

# Independent Healthcare Inspection Report (Announced)

Laser Service, Skinfix Clinic

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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:

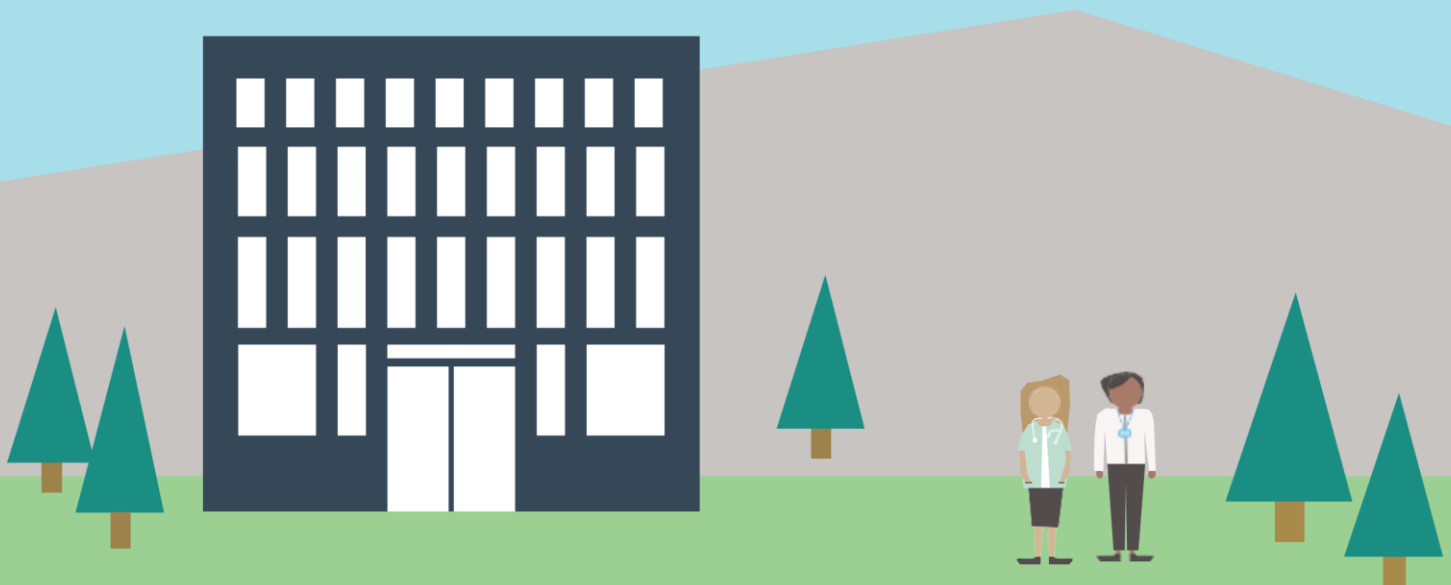
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Skinfix Clinic, Courts, Penarth Road, Penarth, CF64 1ND on 15 January 2026.

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. One questionnaire was completed.

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 patients received a good level of care at Skinfix Clinic. Robust arrangements were in place to fully support the privacy and dignity of patients. Patients were treated in a dignified and respectful manner throughout their patient journey. The systems in place to record and respond to patient feedback were satisfactory and care planning was managed well at the setting.

This is what the service did well:

- Treatment area was 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
- Medical histories and changes in circumstances were discussed prior to every treatment with patients.

### Delivery of Safe and Effective Care

Overall summary:

We found comprehensive arrangements in place to manage the risk of harm to patients and deliver care in a safe and effective way. Infection prevention and control (IPC) procedures were managed appropriately and the clinic's compliance with regulatory requirements was suitable. However, the clinic should incorporate the cleaning of their treatment room curtains in the cleaning schedule and IPC audit.

The setting had a good working relationship with their Laser Protection Advisor, to the benefit of both patients and staff. We saw patient records were handled and completed correctly and stored in a secure paper record system. We found that not all staff had had training in fire safety or the required level of Safeguarding training.

This is what the service did well:

- Safe arrangements were in place for the operation of the laser equipment
- Record keeping was robust.

This is what the service can improve:

- We found that not all staff were compliant with fire safety training nor had they had the required level of Safeguarding training
- The cleaning schedule and IPC audit should include the cleaning of the treatment room curtains.

## Quality of Management and Leadership

Overall summary:

The leadership and management arrangements in place were satisfactory. Clear and comprehensive policies were in place to provide guidance for staff, including complaints and training policies. The processes for induction and continued professional development were found to be appropriate.

This is what the service did well:

- All staffing records we reviewed were complete
- The systems in place to record and respond to patient feedback and complaints were appropriate.

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**

Prior to our inspection we invited patients to provide feedback electronically via the HIW app or as a paper record which we collected during our inspection. We collected one questionnaire.

#### **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 records were signed and dated by staff.

The paper record system provided an audit trail to show the operator completing the record with the patient and consent to the treatment.

#### **Dignity and respect**

We confirmed that the consultation area was for single occupancy and treatments were always carried out in the appropriate treatment room. The treatment room had a lockable door to aid privacy, and we found that conversations could not be overheard.

The operator confirmed that patients were able to change, if necessary, in the lockable treatment room and that they would leave the room to maintain privacy and dignity.

We confirmed that a chaperone policy is in place although most patients choose to attend alone. However, if a chaperone is in attendance the appropriate eyewear is provided.

#### **Patient information and consent**

We found that patients were provided with adequate information to support them in making an informed decision about their treatment. We were informed that patients received a face-to-face consultation during which the operator would discuss 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.

#### **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 operator told us that this is reiterated during the face-to-face consultation. We saw documented evidence of this within the records we reviewed.

No services or information are provided through the medium of Welsh as there are no Welsh speakers at the clinic

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 leaflet form.

### **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 the laser unit which included patient details, patch test response, treatment parameters, date and type of treatment, operators' details and response to treatment.

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

We found that the clinic did not have an Equality, diversity and Inclusion (EDI) policy in place, to demonstrate its commitment to ensuring that all individuals have fair access to services and are treated equitably. However, evidence was subsequently sent to HIW which provided assurance that an Equality, Diversity and Inclusion policy had been drafted and implemented for the clinic.

### **Access to the service**

There was good access to the clinic which is situated in an old building on the ground floor. Unfortunately, due to the treatment room having a step in to the room, wheelchair users and patients with mobility needs may not be able to access the treatment room. We were told that this would be disclosed with patients prior to an appointment.

The clinic has a car park which has ample car parking for patients.

### **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 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. We reviewed this information as we only received one completed HIW patient questionnaire.

# Delivery of Safe and Effective Care

## Environment and Equipment

During our inspection, we found that Skinfix 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.

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

The treatment room was well equipped, fit for purpose and maintained to support safe and effective care.

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

All electrical equipment had been PAT tested 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 restaurant next door.

No smoking signs were clearly displayed. A fire risk assessment was in place and the registered manager in partnership with the operator described how actions identified were addressed and recorded.

Not all staff had up to date fire safety training. However, this was arranged on the day of the inspection, and the training certificates were subsequently submitted to HIW providing assurance that the training had been completed by both the registered manager and operator. **This issue was dealt with immediately during the inspection and is referred to in Appendix A of this report.**

A first aid kit was available with the contents being complete and up to date. The registered manager and operator were both trained in first aid.

## Infection prevention and control (IPC) and decontamination

Effective IPC measures were evident throughout the service.

An IPC policy was in place which the practice manager was the 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. However, there was no evidence on how often the curtains used in the treatment room were cleaned. The cleaning schedule should clearly state how often the curtains should be cleaned, who is responsible for making sure this is done, and checked during IPC audits.

**The registered manager must ensure that cleaning the curtains in the treatment room is included in both the IPC audit and the regular cleaning schedule**

We saw that all staff were trained in Infection, Prevention and Control to the required level.

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 only the registered manager was trained in adult safeguarding to the required level. However, we advised the registered manager that the operator of the laser should also be trained in Level 2 Safeguarding as they are providing direct care. **This issue was dealt with immediately during the inspection and is referred to in Appendix A of this report.**

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

There is one laser unit at the clinic, which was in good condition, visibly clean and in line with the HIW registration.

The door to the treatment room had appropriate signage to warn that laser units were in operation. The laser unit had a key switch, and the key was stored securely when not in use.

We found that the laser unit 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**

Patient feedback was regularly reviewed and discussed within the clinic in order to drive continuous improvement.

#### **Information management and communications technology**

Patient notes were paper copy 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 five patient records and saw good record-keeping, with comprehensive information being recorded. This included patient identification, medical history, consent, consultation forms and treatment history.

# Quality of Management and Leadership

## **Governance and accountability framework**

The governance arrangements in place at this setting were suitable. The registered manager for the clinic was the point of contact for all staffing matters, and we saw they were confident in their role. We saw evidence that the authorised user of the laser machine had completed the Core of Knowledge training and had received training on how to use the laser machine.

We noted HIW certificates for the clinic were not displayed on the wall.

**The registered manager must ensure HIW registration certificates are displayed on the wall within the clinic**

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

Patient complaints were overseen by the registered manager for the clinic. The complaints procedure we reviewed was appropriate, up to date and referenced HIW to escalate concerns. There were no complaints for us to review during the inspection, but we were assured by the complaints process in place. We were told that any complaint would be discussed and any verbal complaints would be recorded.

## **Workforce recruitment and employment practices**

All baseline checks were undertaken to a satisfactory level including Disclosure and Barring Service (DBS) checks, contracts and induction and training records.

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

We reviewed the registered manager and operators staff records and found that they were up to date with training relevant to their roles, with the exception of Safeguarding and Fire Safety which has been highlighted already in this report.

## 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 staff to complete safeguarding level 2 training during our inspection.
Not all staff had up to date fire safety training.	This could result in harm to individuals in an event of a fire/ emergency	Discussed with the registered manager.	Registered manager immediately arranged for staff to complete Fire Safety training during our inspection.

## Appendix B - Immediate improvement plan

**Service:** Skinfix Clinic

**Date of inspection:** 15 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.					
2.					
3.					
4.					

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:** Skinfix Clinic

**Date of inspection:** 15 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. Staff described the cleaning arrangements. However, there was no evidence on how often the curtains used in the treatment room were cleaned.	The registered manager must ensure that cleaning the curtains in the treatment room is included in both the IPC audit and the regular cleaning schedule	The Independent Health Care (Wales) Regulations Regulation 9 (1)(n) and Regulation 15 (3)	Whilst clearing the Clinical space is conducted following each client visit, we acknowledge there was no evidence of the blackout curtains within the salon being steam cleaned. We now have a documented cleaning log book to include this being done every 3 months	Julie Johnson - Responsible Manager  Updated by Jessica Johnson - Clinician	Implemented 20.1.26  Curtains will be steam cleaned 3 monthly as agreed at the inspection.

2.	We noted HIW certificates for the clinic were not displayed on the wall.	The registered manager must ensure HIW registration certificates are displayed on the wall within the clinic	Care Standards Act 2000 Section 28	Certificates are now displayed within the clinic	Julie Johnson - Responsible Manager	Implemented and displayed effective 20.1.26
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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): JULIE JOHNSON**

**Job role: RESPONSIBLE MANAGER**

**Date: 21.3.26**