system. Paper consent forms were stored securely alongside individual patient records, and the digital system was password-protected to ensure confidentiality and compliance with data protection requirements.

All patients who completed the HIW patient questionnaire confirmed that a patch test had been carried out, if appropriate, prior to treatment and that their medical history had been reviewed. Staff confirmed that medical history checks were a standard part of the consultation process and were repeated before the commencement of any new treatment course or session.

An up-to-date written policy on obtaining informed consent was in place.

Communicating effectively

The clinic had a website that provided information about its services and contact details. A printed statement of purpose was available to patients on request. A patient guide was freely available in the waiting room.

Information was provided in accessible formats. Large print and an easy-read version could be requested. Patients could contact the service by phone, text message or through the website. For patients without digital access, arrangements were in place to book appointments and communicate information over the phone.

An up-to-date written policy on the provision of information to patients was available and had been reviewed in September 2025.

The registered manager reported that patients were offered free initial consultations, during which staff provided comprehensive information to support informed decision-making. This included details about treatment options, what the treatment would involve, and any necessary post-treatment care. The clinic also placed emphasis on ensuring patients were made fully aware of the costs of treatments and services at the time of booking or consultation, including available payment options.

Care planning and provision

We saw evidence that patients were given a full consultation before agreeing to any treatment. This included details of the risks and benefits. Copies of treatment

information, including aftercare guidance, were provided to all patients. We were assured that patients received enough information to make an informed decision about their treatment.

We reviewed five patient records, and confirmed that, where appropriate, patients underwent a patch test prior to the start of a treatment course. This helped determine the likelihood of any adverse reactions.

The clinic maintained a combined treatment register for all laser units, which included essential information such as a patient identifier, the date and type of treatment, treatment parameters, and practitioner comments. While the presence of this register provided a useful overview of laser activity and supported traceability, there were notable gaps in the information recorded. The name and signature of the laser operator were not included. Similarly, the register did not include the name or type of equipment used, although this information was recorded separately within the clinical record system.

We also observed that the treatment register did not consistently specify the anatomical area treated. Instead, the register referred to locally defined packages of treatment areas.

The registered manager must take steps to enhance the completeness and accuracy of the treatment register in line with the British Medical Laser Association (BMLA) Essential Standards.

Equality, diversity and human rights

We were assured that the clinic was an inclusive environment irrespective of any protected characteristic and that all staff and patients were treated fairly. We were told that the human rights of transgender patients would be actively upheld with preferred names and pronouns used as requested. However, there was no equality and diversity policy or training available at the time of the inspection.

The registered manager should develop and implement an equality and diversity policy.

Citizen engagement and feedback

The clinic sought feedback from patients about their experience of using the service. This was done through an automatic request on the booking application and staff reported that they routinely asked patients for verbal feedback after treatments.

During the inspection, inspectors reviewed the feedback available via the booking application and found that all comments were positive, reflecting high levels of satisfaction with the care provided. Comments included praise for staff professionalism, clear communication, and the overall patient experience. The clinic made this feedback visible to other patients through the booking system.

Delivery of Safe and Effective Care

Environment

We found the building to be visibly well maintained both internally and externally. Suitable security measures were in place to prevent unauthorised access. The clinic consisted of a waiting room and separate treatment rooms for laser treatment and other services. The laser treatment room appeared well organised and appropriately equipped. Inspectors noted that the room supported infection prevention measures and safe storage of equipment.

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.

Evidence confirmed that the electrical wiring had been inspected within the past five years. In addition, Portable Appliance Testing (PAT) had been carried out recently, with stickers visible on all relevant electrical appliances, demonstrating that equipment used in patient care had been tested and deemed safe for use.

We inspected the fire safety arrangements at the clinic. We saw that fire exits were clear and signposted and that fire extinguishers had been serviced within the last year. We were told that testing of fire detection equipment was regular and logged. In addition, the registered manager provided a written fire risk assessment and had completed up-to-date fire safety training.

‘No Smoking’ signs were clearly displayed at entry points to the building. We were told that staff knew their responsibilities in the event of an emergency. A first aid kit was available and we found all items were in date. However, the registered manager had not provided evidence of first aid training. The registered manager resolved this on the day of the inspection by booking all staff on the required training. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We found suitable risk assessments for the use of the laser machines had been conducted by a Laser Protection Advisor (LPA).

Infection prevention and control (IPC) and decontamination

The clinic provided inspectors with a comprehensive IPC policy, which outlined procedures for maintaining hygiene standards and reducing the risk of infection transmission. The registered manager gave a clear account of the clinic’s clinical cleaning routines, which included regular cleaning of high-contact surfaces.

We reviewed arrangements for the disposal of clinical waste. A suitable contract was in place for the collection and safe disposal of clinical waste. Clinical waste was stored in a locked bin located outside the premises. However, it was noted that the external clinical waste bin was not secured to a fixed point in the designated waste collection area.

The service should ensure that the clinical waste bin is secured to a fixed point in the designated waste collection area.

Safeguarding children and safeguarding vulnerable adults

The clinic was registered to treat patients aged 18 years and over, and the registered manager confirmed this was complied with. We were told that no children were allowed on the premises.

We reviewed the clinic's safeguarding policy, which was found to be in place and subject to annual review. This policy outlined key responsibilities and reporting procedures in the event of any safeguarding concerns involving adults at risk. A whistleblowing policy was also available.

While policies were in place, the registered manager was unable to provide evidence that they had completed up-to-date safeguarding training at the time of inspection.

The registered manager must ensure all staff complete appropriate safeguarding training.

Medical devices, equipment and diagnostic systems

We confirmed that the laser machines in use matched the details provided in the service's registration with Healthcare Inspectorate Wales, and all devices appeared to be in good condition, with no visible signs of damage or defects.

The clinic held a current contract with a certified Laser Protection Adviser (LPA), and inspectors reviewed the associated local rules for the safe operation of the laser equipment. These local rules had been reviewed within the previous year and were accessible to staff. In addition, up-to-date medical treatment protocols were available, having been approved by a suitably qualified expert medical practitioner.

Safe and clinically effective care

Appropriate personal protective equipment (PPE) was in place, including suitable eye protection for both patients and operators. This equipment was stored safely and reported to be subject to regular checks to ensure functionality and cleanliness.

All authorised operators had appropriate and up to date training in the use of the specific laser units and general Core of Knowledge training.

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

Participating in quality improvement activities

The registered manager demonstrated a good knowledge and understanding of the treatments provided. They described the importance of post-treatment observations and follow-up with patients to help provide improved, individualised care throughout a course of treatment.

Patient feedback was actively encouraged through both verbal and digital channels, and the registered manager confirmed that this information was reviewed on a regular basis. This feedback was used constructively to inform service improvements and maintain high levels of patient satisfaction.

Records management

A combination of paper-based and electronic records was in use, with paper records stored securely in a lockable cabinet and electronic records held within a password-protected clinical record system. The registered manager described appropriate processes and retention periods for managing and disposing of records.

A sample of five patient records was reviewed during the inspection. Each record demonstrated a high standard of documentation, reflecting well-maintained and individualised records that supported the delivery of safe, person-centred care. All records were found to be clear, legible, and detailed.

Quality of Management and Leadership

Governance and accountability framework

The Skin Girl was owned and managed by the registered manager. The registered manager confirmed that they were responsible for all aspects of service delivery, including oversight of clinical standards, staffing, record-keeping, and regulatory compliance.

The clinic's HIW registration certificate and associated conditions of registration were displayed in the premises. The clinic also had appropriate insurance cover in place, with current employers' and public liability insurance certificates available for inspection.

We reviewed a range of policies and procedures covering key operational and clinical areas. These documents were found to be up to date and reviewed on a regular basis.

Dealing with concerns and managing incidents

At the time of inspection, the registered manager advised that no formal complaints had been received. However, the clinic actively sought feedback from patients through the online booking system, and this was routinely reviewed to monitor satisfaction and address any emerging concerns informally.

A written complaints procedure was in place, and a summary of this process was included in both the clinic's statement of purpose and the patients' guide. These documents identified the responsible person for handling complaints and provided patients with contact details for Healthcare Inspectorate Wales (HIW) should they wish to escalate a concern externally. However, the summary did not include specific timeframes for acknowledging and addressing complaints.

The registered manager should update the complaints procedure, the statement of purpose and patient's guide summaries to include clear time frames for acknowledging and addressing complaints.

In relation to incidents and adverse events, the service had a procedure in place for identifying, reporting, and managing significant events. This included the necessary notification requirements.

Workforce recruitment, planning and training

At the time of the inspection, the registered manager provided evidence of a current Disclosure and Barring Service (DBS) check. The registered manager had completed relevant core of knowledge training, as well as specific training on the

laser machines used within the setting. In addition, the registered manager actively engaged in further professional development and training to maintain and update their skills and knowledge. We were shown evidence of this ongoing learning.

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
The registered manager had not provided evidence of first aid training.	Patients and visitors were potentially at risk in the event of an emergency or accident	We raised this immediately with the registered manager.	They had booked onto a first aid training course during the inspection and provided evidence of this.
The registered manager had not provided evidence of infection prevention and control training.	Patients and visitors were potentially at risk of cross-infection between patients and staff.	We raised this immediately with the registered manager.	They had booked onto an infection prevention and control course during the inspection and provided evidence of this.

Appendix B - Immediate improvement plan

Service: The Skin Girl

Date of inspection: 16 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. There was no immediate non-compliance issues identified on this inspection.					

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:

Appendix C - Improvement plan

Service: The Skin Girl

Date of inspection: 16 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. While the presence of a treatment register provided a useful overview of laser activity and supported traceability, there were notable gaps in the information recorded.	The registered manager must take steps to enhance the completeness and accuracy of the treatment register in line with the British Medical Laser Association (BMLA) Essential Standards.	The Independent Health Care (Wales) Regulations 2011 Regulation 23, Regulation 45.	To add more relevant criteria requested	RC	This was implemented the next working day following the visit. Completed
2. There was no equality and diversity policy available at the time of the inspection.	The registered manager should develop and implement an equality and diversity policy.	The Independent Health Care (Wales) Regulations 2011 Regulation 18.	Policy complete and filed along with all other paperwork	RC	Completed

3.	It was noted that the external clinical waste bin was not secured to a fixed point in the designated waste collection area.	The service should ensure that the clinical waste bin is secured to a fixed point in the designated waste collection area.	The Independent Health Care (Wales) Regulations 2011 Regulation 19.	Metal chain and padlock to railings now in place. Since changing recently to a new contractor we were issued this external bin.	RC	Completed
4.	The registered manager was unable to provide evidence that they had completed up-to-date safeguarding training at the time of inspection.	The registered manager must ensure all staff complete appropriate safeguarding training.	The Independent Health Care (Wales) Regulations 2011 Regulation 19, Regulation 20, Regulation 21.	Safe guard training had been completed prior to Policy procedure completed by RC. This was given to HIW during application- this was however a free course so I new course will have to be completed in order to supply a certificate.	RC	28 FEB 26
5.	The complaints procedure, the statement of purpose and patient's guide summaries did not include specific timeframes for	The registered manager should update the complaints procedure, the statement of purpose and patient's guide summaries to include clear time frames for acknowledging and addressing complaints.	The Independent Health Care (Wales) Regulations 2011 Regulation 24.	3 WEEK time frame added to PG and Statement of Purpose	RC	Completed

acknowledging and addressing complaints.					
acknowledging and addressing complaints.					

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): Rachael Corrigan
Job role: RM
Date: 6/2/26