

Independent Healthcare Inspection Report (Announced)

Vale Laser Clinic, St Athan

Inspection date: 13 January 2026

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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.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found.....	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership.....	15
4. Next steps	16
Appendix A - Summary of concerns resolved during the inspection	17
Appendix B - Immediate improvement plan.....	18
Appendix C - Improvement plan.....	19

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 Vale Laser Clinic on 13th January 2026.

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 12 questionnaires were completed. 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 Vale Laser Clinic was committed to providing a positive experience for patients in a calm and modern environment.

All patients who completed a HIW questionnaire rated the service provided by the clinic as very good.

We observed staff greeting patients in a polite and friendly manner, both in person and on the telephone.

There were systems and processes in place to ensure patients were being treated with dignity, respect and professionalism.

This is what the service did well:

- The clinic and treatment rooms were designed and finished to a good standard
- Treatment areas were light, clean, well equipped and suitable for the treatments provided
- Patients received clear information enabling them to make informed choices about their care
- Evidence indicated that patients were satisfied with the treatments and overall service.

Delivery of Safe and Effective Care

Overall summary:

We found that the service provided patients with safe and effective care.

We found that Vale Laser Clinic was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

We found that there was a good patient records system, which provided patients with pre and post treatment information and additionally recorded their consent to treatment.

We found that Laser units were in good condition and there were suitable arrangements in place for the maintenance and on-going safety of the laser equipment. Operators were up to date on all aspects of laser training.

However, we found that not all staff were compliant with fire safety training.

This is what we recommend the service can improve:

- Ensure all staff are compliant with fire safety training.

This is what the service did well:

- Effective system in place to ensure that patients are provided with suitable information pre and post treatment, including recording of consent to treatment
- Suitable laser safety and maintenance arrangements
- Ensured all treatment rooms which delivered laser treatment were suitably equipped, maintained and easily identified
- Those who require a chaperone during treatment were advised and offered appropriate protective eyewear
- Secure client record system which also collates client feedback.

Quality of Management and Leadership

Overall summary:

We found that the registered manager was knowledgeable of the treatments provided and was patient focussed. She was keen to maintain and develop the wider teams learning and development and discussed future development plans.

A suitable complaints procedure was available to patients online, including clear timescales and escalation details. Staff were able to tell us about the process for those not able to use electronic devices to raise a concern.

There were appropriate policies and procedures for the staff to adhere to and there was clear evidence that the staff had read and understood each document.

There were clear lines of recruitment and induction procedures in place.

This is what we recommend the service can improve:

- Ensure a robust system is developed to monitor compliance with mandatory training requirements.

This is what the service did well:

- Patient focused management and knowledgeable of the treatments provided
- Peer support to retain staff
- Support for professional development.

3. What we found

Quality of Patient Experience

Patient feedback

Prior to our inspection, we invited patients to provide feedback electronically or via a paper record survey which we collected during our inspection. In total, we received 12 responses.

Patient comments included:

"A really professional clinic with a great team of skin therapist. Always friendly, informative and do a great range of services."

"Highly recommend."

"Always have a great experience with any of the therapists. The treatment is clearly explained and expectations. I'm really happy with the progress."

Health protection and improvement

We established that patients provided detailed health and medical histories prior to their initial treatment, and this was repeated prior to subsequent treatments.

We confirmed that patient's medical histories were signed and dated at the time of completion by the patient.

The electronic record system provides an audit trail to show which operator completed the record with the patient consent to treatment.

Dignity and respect

We confirmed that all consultation areas were for single occupancy and treatments are always carried out in the appropriate treatment room. All four treatment rooms had a lockable door to aid privacy, and we found that conversations could not be overheard. One treatment room had a fully functioning ensuite bathroom facility.

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

We confirmed that a chaperone policy is in place although most patients choose to attend alone. If a chaperone is in attendance with the patient, appropriate eyewear is available.

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

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

We found that patients were provided with adequate information to support them in making an informed decision about their treatment. Patients told us they received a face-to-face consultation during which staff discussed the risks, benefits and anticipated outcomes of the proposed treatment.

The consent documentation was of a good standard. We confirmed that consent was obtained prior to the initial treatment and at each subsequent appointment.

All patients we spoke with confirmed that they had completed a consent form before receiving treatment and reported that they were involved in discussions about their care to the extent that they wished.

Communicating effectively

Patient information is available on the clinic's website, in leaflet format, and through verbal discussion to support patients in understanding their treatment options.

Most information is shared electronically in advance of the appointment, and the registered manager told us that this is reiterated during the face to face consultation. We saw documented evidence of this within the records we reviewed.

One member of staff is a fluent Welsh speaker, and we were assured that consultations can be provided in Welsh upon request.

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.

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

“Clean clinic, well trained and knowledgeable therapist. I was happy to ask questions about my treatment confident that I would be answered professionally and knowledgeably.”

Care planning and provision

We saw evidence that discussions regarding treatments had taken place in a timely manner prior to treatment and that all risks and benefits had been explained and documented. Patient responses had also been documented.

We saw there was a written treatment register for each laser unit which included patient details, patch test response, treatment parameters, date and type of treatment, operators details and response to treatment.

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

Equality, Diversity and Inclusion

We found that the clinic had an equal opportunities policy in place, demonstrating its commitment to ensuring that all individuals have fair access to services and are treated equitably.

All patients who completed the HIW questionnaire confirmed that they had not experienced any discrimination when accessing or using the service. This provided assurance that the clinic promoted and upheld principles of equality and inclusion in its day-to-day practice.

Access to the Service

There was good access to the clinic which is situated in a modern building on the first floor. The ground floor is occupied by a pharmacy.

Due to the first-floor access, wheelchair users and patients with mobility issues were unable to access the clinic and this is clearly indicated on their website and disclosed during telephone conversations.

Due to the accessibility access, staff would signpost patients requiring treatment to an alternative provider who provided ground floor disabled access. The premises has a car park which is shared with a GP surgery.

Citizen Engagement and Feedback

The clinic had an established electronic system for collecting and reviewing patient feedback as part of its quality monitoring processes. Patient feedback analysis was published on the clinic's website, demonstrating transparency and showing that the service considered and acted upon feedback to inform service improvements.

Patients were able to provide feedback through a range of methods, including:

- End of treatment questionnaires
- Social media
- Anonymous feedback options.

This variety of mechanisms ensured that patients could share their views in a way that suited them, supporting continuous service development.

Delivery of Safe and Effective Care

Environment

The clinic premises were finished to a good standard and presented as clean, orderly and free from any visible hazards.

Treatment rooms were well equipped, fit for purpose and maintained to support safe and effective care.

Robust arrangements were in place to ensure laser machines were operated safely and in accordance with relevant guidance.

All electrical equipment had been Portable Appliance Tested (PAT) to a required standard.

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, and this was done in partnership with the Pharmacy below the premises.

No smoking signs were clearly displayed. A fire risk assessment was in place and the registered manager in partnership with the Pharmacist described how actions identified were addressed and recorded. However, not all staff had up to date fire safety training.

The registered manager must ensure all staff receive fire training.

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

Managing risk and health and safety

We found that Vale Laser Clinic was meeting the required regulations relating to the health, safety and welfare of both staff and patients.

The environment was clean, well maintained and appropriately equipped to support the safe delivery of the treatments for which the service is registered.

Infection Prevention and Control (IPC)

Effective IPC measures were evident throughout the service.

An IPC policy was in place which the registered manager was the responsible IPC lead. We saw that staff adhered to cleaning schedules, and appropriate personal

protective equipment (PPE) and hand sanitiser were readily accessible. Staff described the cleaning arrangements.

We observed all clinical areas were clean and free from clutter. The premises were in a good state of repair.

We saw that all staff were trained in IPC to the required level.

Clinical waste was disposed of in the shared location with the Pharmacy on the ground floor of the building. All appropriate measures were in place to ensure safe disposal and was under a contract with a waste disposal company. No sharps disposal was required for this setting. These measures contributed to a safe clinical environment.

Safeguarding children and safeguarding vulnerable adults

We found that the clinic did not provide treatment for those under 18 years of age as per registration requirements. They had a clear policy and guidance for adults seeking treatment.

We found that some staff were trained in adult safeguarding to the required level. However, we advised the registered manager that all staff members should be trained in Level 2 who were providing direct care, and those who do not deliver treatments trained to Level 1 in Safeguarding. These issues were dealt with immediately during the inspection and is referred to in Appendix A of this report.

Medical devices, equipment and diagnostic systems

There were three laser units all of which 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. The three laser units had key switches and keys were stored securely when not in use.

We found that the laser units had received annual servicing and in-house checks.

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 and decontamination.

Participating in quality improvement activities

The registered manager exhibited substantial expertise and maintained a high level of professionalism. They demonstrated a thorough understanding of the avenues available for obtaining appropriate advice, guidance and support. Audits were reviewed during the inspection showed a sustained commitment to enhancing the patient experience. The confidence and competence of staff members had a positive impact on both the quality and safety of care delivered.

Information management and communications technology

We found evidence that patients received safe and effective care. Patients were given sufficient information to make informed decisions about their treatment. Feedback reviewed during the inspection demonstrated high levels of patient satisfaction with both treatments and the overall service. Patient notes were digital and maintained to a good standard and reflected appropriate clinical detail.

All information regarding treatments was available on the website and discussed at the consultation.

Records management

Patient records were stored securely.

We reviewed a sample of patient records and saw good record-keeping, with comprehensive information being recorded electronically. This included patient identification, medical history, consent, consultation forms and treatment history.

Quality of Management and Leadership

Governance and accountability framework

Vale Laser Clinic has an established team with good leadership.

We saw a positive and supportive culture within the team and staff aimed to provide a high standard of care.

We saw evidence that authorised users of the laser machines had completed the Core of Knowledge training and had received training on how to use the laser machines.

Dealing with concerns and managing incidents

The patient feedback for the clinic demonstrated a positive experience.

We saw two cases where a concern had been raised and resolved quickly. The detail and timeliness of dealing with both incidents were delivered to a good standard.

Workforce recruitment and employment practices

We saw evidence of appropriate recruitment and employment histories for staff. All baseline checks were undertaken to a satisfactory level including Disclosure and Barring Service (DBS) checks, contracts and induction and training records. One member of staff was waiting for a DBS return after a name change, and we saw evidence of suitable communications in respect of this.

Workforce planning, training and organisational development

The team is led by a dedicated and experienced manager. Training and staff development are encouraged and predominantly delivered via online resources. However, we did not find a robust system in place for monitoring compliance with mandatory training requirements, to identify when training was due and maintain records to show compliance.

The registered manager must ensure a robust system is developed 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
Not all staff had completed Safeguarding training to the appropriate level.	This could result in harm to an individual not being escalated appropriately.	Discussed with the registered manager.	Registered manager immediately arranged for all staff to complete level 2 training during our inspection.
No Health and Safety poster was displayed.	Essential for legal compliance, acting as a constant visual reminder to reduce accidents and fostering a strong safety culture.	Discussed with registered manager.	The original poster had been removed for refurbishment purposes but was still available and was displayed during the visit. The registered manager also purchased a new poster during the inspection.

Appendix B - Immediate improvement plan

Service: Vale Laser Clinic

Date of inspection: 13 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate non-compliance issues were identified.					

Appendix C - Improvement plan

Service: Vale Laser Clinic

Date of inspection: 13 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. We found that not all staff had received fire safety training.	The registered manager must ensure that all staff are compliant with fire safety training requirements, and that this training is delivered and refreshed at the required intervals.	The Independent Health Care (Wales) Regulations 2011, Regulation 26 (4) (c)	Manager has organised training for 15 th January. A Training schedule has been added to the Policies and Procedures annual check list	Emma Griffiths	Completed 15 January 2026
2. 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	Manager has compiled and organised a schedule of mandatory training to be completed by all staff. This check list will be added to the Policies	Emma Griffiths	Completed 15 January 2026

maintain records to show compliance.	
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and Procedures annual check list	
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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):

Job role:

Date: