

Independent Healthcare Inspection Report (Announced)

Allskin Laser Clinic, Abergavenny

Inspection date: 20 January 2026

Publication date: 20 April 2026



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Digital ISBN 978-1-83745-499-0

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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:

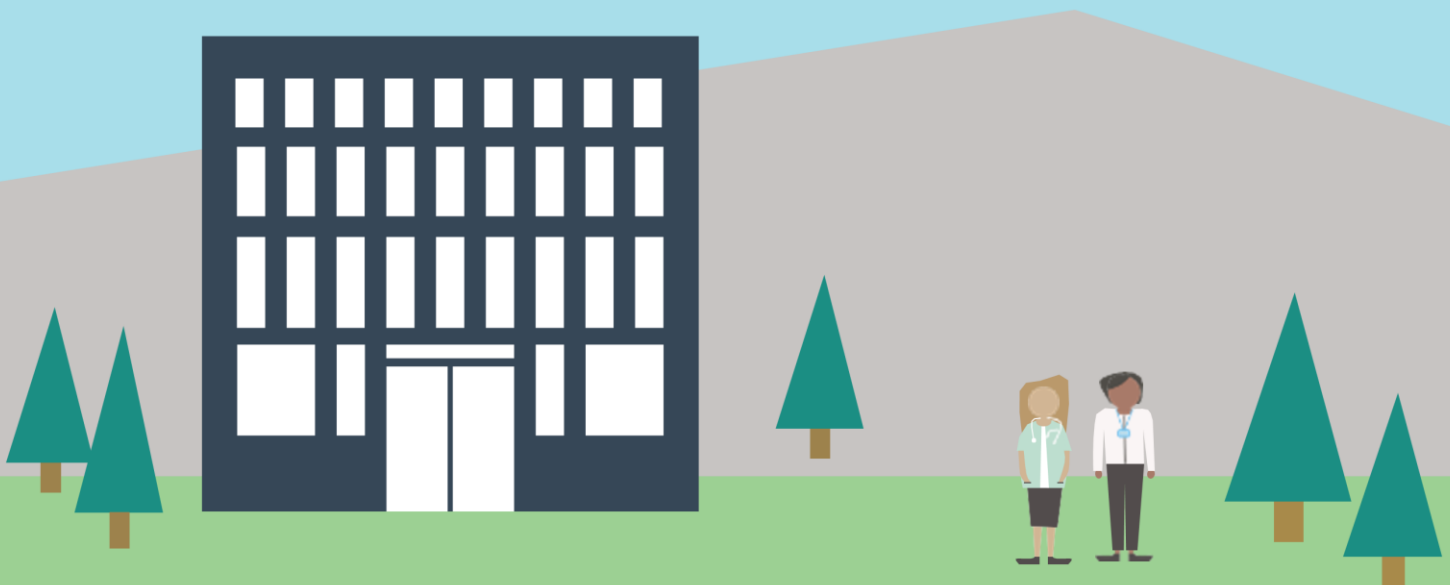
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Allskin Laser Clinic on 20 January 2026.

The inspection was conducted by a HIW healthcare inspector.

During the inspection we invited to complete a questionnaire to tell us about their experience of using the service. A total of 17 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that Allskin laser clinic provided a pleasant environment for patients, with the premises being visibly clean, tidy and well-maintained.

Appropriate information was provided before, during and after treatments and patients were invited to provide feedback.

Patients that responded to the HIW questionnaire expressed very positive views about the facilities, laser operator and treatment provided. All respondents rated the service as 'very good'.

This is what the service did well:

- Clean and pleasant environment
- Good range of information provided to patients
- Feedback actively sought and reviewed.

Delivery of Safe and Effective Care

Overall summary:

We found that the Allskin laser clinic maintained a good standard of safety and effectiveness in its care delivery. The environment was clean and well maintained.

The laser unit was in good condition, with appropriate safety measures and servicing records. A contract was in place with a qualified Laser Protection Advisor and the clinic had comprehensive local rules and treatment protocols. The operator had up-to-date training in the safe use of the laser.

Patient records were comprehensive and stored securely.

This is what we recommend the service can improve:

- Ensure electrical PAT testing is carried out annually
- Add further detail to the treatment register.

This is what the service did well:

- Comprehensive patient notes
- Effective procedures in place to provide safe care.

Quality of Management and Leadership

Overall summary:

The clinic owner was the registered manager and sole operator of the laser machine. They demonstrated a commitment to providing a high standard of service to patients. We found a positive attitude towards feedback and making improvements.

A range of policies and procedures were in place to promote the safe delivery of services.

This is what we recommend the service can improve:

- Ensure training requirements are monitored and acted upon.

This is what the service did well:

- Clear processes for dealing with complaints and significant events.

3. What we found

Quality of Patient Experience

Patient feedback

Responses to the HIW patient questionnaire were very positive with patients expressing very positive views about the facilities, laser operator and treatment provided. All the respondents rated the service as 'very good'.

Patient comments included:

"Treatment is carried out in secure, private, extremely clean yet comfortable setting which ensures an excellent client experience. The clinician provides very thorough information before and during the treatment and help is always offered if needed after treatment. I feel I am in very safe hands."

"Allskin laser clinic is always kept looking very clean and fresh, I am made to feel welcome and comfortable in the environment. I am always reminded of aftercare when I receive treatment and my care is taken very seriously which is hugely appreciated, I always feel very well respected in the clinic."

"[the owner] conducts her business in a professional and safe manner whilst ensuring there is a welcoming and calm atmosphere. She is knowledgeable and I feel safe being treated at her salon. There is nowhere else I would go."

"An amazing experience in a clean, comfortable salon, [the owner] is very professional and thoroughly explained all processes and procedures."

Dignity and respect

The treatment room had a lockable door and the external window was covered by a blind, to promote patient privacy. The registered manager said that the door to the treatment room was kept locked except when access was required and the mechanism highlighted to patients to ensure safe egress in the event of an emergency.

Patients were able to change, if necessary, in the lockable toilet adjoining the treatment room.

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. One respondent commented:

“[the owner] has been absolutely brilliant, her service is so friendly and professional. [the owner] approaches each session with dignity and sensitivity, as I wasn’t very confident in talking about my hair and removal- [the owner] makes me feel comfortable and at ease and I feel very confident in her treatment, preparation and aftercare.”

Patient information and consent

The registered manager told us that patients were provided with detailed information during consultations to ensure they could make an informed decision about their treatment. Examples were provided where treatment had been refused because informed consent could not be assured.

There was a policy in place about consent to treatment and a detailed form was used during consultations which required a patient signature to confirm their consent to treatment.

All respondents to the HIW questionnaire said they were given enough information to understand all treatment options and their risks and benefits, and that the cost was made clear to them before they received treatment. One respondent commented:

“[the owner] is so professional, everything was clearly explained to me and I was totally put at ease.”

Communicating effectively

The clinic had an up-to-date statement of purpose and patient information guide. Both documents were readily available in a patient folder in the treatment room and we were told they were embedded in the clinic website and on social media posts. The clinic had comprehensive treatment prices listed on their website.

Patients were invited to contact the clinic in person, by phone, or via social media and the website.

The clinic used a secure online portal where patients could book appointments and make payments. Links to the system were provided on the website and on social media. The registered manager provided examples where patients with limited digital access were able to contact the clinic by phone to make appointments and be provided with relevant information.

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

Care planning and provision

All patients underwent a face-to-face consultation and patch test prior to treatment, with the results documented as part of the patient treatment record.

The registered manager described appropriate arrangements for obtaining a medical history and procedures for the assessment, diagnosis and treatment of clients. This included patients completing a medical history form prior to the commencement of treatment. Further checks were carried out at each subsequent visit to identify any changes since the initial consultation.

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

“Always covers everything in depth before treatment. Thorough checks made regarding changes in circumstances and medication etc. Makes you feel at ease. Re-schedules appointments if required due to changes in medication etc.”

Equality, diversity and human rights

The clinic had an up-to-date equality and diversity policy in place, that referred to relevant legislation.

Physical restrictions at the clinic meant it could not be accessed by wheelchair users or patients with severely restricted mobility. This was made clear on the clinic website and we were told that patients would be referred to more accessible practices as appropriate.

All respondents to the HIW questionnaire agreed that they had not faced discrimination when accessing or using the service.

Citizen engagement and feedback

The clinic actively sought patient feedback. The online portal used to book appointments automatically invited patients to leave feedback following their treatment, using a scoring system and an option for free text. The registered manager was notified once a review had been submitted. Patients also provided reviews online and via social media.

The registered manager described how feedback was regularly reviewed and patients contacted if they had any issues or concerns.

Delivery of Safe and Effective Care

Environment

The premises were visibly clean, tidy and well maintained. The clinic was in a very good state of repair and provided a pleasant and welcoming environment for patients.

A mixed gender patient toilet was provided, with appropriate hand washing and drying facilities. We noted that free sanitary products were provided but no designated sanitary waste disposal was provided.

The registered manager must review the waste disposal arrangements to ensure suitable disposal of used sanitary products.

Managing risk and health and safety

The clinic had policies and procedures in place to help maintain the health and safety of staff and patients at the clinic. There was a health and safety policy in place with an associated risk assessment.

We saw evidence of an up-to-date electrical installation report and that portable appliance testing (PAT) had been carried out in 2024. We advised that PAT testing must be carried out on a regular basis, with annual checks being considered good practice. This was addressed immediately after the inspection with PAT testing being carried out.

The registered manager must ensure that PAT testing is carried out annually.

We found overall satisfactory arrangements in place for fire safety, with an appropriate fire extinguisher readily accessible. The fire extinguisher was a disposable type to be replaced every five years.

The fire exit was clearly indicated with appropriate signage. There was evidence of regular checking of fire detection systems. A fire risk assessment was in place and the practice manager described how actions identified were addressed and recorded.

The registered manager had not completed fire safety awareness training. The clinic consisted of a single room, with the registered manager being the sole operator. They were able to verbally demonstrate a good understanding of fire risk and there were robust fire safety arrangements in place including a comprehensive fire risk assessment. As such we were assured that this did not present an immediate risk to patient safety. However, we advised that relevant training be

undertaken as soon as possible. This was addressed immediately after the inspection and a certificate submitted as evidence.

The registered manager must ensure fire safety awareness training is updated regularly.

The registered manager confirmed that smoking or vaping were not allowed on the premises and this was verbally made clear to patients. However, 'no smoking' signs were not displayed.

The registered manager must ensure appropriate 'no smoking' signage is displayed.

A first aid kit was available with the contents being complete and up to date. The registered manager had up to date training in first aid.

Infection prevention and control (IPC) and decontamination

We observed all areas of the clinic to be visibly clean and free from clutter. The premises were in a very good state of repair enabling effective cleaning.

We saw appropriate hand hygiene arrangements with hand-washing facilities in the treatment room and provision of sanitising gel.

There was an IPC policy in place and the registered manager described appropriate cleaning arrangements, including detailed disinfection of equipment between patients. A detailed cleaning routine was used at the end of the day and the premises were notably clean.

The registered manager had undertaken IPC training however this was overdue for renewal. This was addressed immediately after the inspection and a certificate submitted as evidence.

The registered manager must ensure IPC training is updated annually.

The treatment room had a bin for clinical waste and there was a contract in place for appropriate disposal.

All respondents to the HIW questionnaire felt that IPC measures were being followed and that the setting was very clean.

Safeguarding vulnerable adults

The service was registered to treat patients aged 18 years and over. Staff told us that children were not allowed on the premises.

There was an up-to-date and comprehensive safeguarding policy in place. However, there was no reference to the Wales Safeguarding procedures. The registered manager downloaded the mobile phone application immediately during the inspection as an additional resource.

The registered manager had completed safeguarding training to level 3 which was considered good practice and was able to describe suitable actions to take in the event of a safeguarding concern.

Medical devices, equipment and diagnostic systems

The laser unit was in a good condition, visibly clean and in line with the HIW registration.

The door to the treatment room had appropriate signage to warn that a laser unit was in operation. The laser unit had a key switch and the key was held securely when the machine was not in use. Additionally, the door to the treatment room was kept locked when not being used.

The laser unit was regularly serviced and maintained with appropriate records kept.

A contract was in place with a suitably qualified Laser Protection Advisor (LPA). 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.

Safe and clinically effective care

The registered manager had appropriate and up to date training in the use of the specific laser unit and general Core of Knowledge training, in line with British Medical Laser Association (BMLA) guidelines.

Appropriate treatment protocols were in place, which included treatment techniques, parameters and permitted variations and actions to take in the event of an adverse incident.

Participating in quality improvement activities

Feedback from patients was encouraged and regularly reviewed, to help improve the service.

The registered manager carried out a comprehensive clinic audit annually. This included compliance, policies and procedures, patient records, laser safety, IPC,

safeguarding, environment and facilities. The audit was used to identify areas for improvement and any relevant actions.

Records management

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

We saw that a written treatment register was kept for the laser units. This included patient identification, date and type of treatment, treatment parameters and operator identification. We advised that additional detail should be provided to record shot count, where this was relevant.

The registered manager must ensure that, where relevant, shot count is noted in the patient treatment register.

The registered manager described secure and appropriate systems for the storage and retention of patient records. Patient files were seen to be kept securely.

Quality of Management and Leadership

Governance and accountability framework

The registered manager was the clinic owner and sole operator.

There was a good range of policies and procedures in place, to meet regulatory requirements. We recommended that more robust systems be put in place to ensure relevant training and compliance requirements were monitored more effectively.

The registered manager must put systems in place to ensure training and compliance requirements are monitored and updated effectively.

We saw HIW registration certificates were clearly displayed. The clinic had up-to-date public liability and employers' insurance with the certificate on display in the treatment room.

Dealing with concerns and managing incidents

There was a suitable complaints procedure in place and made available to patients. This included appropriate timescales for response and contact details to escalate concerns with external bodies.

Workforce recruitment and employment practices

As the registered manager was the sole operator, there were no recruitment policies or procedures. However, we saw evidence that they had undertaken relevant training and a certificate to show a check by the Disclosure and Barring Service.

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
Portable appliance testing (PAT) had been carried out in 2024. We advised that PAT testing must be carried out on a regular basis, with annual checks being considered good practice.	Testing equipment for electrical safety reduces the risk to patients.	The issue was raised with the registered manager.	This was addressed immediately after the inspection with PAT testing being carried out.
The registered manager had not completed fire safety awareness training.	Fire safety awareness training is an essential part of fire safety measures to protect patients.	We advised the registered manager that relevant training be undertaken as soon as possible.	This was addressed immediately after the inspection and a certificate submitted as evidence.
The registered manager had undertaken IPC training however this was overdue for renewal.	Regular IPC training reduces the risk to patients.	We advised the registered manager that relevant training be undertaken as soon as possible.	This was addressed immediately after the inspection and a certificate submitted as evidence.

Appendix B - Immediate improvement plan

Service: Allskin Laser Clinic

Date of inspection: 20 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 during the inspection.					

Appendix C - Improvement plan

Service: Allskin Laser Clinic

Date of inspection: 20 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. Sanitary products were provided in the patient toilet but no designated sanitary waste disposal was provided.	The registered manager must review the waste disposal arrangements to ensure suitable disposal of used sanitary products.	The Independent Health Care (Wales) Regulations 2011, Regulation 9	Sanitary waste disposal bin/ contract set up with 365 waste.	Rebecca Boucher	Immediately implemented.
2. We advised that portable appliance (PAT) testing must be carried out on a regular basis, with annual checks being considered good practice.	The registered manager must ensure that PAT testing is carried out annually.	The Independent Health Care (Wales) Regulations 2011, Regulation 26	New PAT test completed 26/01/26 following inspection.	Rebecca Boucher	Immediately completed in the days following inspection.
3. Systems were not in place to identify that	The registered manager must ensure fire safety	The Independent Health Care (Wales)	Fire Safety policy in place. Fire Safety	Rebecca Boucher	Training completed

	regular fire safety awareness training was required.	awareness training is updated regularly.	Regulations 2011, Regulation 26	training completed 10/02/26 and will be renewed annually.		immediately after inspection.
4.	'No smoking' signs were not displayed.	The registered manager must ensure appropriate 'no smoking' signage is displayed.	The Smoke-free Premises and Vehicles (Wales) Regulations 2020, Regulation 13	No smoking sign displayed on the single entry door next to the laser warning sign.	Rebecca Boucher	Displayed immediately after inspection.
5.	The registered manager had undertaken IPC training however this was overdue for renewal.	The registered manager must ensure IPC training is updated annually.	The Independent Health Care (Wales) Regulations 2011, Regulation 15	IPC training renewed 11/02/26 and will be renewed annually.	Rebecca Boucher	Renewed after inspection and will be renewed annually.
6.	A treatment register was kept that included almost all the required information. We advised that additional detail should be provided to record shot count, where this was relevant.	The registered manager must ensure that, where relevant, shot count is noted in the patient treatment register.	The Independent Health Care (Wales) Regulations 2011, Regulation 45	Record of shot count recorded on individual treatment records in the notes section. Daily treatment register sheets have been edited to account for a shot count record.	Rebecca boucher	Implemented immediately after inspection.

7.	More robust systems were required to ensure relevant training and compliance requirements were met.	The registered manager must put systems in place to ensure training and compliance requirements are monitored and updated effectively.	The Independent Health Care (Wales) Regulations 2011, Regulation 20	Tracking log created for renewal/ expiry dates for all qualifications, policies and documents and is stored at the front of the clinics document folder. This log will be checked monthly.	Rebecca Boucher	Created following inspection.
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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): Rebecca Boucher
Job role: Sole Owner/ Responsible person
Date: 19/03/26
 :