

Independent Healthcare Inspection Report (Announced)

LaserWise Skin and Beauty Clinic,
Cardiff

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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:

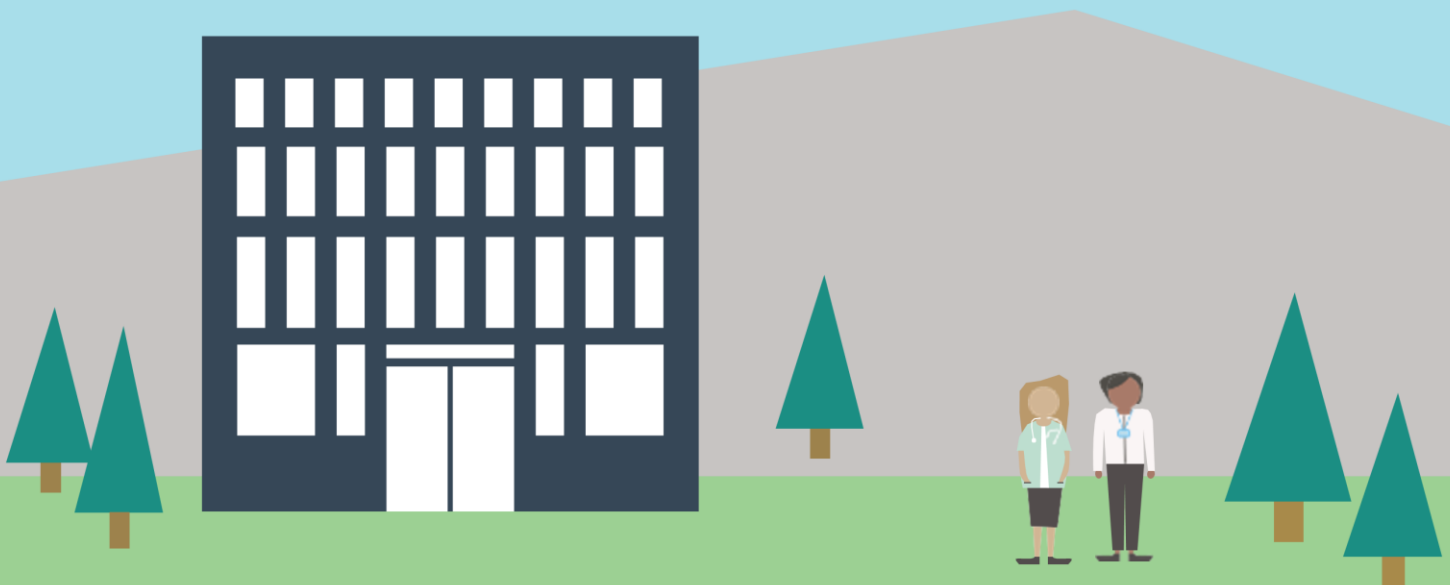
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 LaserWise Skin and Beauty Clinic, 202 Whitchurch Road, Cardiff, CF14 3NB on 08 January 2026.

The inspection was conducted by two HIW healthcare inspectors.

During the inspection we invited patients 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:

LaserWise Skin and Beauty Clinic offered a positive experience for patients in a comfortable environment. All patients who answered the question in the HIW questionnaire rated the service as very good.

Patients were provided a full consultation with appropriate pre-treatment information given. We were assured that patients received enough information about their treatment to enable them to make informed decisions. We found patient records were well managed and contained all information as necessary.

We found the clinic to be an inclusive environment and was generally accessible to patients with impaired mobility with wheelchair access to two treatment rooms.

This is what we recommend the service can improve:

- To repair the faulty lock on the treatment room door
- To develop a suitable consent policy that includes both procedures for patients under the age of 16 and where a patient lacks capacity to consent
- Staff to complete Equality and Diversity training.

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 the online booking platform 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.

We found up-to-date Portable Appliance Testing (PAT) and gas installation inspections had been carried out whilst the Electrical Installation Condition Report (EICR) was scheduled to be carried out shortly after the inspection. One of the fire exits was found to be obstructed by items in storage and was immediately decommissioned as an emergency exit during the inspection.

There was an appointed Laser Protection Advisor (LPA), up-to-date Local Rules and a risk assessment in place. Medical protocols were current and readily available. The laser and IPL machines were being serviced appropriately. Although sufficient protective eyewear was available, some spare sets were cracked and were immediately removed to prevent accidental use.

Whilst safeguarding processes were in place, the policy required an amendment to the contacts while safeguarding training for some staff had recently expired and required up-to-date training.

Immediate assurances:

- To provide HIW with evidence of actions taken to resolve each issue raised in the fire risk assessment
- All staff to complete appropriate fire safety training
- To ensure fire drills are conducted at suitable intervals and are recorded in a log.

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 infection prevention and control training to the appropriate level
- The safeguarding policy required amendment to include the relevant contact details of the local safeguarding vulnerable adults team
- Staff to complete safeguarding training to the appropriate levels.

This is what the service did well:

- Premises appeared very clean and well maintained
- Good infection prevention and control processes were described and evident
- Appropriate processes in place to ensure patient records were kept secure.

Quality of Management and Leadership

Overall summary:

LaserWise Skin and Beauty Clinic is run by the registered manager along with the clinic manager and a small team of staff. Valid employers' liability insurance was in place and displayed. There was a range of policies to help staff carry out their duties, although a few were missing while others lacked adequate version control.

A complaints procedure was in place which included suitable time frames for acknowledgment and resolution. Although reference to advocacy services was initially missing, this was added shortly following the inspection.

We found appropriate processes for the recruitment and induction of staff were in place, with Disclosure and Barring Service (DBS) checks in place for all staff employed at the clinic. The clinic conducted annual appraisals with staff training and development needs monitored and discussed.

This is what we recommend the service can improve:

- To ensure all policies contain appropriate version control.

This is what the service did well:

- Good recruitment and induction processes
- Evidence of additional relevant training undertaken.

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection we invited the setting to hand out HIW questionnaires to patients to obtain their views on the services provided at the clinic. In total, we received 15 completed questionnaires. Some patients did not answer all of the questions, and most indicated they had visited within the last two months. All respondents who answered the question in the HIW questionnaire rated the service as very good.

Patient comments included:

" Great clinic and great staff."

"Always clean, welcoming. Staff are highly professional. Staff appear to be well trained as any question I have is always answered."

"The salon is very clean and advanced. The staff are extremely professional and thorough. I feel comfortable and relaxed when I visit. I am very satisfied with the treatments and service at all times."

Dignity and respect

The clinic had three laser and IPL treatment rooms on the ground floor of the clinic. Consultations with patients were carried out within the treatment rooms to ensure confidentiality. Disposable paper underwear and towels were provided for patients to use during treatments to protect their dignity. The treatment rooms had lockable doors where patients could change in private. However, we found the lock to one door only worked from the outside.

The registered manager must repair the lock to the treatment room door so that it can be locked from the inside when in use.

The practice was registered to provide treatments to patients from age 13. We saw a policy for people under 16 which explained arrangements for consultation and treatment and the requirement to have a parent or legal guardian to be in attendance and provide consent. Patients were permitted to have a chaperone in attendance according to their wishes, although the practice did not have a chaperone policy in place. A suitable policy was drafted and supplied to HIW shortly following the inspection.

All respondents who answered the HIW questionnaire felt they were treated with dignity and respect and felt that measures were taken to protect their privacy.

Communicating effectively

We were told that staff at the clinic could speak Welsh and several other languages. The clinic had a website that provided useful information about the services on offer at the clinic including information on a wide range of skin conditions. Copies of the patients' guide and the statement of purpose were available at the reception in the clinic and were compliant with the regulations. These were only available in a standard format, although could be printed in large text if required.

A range of options were available to patients to make appointments including at reception, by telephone, email or via the clinic's website. This enabled those without digital access to arrange consultations and treatment.

The clinic price lists were available both at the premises and on their website.

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 found this linked effectively with the patient notes held on the clinic digital records management system.

We reviewed a sample of five patient records and saw that suitable patient identifiers were used. There was evidence that the medical history of patients was checked and that any potential changes were checked at each subsequent appointment. We confirmed that signed consent was obtained from each patient. However, during the inspection, the registered manager was unable to provide us with a written consent policy.

The registered manager must develop a suitable written consent policy, to include both procedures for patients under the age of 16 and where a patient lacks capacity to consent and provide a copy to HIW when complete.

Care planning and provision

All patients were given a full consultation prior to agreeing to any treatments. This included a discussion of their treatment options with the associated risks and benefits, and the expected results. We were told that a comprehensive quote would be provided to all patients following consultation and that aftercare information leaflets were provided to each patient. 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 and saw evidence of this in the patient records.

Equality, diversity and human rights

We were told that the clinic was an inclusive environment and that all staff and patients were treated fairly. The clinic had an equality and human rights policy in place, although this lacked version control. Additionally, the registered manager was unable to provide us with any evidence of training for staff in this subject.

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

We were told that the human rights of transgender patients would be actively upheld with preferred names and pronouns used as requested. There was level access into the building from the street and some level flooring on the ground floor where two treatment rooms were available. Further treatment rooms were available down a step to the other half of the ground floor. We were told that the laser machines from the lower level could be moved to the upper rooms for wheelchair users and patients with impaired mobility, if necessary. 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 social media or verbally at the clinic.

The registered manager advised that patient feedback is assessed and analysed on an ongoing basis. We saw evidence that they conducted an annual feedback review as part of their quality improvement activities.

Delivery of Safe and Effective Care

Managing risk and health and safety

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

We saw that Portable Appliance Testing (PAT) had been completed recently, and a current gas safety certificate was in place. However, we found that the five yearly Electrical Installation Condition Report (EICR) was out of date, although the registered manager provided evidence that a new inspection was booked for the following week.

The registered manager must provide HIW with a copy of the Electrical Installation Condition Report (EICR) once complete.

We inspected the fire precautions at the clinic and found that alarms were checked frequently and that extinguishers had been serviced in the last year. There were numerous fire exits which were signposted, although we found one was obstructed by boxes. Due to the proximity of other available fire exits, this fire exit was decommissioned and the signage removed at the time of the inspection.

Our concern regarding this was raised with the registered manager. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We requested to see evidence that fire drills were being conducted at suitable intervals, to ensure staff are aware of the procedure to be followed in case of a fire. However, the registered manager was unable to provide such records and confirmed that drills were both infrequent and not recorded. A comprehensive fire risk assessment was provided, although we found that many of the recommended actions that it contained had not been resolved. Furthermore, we found that fire safety awareness training for all staff members had expired.

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](#).

A first aid kit was readily available for use in event of an accident or injury. We found one member of staff had completed up to date first aid training and discussed the need to ensure there was always appropriate first aid cover at the clinic. Additional staff training was completed and certificates supplied to HIW shortly following the inspection.

Infection prevention and control (IPC) and decontamination

We observed all areas to be visibly clean, largely free of clutter with furniture and fixings in good condition. Suitable cleaning processes were described for the equipment and treatment rooms, while appropriate arrangements were in place for the safe storage and disposal of the waste generated by the clinic.

We saw a comprehensive IPC policy in place to help staff ensure implement the correct cleaning processes. However, we found that IPC training had not been completed by staff employed at the clinic.

The registered manager must ensure all staff complete IPC training at the appropriate level and provide copies of the training certificates to HIW.

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

The clinic had a dedicated safeguarding lead appointed who had access to the latest guidelines via the Wales Safeguarding Procedures mobile app. We saw the clinic had a safeguarding policy which was aligned with the Wales Safeguarding Procedures, although the vulnerable adults contact details appeared to be for a different area.

The registered manager must ensure the safeguarding policy contains the appropriate safeguarding contact details for the area they serve.

We reviewed staff compliance with safeguarding training and found that training had recently expired for three staff members.

The registered manager must ensure that up-to-date training for the safeguarding of children and vulnerable adults is completed by all staff and provide copies of the training certificates to HIW when complete.

Medical devices, equipment and diagnostic systems

We inspected the lasers and IPL machines and found these to be the same as registered with HIW. We saw evidence that regular service maintenance had been carried out and that daily laser equipment and systems checks were carried out.

We found a current contract in place with a Laser Protection Advisor (LPA) who had prepared a detailed LPA risk assessment for each of the laser and IPL treatment rooms. Up-to-date local rules detailing the safe operation of the laser and IPL machines were available, along with comprehensive medical treatment protocols for each machine, that were each signed by an expert medical practitioner.

Safe and clinically effective care

Suitable 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 cracked. The registered manager immediately removed the damaged eyewear 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](#).

We saw appropriate signs on the outside of the treatment room to warn of the presence of the laser and IPL machines. We found suitable arrangements were in place secure the machines when not in use.

We inspected staff training records and found that the authorised operators had completed Core of Knowledge training and device specific training relating to the lasers and IPL machines at the setting.

Records management

We saw that both paper and digital 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

LaserWise Skin and Beauty Clinic is run by the registered manager and the clinic manager with a small team of dedicated staff. There was a clear management structure in place. We saw that the current employer's liability insurance certificate and the HIW certificate of registration, along with associated conditions of registration were clearly displayed as required by the regulations.

There was a range of policies and procedures in place and subject to regular reviews. We were told that staff were actively involved in developing and implementing these. We saw a policy index was used to manage these policies and to ensure that staff signed and dated to confirm they had read and understood these policies. However, we found that some policies, such as equality and diversity, lacked any version control, while another contained incorrect details.

The registered manager must ensure that all policies contain an appropriate version control that is accurate and includes dates of commencement and review, and the name of the person is responsible for the policy.

Dealing with concerns and managing incidents

There was a suitable complaints procedure in place which was readily available to patients from the reception. This included the title of the person responsible for handling the complaints and indicated suitable timescales for acknowledging and responding to complaints. Contact details for other organisations were available should a complainant wish to escalate a concern. However, there was no reference to third party advocacy services that could assist patients in raising concerns. The policy was amended as necessary and a copy supplied to HIW shortly following the inspection.

We were told that any learning gained from complaints and incidents would either be discussed verbally with staff if minor or formally documented and shared if more serious. We saw that the practice had a suitable whistleblowing policy should staff have any concerns that they wished to raise.

Workforce recruitment and employment practices

We found appropriate procedures in place for the recruitment and induction of staff. A review of staff records showed that appropriate pre-employment checks were being carried out including identification, Disclosure and Barring Service (DBS) and reference checks.

Workforce planning, training and organisational development

By planning staffing levels and controlling appointments the managers were able to ensure there was always sufficient qualified staff available to provide the services offered and adjust levels according to demand and availability.

The clinic conducted annual staff appraisals and had suitable arrangements for supervision of staff. We were told that staff meetings were usually held monthly although we were informed that this had become less frequent whilst both the registered manager and the clinic manager had been on maternity leave.

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 lots of evidence of additional training that was relevant to staff in both their roles and professional development.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

The table below 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 one fire exit was obstructed by cardboard storage boxes.	Patients were potentially at risk when using the visiting the premises.	We raised this immediately with the registered manager.	The fire exit was decommissioned due to the number of additional exits available nearby. All signage was removed.
We found two additional sets of protective eyewear which were cracked.	Patients and/or staff 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: LaserWise Skin and Beauty Clinic

Date of inspection: 08 January 2026

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
<p>The registered manager must immediately:</p> <ul style="list-style-type: none"> provide HIW with evidence of actions taken to resolve each issue raised in the fire risk assessment arrange for all staff to complete appropriate fire safety training provide HIW with details of how the clinic plans to ensure fire drills are conducted at suitable intervals and are recorded in a fire drill log. 	Regulation 26(4)(a)(c) &(d)	<p>1. Fire Door Installation</p> <p>Action Required: Ensure all required fire doors are installed, compliant, and maintained in line with current fire safety regulations.</p> <p>Actions:</p> <ul style="list-style-type: none"> Conduct a fire risk assessment to identify locations requiring fire doors Install certified fire doors (FD30/FD60 as required) Fit appropriate self-closing devices and smoke seals Clearly label all fire doors with “Fire Door - Keep Shut” signage Implement a routine inspection schedule (minimum quarterly) 	Suzanne Lazim-Fletcher	4 - 6 weeks

		<ul style="list-style-type: none"> • Waiting on installation dates. <p>2. Fire Alarm Installation</p> <p>Action Required: Install and maintain a compliant fire detection and alarm system suitable for the premises.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Install a fire alarm system in accordance with BS 5839 • Ensure alarm coverage includes all required areas • Test fire alarms weekly and record results • Arrange servicing by a competent contractor at least annually • Ensure staff understand alarm sounds and procedures • Waiting on installation dates. 	Suzanne Lazim-Fletcher	4 - 6 weeks
		<p>3. Fire Safety Training for Staff</p> <p>Action Required: Ensure all staff receive appropriate fire safety training relevant to their role.</p> <p>Actions:</p>	Suzanne Lazim-Fletcher	2 - 4 weeks

		<ul style="list-style-type: none"> • Provide fire safety training to all staff on induction • Deliver refresher training annually or as required • Include training on evacuation procedures, alarm response, and use of fire exits • Maintain accurate training records for all staff • Quotes obtained, waiting on response. <p>4. Fire Drills</p> <p>Action Required: Conduct regular fire drills to test evacuation procedures and staff preparedness.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Carry out fire drills at suitable intervals (minimum annually, or more frequently where risk dictates) • Vary drill scenarios and times to reflect different staffing levels • Ensure all staff participate unless clinically inappropriate • Identify learning points and implement improvements following drills 	Suzanne Lazim-Fletcher	Twice a year
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| | | <ul style="list-style-type: none">• Will be logged in our Fire drill logbook. | | |
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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): Suzanne Lazim-Fletcher

Job role: Owner/ Director

Date: 21/01/2026

Appendix C - Improvement plan

Service: LaserWise Skin and Beauty Clinic

Date of inspection: 08 January 2026

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 repair the lock to the treatment room door so that it can be locked from the inside when in use.	Regulation 26	We are in the process of having new fire doors, thumb locks will be applied to all doors within the clinic.	Suzanne	Approx 4 - 6 weeks
The registered manager must develop a suitable written consent policy, to include both procedures for patients under the age of 16 and where a patient lacks capacity to consent and provide a copy to HIW when complete.	Regulation 9(4)	This has been uploaded to objective connect	Suzanne	Completed

The registered manager must ensure that staff complete relevant Equality and Diversity training.	Standard - Equity	All staff are currently completing the relevant courses.	Suzanne	2 - 4 weeks
The registered manager must provide HIW with a copy of the Electrical Installation Condition Report (EICR) once complete.	Regulations 26(2)(a) & (4)(a)	Our landlord / Estate Agent is in complete control over this. We have chased this up as the clinic was assessed beginning of January 2026, so we are just awaiting the certificate.	Suzanne	Dependent on Landlord and Estate Agent.
The registered manager must ensure all staff complete IPC training at the appropriate level and provide copies of the training certificates to HIW.	Regulation 20 (2)(a)	Booked in training course on Thursday 19 th March 2026.	Suzanne	19/03/2026
The registered manager must ensure the safeguarding policy contains the appropriate safeguarding contact details for the area they serve.	Regulation 16(1)(b) & 16(3)(a)	This has been completed.	Suzanne	Completed
The registered manager must ensure that all policies contain an appropriate version control that is	Regulation 9	This has been completed.	Suzanne	Completed

accurate and includes dates of commencement and review, and the name of the person is responsible for the policy.				
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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): Suzanne Lazim-Fletcher

Job role: Owner

Date: 18/02/2026