

Independent Healthcare Inspection Report (Announced)

Specialist Skin Clinic, Cardiff

Inspection date: 15 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:

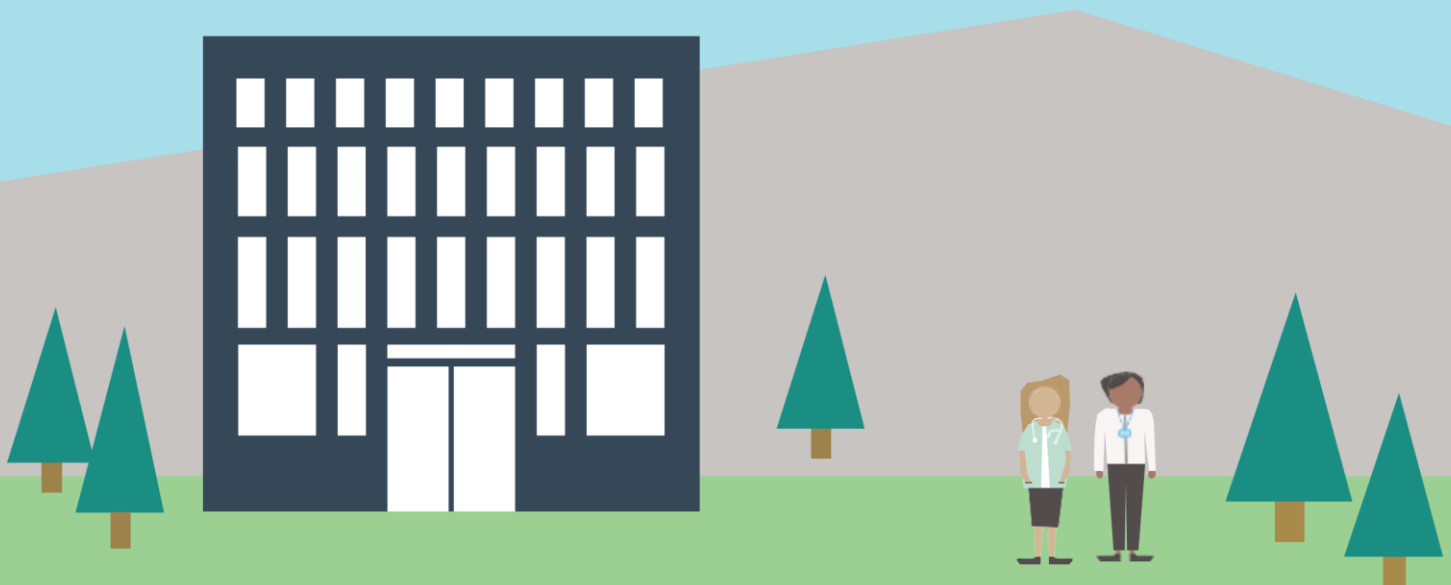
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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.



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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 Specialist Skin Clinic 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. A total of 15 questionnaires were completed by patients. 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 patients were highly satisfied with the service, with almost all patients rating their experience as “very good”. Feedback highlighted the professionalism, kindness and expertise of staff, and we observed respectful interactions during the inspection. Patients felt listened to, involved in decisions about their care, and well informed about their treatment options.

Health promotion formed a routine part of consultations, with staff encouraging discussion of skin concerns and providing advice on dermatology and sun protection. Patients reported receiving thorough information about risks, benefits, aftercare, and the costs of treatment.

The environment supported dignity and privacy, with refurbished facilities that enabled confidential conversations and protected patient confidentiality. Treatment rooms were well equipped, and doors were locked during procedures to ensure privacy. Chaperoning arrangements were in place, though information about this was not visibly displayed for patients to be aware of this option.

The service communicated effectively with patients, offering information in a range of different formats and providing flexible contact options. We found the service to be accessible and inclusive, with suitable arrangements for patients with disabilities, ensuring all patients could use the service without barriers. Effective systems were in place to gather patient feedback, which was routinely reviewed to inform service improvement.

This is what we recommend the service can improve:

- Re-instate chaperone information posters in waiting area
- Ensure review of medical history is documented at every visit.

This is what the service did well:

- Proactive approach to collecting and reviewing patient feedback to support quality improvement
- Patients rated the service highly and provided consistently positive feedback
- A welcoming environment that supported patient privacy throughout their visit.

Delivery of Safe and Effective Care

Overall summary:

We found that the service delivered safe and effective care, within a well-maintained and secure environment. The premises were clean, modern, and free from hazards, with appropriate security measures in place.

Effective systems existed for managing health, safety and fire risks, supported by up-to-date servicing records, regular testing and suitable risk assessments. First aid training had expired at the time of inspection, but evidence of completion was provided afterwards.

Infection prevention and control (IPC) arrangements were generally effective, with visibly clean treatment rooms, appropriate personal protective equipment (PPE) and secure waste storage. Some issues, including removal of fabric couch covers and placement of needle-stick injury posters, were resolved on the day of inspection. Improvements are required in the documentation of IPC cleaning between patient treatment sessions and undertaking regular IPC audits.

The clinic had a current Laser Protection Advisor (LPA) contract in place, with up-to-date Local Rules and medical protocols readily available. All laser machines had been serviced, and suitable eye protection was available and in good condition. Whilst daily laser safety checks were completed, they were not consistently documented.

We found safeguarding arrangements to be robust, supported by comprehensive policies and staff who had completed the required training. The service is registered to treat children from the age of ten. We were assured that appropriate systems were in place to support this, with defined processes to ensure parental involvement and child safety at all times.

The service demonstrated ongoing commitment to quality improvement through regular audits of clinical notes and review of patient feedback. Record keeping was structured and secure, although improvements are required to ensure storage practices comply with GDPR and retention requirements.

This is what we recommend the service can improve:

- Implement documentation of cleaning and IPC processes between patient appointments
- Ensure consistent documentation of daily laser machines and protective eyewear checks
- Review patient record storage processes to ensure compliance with GDPR and appropriate retention periods.

This is what the service did well:

- Robust safeguarding procedures, with staff trained to the appropriate level
- Established quality-improvement processes, supported by regular clinical note audits and review of patient feedback
- A comprehensive colour-coded system for laser machines and protective eyewear that supported safe and consistent practice.

Quality of Management and Leadership

Overall summary:

We found that leadership within the service was effective and well-established, with the registered manager demonstrating a strong commitment to the delivery of safe and effective care. Staff appeared to work well together, fostering a positive culture and a shared focus on providing high quality treatment. A clear organisational structure supported accountability, and key governance documents were reviewed regularly and kept up to date.

The service had robust arrangements for handling concerns, supported by a detailed complaints policy and clear patient guidance available in reception. Complaint investigations were well-documented and reviewed for trends, with learning discussed during regular team meetings.

Workforce systems were well managed, with structured recruitment processes, induction, mentorship and probation arrangements in place. A training matrix supported oversight of staff competencies. DBS checks had not been completed for non-clinical staff.

The service demonstrated good workforce planning, with sufficient staffing levels, contingency arrangements and regular supervision and appraisal. Monthly whole team meetings provided a forum for communication, oversight and continuous service improvement.

This is what we recommend the service can improve:

- Ensure all staff, including non-clinical staff, have appropriate DBS checks.

This is what the service did well:

- Effective communication supported by monthly team meetings with detailed minutes
- Comprehensive complaints processes, with evidence of learning and regular review.

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 setting to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received 15 responses. Some questions were skipped by some respondents, meaning not all questions had 15 responses.

Fourteen patients who completed a questionnaire rated the service provided as very good.

Patient comments included:

“Excellent service - invariably of the highest standard. All the staff are experienced and give the highest level of care”

“The most professional, informative and kind service. I feel in the safest hands under Dr Gonzalez and her team”

“Excellent would always recommend this clinic. Have been coming here for years and would never go anywhere else”

Health protection and improvement

We were told that the setting promotes healthy lifestyles to patients during their consultation, with a focus on dermatology and sun protection. We were informed that patients are always encouraged to show skin lesions for assessment during any consultation. Staff described that they take a gentle and holistic approach to health promotion, focusing on developing patient rapport so that health promotion advice is received well.

We confirmed that patients provide comprehensive health and medical histories prior to initial treatment, and this is verbally checked at every subsequent appointment. All patients told us they had their medical histories taken prior to treatment.

Dignity and respect

All patients who completed a questionnaire strongly agreed that staff treated them with dignity and respect, protected privacy, explained procedures, listened to

questions and involved them in healthcare decisions. Patient comments about staff included:

“Excellent service from every member of staff”

“Staff are friendly, welcoming and discreet”

“Extremely accommodating and knowledgeable staff”

On the day of inspection, we found all staff to be friendly, professional and welcoming. Patients were observed to be treated with respect, dignity and kindness by staff.

The building had been recently refurbished to allow a separate area for patients to pay for their treatment and book subsequent visits, preserving patient confidentiality.

The clinic rooms were well equipped for sensitive conversations. We found conversations could not be overheard by others, ensuring privacy for patients. The doors to the treatment rooms were lockable, and staff confirmed that doors were locked during treatment to maintain patient privacy. All patients who completed the questionnaire strongly agreed that measures were taken to protect their privacy.

Staff informed us that patients are verbally asked if they require a chaperone during consultations. We were told that there was previously a chaperone poster in reception, which had been removed due to renovations. We advised the registered manager to re-instate posters in the reception area to proactively inform patients of the option of a chaperone. All treatment rooms had an additional set of eye wear available for chaperones if required. We reviewed their “Privacy and Dignity” policy, which discussed the provision of chaperoning.

The setting delivers treatment to children from the age of 10 years old. We were informed that children always have a parent/responsible adult in the room during appointments.

The registered manager must re-instate chaperone posters in the waiting room.

Patient information and consent

All patients who completed the questionnaire strongly agreed they received sufficient information about treatment options in order to make an informed decision. One patient told us:

“Very friendly staff, very easy to ask questions. They clearly explained the procedures and options and the cost involved. I felt that I could talk about any concerns to them at any time”

We were told that patients are provided with a thorough 30-minute face-to-face consultation prior to receiving any treatment. We were advised that these discussions included the risk, benefits, and likely outcome of the treatment offered, whilst managing patient expectations.

During the inspection, we reviewed a selection of five patient records. We saw signed consent forms and initial medical histories available for all five patients. A comprehensive consent to treatment policy was seen, which also detailed the differing consent process and consideration for treating children and adolescents.

The registered manager informed us that patient information was available in large print if needed. On review, their website was comprehensive and provided a vast amount of detail about treatment.

Staff described that all patients were given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions. We were told that operators ask at each appointment if a patient’s medical history had changed since last visit, however this wasn’t documented in the medical notes.

The registered manager must ensure that a review of medical history is documented in patient records at each visit.

We confirmed that patients were provided with suitable aftercare advice, including what to do in the event of any concerns.

Communicating effectively

We were informed that two members of staff in the wider service were Welsh speakers, although no laser practitioners were able to converse in Welsh.

We were told that patients who do not have digital access are able to phone the setting or attend in person to book an appointment. Any information would also be made available in paper form or large print.

We reviewed a copy of the patients’ guide and Statement of Purpose, both of which were available on paper or by email. On review, the documents contained the required information, except for details of the feedback and complaints procedure, and arrangements for respecting privacy and dignity.

The registered manager must ensure that a summary of the complaint's procedure, and the arrangements for respecting the privacy and dignity of patients, are included in the Statement of Purpose.

The registered manager must add a summary of complaints to the patients' guide.

Care planning and provision

We were told that all patients undergo a full face-to-face consultation prior to start of treatment. As part of this consultation, patients are advised about their treatment options, the risk and benefits, expected results and the estimated cost of treatment. We saw evidence that patch tests were undertaken, and medical histories were collected to ensure suitability of the chosen treatment.

We were informed that aftercare information is communicated to patients verbally but also detailed in the treatment leaflets. All patients agreed they received clear aftercare instructions, including guidance on what to do and who to contact in the event of an infection or emergency.

Equality, diversity and human rights

We reviewed a comprehensive equality, diversity and human rights policy. We were told by the registered manager that equality, diversity and inclusion are discussed in their monthly meetings and relevant training is identified. For example, the setting had recently received training in neurodiversity after recognising a learning gap.

We were told that all patients who attend the setting are treated equally, and discrimination would not be tolerated. It was explained that transgender patient rights were upheld by utilising preferred pronouns and names, which would be documented in the patient record.

All patients who completed the questionnaire confirmed that they had not faced any discrimination when accessing or using the service, and all felt they could access appropriate healthcare.

We found that the building had suitable arrangements for disabled patients. Wheelchair users and patients with mobility issues could access the laser treatment room on the ground floor, the reception, waiting area, and toilet facilities. The fire escape door was also suitable for disabled access. There were also ample car parking facilities at the premises.

Citizen engagement and feedback

We found that the setting had a proactive system in place for seeking patient feedback, as a way of monitoring the quality of service provided. We were informed that staff intentionally collect patient feedback each month, typically from those at the end of treatment. We were told this feedback is analysed to identify any emerging themes and patients are also able to leave Google reviews. It was explained that these results are shared at monthly staff meetings for reflection and learning. We saw evidence of this in meeting minutes, with a dedicated section for feedback and complaints on the agenda.

Delivery of Safe and Effective Care

Environment

The building appeared to be very well maintained, internally and externally. We saw that all areas were very clean, tidy and free from obvious hazards. We found all areas to be well lit with a modern appearance. The setting had an external security camera in place, as well as internal security cameras in communal areas. A notice was available informing patients that this was present. We were told that panic buttons are located in each room, and that these are serviced yearly. Visitors must be buzzed in, securing the premises from unauthorised access.

Managing risk and health and safety

We saw evidence that portable applicable testing (PAT) had been conducted in August 2025. We noted that a building electrical wiring check had been undertaken in the last five years (January 2024), as well as an annual gas safety check record for each appliance (March 2025).

We inspected fire safety arrangements at the setting and found there was a suitable fire risk assessment in place. Fire safety equipment was available at various locations around the setting, and we saw that these had been serviced within the last twelve months. All staff had received fire training. We saw evidence of weekly fire alarm tests, and six-monthly fire drills.

We observed an absence of 'no smoking' signage inside the setting. This was resolved on the day. Further information regarding this can be found in **Appendix A**. We saw that fire exit signs were clearly signposted throughout the setting, with instructions to follow in the event of a fire clearly displayed.

We looked at a health and safety risk assessment for the setting, which was current, suitable and regularly reviewed.

An emergency first aid kit was present in the setting, which was readily available with all items intact and within expiry dates. On the day of inspection, all staff were found to have expired first aid training. The registered manager explained that training had been delayed due to issues in provider. We saw evidence that all staff were booked to attend their annual first aid course in 2 weeks. We have since seen evidence that this training has been completed. We were told that medically trained personnel are always on site.

Infection prevention and control (IPC) and decontamination

We observed all areas of the service to be visibly clean and free from clutter. The clinic rooms were spacious, and the environment was seen to be in a good state of

repair, enabling effective infection prevention and control. There were no concerns expressed by patients about the cleanliness of the clinic. All patients who completed a questionnaire rated the clinic as “very clean” and felt that infection prevention measures were consistently followed.

Two treatment couches were seen to have fabric covers on, limiting the ability to clean them appropriately. These covers were removed on the day, as documented in **Appendix A**. Appropriate levels of personal protective equipment (PPE) were readily available in all clinic rooms. We noted that needle-stick injury algorithm posters were missing from clinic rooms. This was resolved on the day, and further information can be found in **Appendix A**.

We saw an appropriate infection control policy in place, which was reviewed within the last year. We found a suitable contract was in place for the collection and safe disposal of clinical waste. We saw that clinical waste was stored securely in a locked container whilst waiting for collection by the waste carrier.

Cleaning schedules were present in each clinic room, and we found that these were completed daily. We noted hand washing facilities were available in all clinic rooms. The registered manager outlined a range of infection control arrangements, explaining that laser operators clean laser machines, reusable equipment, treatment couches and eyewear in between patient appointments. However, we did not see evidence of this. We advised the registered manager to implement a system for documenting these infection control actions.

The registered manager must update the cleaning schedules to ensure that actions taken in between patients are recorded.

We asked the setting how often infection prevention and control audits were carried out. We were informed that these audits are not currently conducted.

The registered manager must ensure that infection prevention and control audits are undertaken at regular intervals.

On discussion, staff reported feeling confident in their infection prevention and control responsibilities and stated they had the necessary equipment to perform these duties. However, we did not see evidence to confirm that they had completed the relevant training. During and immediately following inspection, the setting provided evidence demonstrating that all laser operators had completed infection prevention and control training at the recommended level. Details of this can be found in **Appendix A**.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients aged ten and over. We found suitable safeguarding children and safeguarding vulnerable adults' policies in place. There were clear procedures to follow in the event of any safeguarding concerns, along with flowcharts and contact details listing the actions required should a safeguarding issue arise. We noted that the Safeguarding Children policy contained information relevant to a different geographical region. This was rectified during the inspection, as seen in **Appendix A**.

The registered manager described the arrangements in place to ensure children's safety whilst on the premises. This included providing age-appropriate information during consent and treatment, obtaining parental consent, and ensuring that children are always accompanied by a responsible adult throughout consultation and treatment.

We reviewed evidence demonstrating that all staff had completed safeguarding training at the required level. When asked, staff were able to clearly describe the appropriate actions to take in the event of a safeguarding concern.

Medical devices, equipment and diagnostic systems

The setting had 10 laser machines on site, which all aligned with their HIW conditions of registration. We reviewed evidence demonstrating that each machine had undergone appropriate calibration and servicing.

We saw evidence of a current contract in place with a laser protection advisor (LPA), who had attended the premises within the last year and completed a detailed risk assessment for all ten laser machines. Local rules detailing the safe operation of the laser machines were available and reviewed within the last year. All authorised operators had signed the local rules. We found up-to-date treatment protocols available for all laser machines, which had been approved by a registered medical practitioner.

Staff reported that quality assurance checks of the laser machines were undertaken daily, and that protective eyewear was checked prior to each use. However, these checks were not documented.

The registered manager must implement a system to ensure clear documentation of daily laser machine checks, including the regular inspection of protective eyewear.

Safe and clinically effective care

We requested to see the eye protection that is used during laser treatments. Due to the number of laser machines on site, we were shown a large quantity of protective

eyewear used by patients, laser operators and chaperones. All eyewear appeared clean, well-maintained and consistent with the specifications set out in the local rules. We found that the setting had implemented a comprehensive, colour-coded system to ensure that the correct eyewear is used for each laser machine, supported by a clear and detailed chart readily available to staff.

Clear signage was displayed on the treatment room doors to indicate when laser equipment was in use. The registered manager confirmed that treatment room doors were locked during procedures to prevent unauthorised access. We were told that keys or swipe cards are removed and stored securely when machines are not in operation to prevent unauthorised operation.

We found that each laser machine had an up-to-date, equipment-specific treatment protocol in place. All laser operators had received appropriate machine-specific training. Our review of patient records showed consistent evidence that all patients underwent patch testing prior to treatment.

Participating in quality improvement activities

There were established systems in place to regularly assess and monitor the quality of service provided. As highlighted previously, the setting routinely seek patient feedback as part of its approach to continuous improvement. We were told that clinical notes are audited monthly to ensure consistent, high-quality documentation. The setting was able to demonstrate how recent quality improvement activities had led to enhanced patient outcomes.

Records management

A sample of five patient records were reviewed. We found evidence of good record keeping, demonstrating that treatment was being planned in a way that promoted patients' safety and wellbeing.

We were told that patient notes were initially recorded on paper and then scanned into the computer system, with staff accessing these through individual accounts. All paper records were kept securely when not in use. The registered manager informed us that all care records have been retained since the clinic opened twelve years ago.

The registered manager must ensure that their patient record storage complies with GDPR requirements and implement a process to monitor adherence to appropriate retention periods.

Quality of Management and Leadership

Governance and accountability framework

Specialist Skin Clinic is owned and operated by the registered manager, who we found to be highly committed and dedicated to their role. The clinic employs staff with a variety of roles and responsibilities. We found that there was a clear organisational structure for the reporting, accountability and responsibility of the service.

During the inspection, we saw evidence of the setting's public liability insurance. We noted that the current HIW certificate, presented in both English and Welsh, was prominently displayed in the reception area.

We looked at a sample of policies and procedures and found that all had been reviewed regularly and contained review dates.

Dealing with concerns and managing incidents

There was an up-to-date and detailed complaints policy in place, which clearly outlined the responsible person and timeframes for acknowledgement and responding to complaints. Contact details for HIW and an independent advocacy service were included, if a patient felt a resolution could not be found. We saw complaint procedure handouts available in the reception area for patients to access if needed.

We reviewed a comprehensive complaints tracker that recorded each complaint, details of the investigation, the outcome, and any actions implemented to support service improvement. We were told that complaints are reviewed regularly to identify themes and trends, and we saw evidence of this within meeting minutes.

Workforce recruitment and employment practices

We saw that the setting had a recruitment process in place. We were told that new staff follow an in-depth induction schedule and are allocated a mentor. Staff undertake probationary assessments at six months to assess competency and identify learning needs. Staff were issued with detailed job descriptions outlining their roles and responsibilities.

We saw evidence that all laser operators had an appropriate Disclosure and Barring Service (DBS) check in place to help protect and safeguard patients. We found that DBS checks had not been completed for non-clinical staff, and the setting was unaware of this requirement.

The registered manager must ensure that all staff, including non-clinical staff, have an appropriate Disclosure and Barring Service (DBS) due to the presence of children and young people receiving treatment at the setting.

Workforce planning, training and organisational development

We found that there were enough appropriately qualified, experienced and competent staff to provide patients with safe care and treatment.

We saw that contingency plans were in place to ensure the needs of the service could be met in the event of unplanned absence, annual leave, vacancies or emergencies.

We were told that staff supervision was readily available for non-clinical and clinical employees, and that yearly appraisals were undertaken.

We were assured by the occurrence of dedicated whole team monthly meetings, which covered topics such as complaints, emails, pricing, patch testing and health and safety. Detailed meeting minutes were maintained and circulated to all staff.

We saw evidence that Core of Knowledge training and system machine specific training was completed by all laser operators. We saw that all staff were trained at the appropriate level for the safeguarding of adults and the safeguarding of children. A training matrix was in place to monitor staff compliance with 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
We noted that there were no 'no smoking' signs available inside the setting.	Patients may smoke on the premises causing a fire risk and harm to others.	We discussed this with the registered manager.	Staff proactively placed a visible sign in the waiting room during inspection.
On the day of inspection, all staff had expired first aid training.	Out-of-date knowledge potentially risks patient safety if incorrect procedures are followed.	We discussed this with the registered manager.	We saw evidence that the course had been booked, and we have since seen evidence that training has been completed.
Two treatment couches were seen to have fabric covers.	Fabric covers could reduce the ability to effectively clean services, potentially putting patients at risk of exposure to infection.	We discussed this with the registered manager.	The fabric covers were removed immediately.

Needle-stick injury algorithm posters were missing from the treatment rooms.	This poses a risk of delayed or inconsistent management of exposure incidents.	We discussed this with the registered manager.	Staff proactively placed needle-stick injury algorithm posters in all treatment rooms during the inspection.
Evidence was not available for infection prevention and control training.	Patients were potentially at risk of exposure to infection.	We discussed this with the registered manager.	Immediately following inspection, relevant infection prevention and control training was completed by all staff.
Information for a different geographical region was present in the Safeguarding Children's policy.	This could lead to confusion during a safeguarding concern, delaying the reporting process and increasing patient risk.	We discussed this with the registered manager.	This was proactively rectified by staff on the day, with All Wales Safeguarding Procedures added into the policy.

Appendix B - Immediate improvement plan

Service: Specialist Skin Clinic

Date of inspection: 15th 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 improvement plan was required for this inspection.					
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:

Appendix C - Improvement plan

Service: Specialist Skin Clinic

Date of inspection: 15th 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. Chaperone posters were not displayed in the reception area.	The registered manager must re-instate chaperone posters in the waiting room.	The Independent Health Care (Wales) Regulations 2011: Regulation 18(1)	Produce and put chaperone posters up in the reception area.	Dr Maria Gonzalez	30/04/2026
2. Review of medical history was not documented in patient records at each visit.	The registered manager must ensure that review of medical history is documented in patient records at each visit.	The Independent Health Care (Wales) Regulations 2011: Regulation 23(1)	To be discussed in the clinic meeting being held on the 19th of March to set up systems for recording reviews of medical history.	Dr Maria Gonzalez	31/05/2026
3. The Statement of Purpose didn't include a summary of the complaint's procedure, and the	The registered manager must ensure that a summary of the complaint's procedure, and the arrangements for respecting	The Independent Health Care (Wales) Regulations 2011: Regulation 6(1)	Statement of Purpose to be amended to include information about the complaint's procedure and	Dr Maria Gonzalez	30/04/2026

	arrangements for respecting privacy and dignity of patients.	the privacy and dignity of patients, are included in the Statement of Purpose.		arrangements for respecting privacy and dignity of patients.		
4.	A summary of complaints was not included in the patients' guide.	The registered manager must add a summary of complaints to the patients' guide.	The Independent Health Care (Wales) Regulations 2011: Regulation 7(d)	Summary of complaints to be altered to include a summary of complaints.	Dr Maria Gonzalez	30/04/2026
5.	Infection control processes undertaken between patient visits was not documented.	The registered manager must update its cleaning schedules to ensure that actions taken in between patients are recorded.	The Independent Health Care (Wales) Regulations 2011: Regulation 15	A protocol for cleaning between patient visits will be developed, recorded and followed by all clinical staff. This is to be discussed in the clinic meeting taking place on the 19th of March.	Dr Maria Gonzalez	31/05/2026
6.	The setting does not undertake infection prevention and control audits.	The registered manager must ensure that infection prevention and control audits are undertaken at regular intervals.	The Independent Health Care (Wales) Regulations 2011: Regulation 19(1)	Discussion to be held during the clinic meeting on the 19th of March 2026 about the implementation of infection prevention and control audits and the systems to be	Dr Maria Gonzalez	31/05/2026

				implemented afterwards.		
7.	Daily quality assurance checks of laser machine and protective eyewear were not documented.	The registered manager must implement a system to ensure clear documentation of daily laser machine checks, including the regular inspection of protective eyewear.	The Independent Health Care (Wales) Regulations 2011: Regulation 15	Forms for daily quality assurance checks to be produced for and attached to each laser, to include checks of laser machines and protective eyewear.	Dr Maria Gonzalez	31/05/2026
8.	All care records have been retained since the clinic opened twelve years ago.	The registered manager must ensure that their patient record storage complies with GDPR requirements and implement a process to monitor adherence to appropriate retention periods.	The Independent Health Care (Wales) Regulations 2011: Regulation 23 Schedule 3	Arrangements to be made to ensure that existing files that are older than the period of retention are securely destroyed and that future files outside of the retention period are destroyed regularly.	Dr Maria Gonzalez	31/05/2026
9.	DBS checks had not been completed for non-clinical staff.	The registered manager must ensure that all staff, including non-clinical staff, have an appropriate Disclosure and Barring Service (DBS) due to the presence of children and	The Independent Health Care (Wales) Regulations 2011: Regulation 21	DBS checks for non-clinical staff to be completed	Dr Maria Gonzalez	31/05/2026

		young people receiving treatment at the setting.				
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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): Dr Maria Gonzales

Job role: Medical Director

Date: 14/03/2026