

# Independent Healthcare Inspection Report (Announced)

Clinic 10, Bretton

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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:

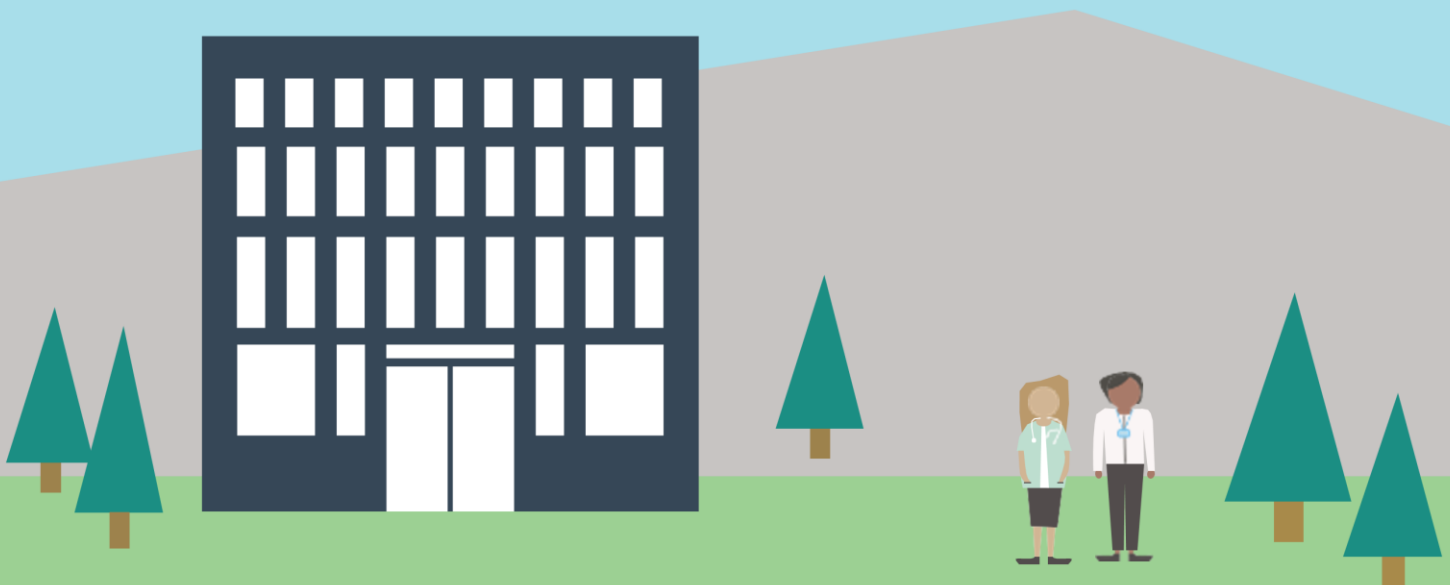
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Clinic 10, Bretton on 10 November 2025.

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 29 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 the staff at Clinic 10 to be committed to providing a positive experience for patients in a pleasant environment.

The treatment room was clean and tidy and ensured that the privacy and dignity of patients was maintained. Thorough pre-treatment consultations ensured patients understood the treatments provided and expected results.

This is what the service did well:

- Very clean and pleasant environment
- Level, step-free access throughout the premises for wheelchair users and patients with mobility difficulties.

### Delivery of Safe and Effective Care

Overall summary:

The clinic was well maintained with effective cleaning regimes in place.

There was an appointed Laser Protection Advisor (LPA) with up-to-date Local Rules, a visit report and risk assessment. Comprehensive treatment protocols were in place. Patient records were comprehensive, well organised and kept securely.

The operator had appropriate training and respondents to the HIW questionnaire demonstrated patient confidence in their knowledge and practice.

This is what we recommend the service can improve:

- Undertake training in fire safety awareness and first aid
- Ensure laser units are serviced at appropriate intervals
- Establish and maintain a comprehensive treatment register.

This is what the service did well:

- Comprehensive patient records, including photographs
- Good feedback from patients about the service provided.

## Quality of Management and Leadership

Overall summary:

The clinic owner was the registered manager and sole operator of the laser machines. 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 the service did well:

- Clear processes for dealing with complaints and significant events.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Patient responses to the HIW questionnaire were positive, praising the clinic's cleanliness, staff expertise, personalised service, and trustworthiness. All respondents rated the service as 'very good' or 'good'.

Patient comments included:

*“Love going to clinic 10 for a personalised service and amazing results in a beautiful clinic and setting.”*

*“Very clean, relaxed, private setting. Best clinic I've found for aesthetic beauty treatment!”*

*“Clinic 10 offers superb service and I trust the clinic totally.”*

#### Dignity and respect

The treatment room had a lockable door and the external windows were fitted with frosted glass and closed blinds, to ensure patient privacy during treatment. Music was played at the premises to promote patient privacy during treatment.

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

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

The operator told us that patients were provided with detailed information during consultations to ensure they could make an informed decision about their treatment. This was recorded electronically with patients signing to confirm their informed consent and attached to the patient record.

If the operator had any concerns about a patient being able to give informed consent or their suitability for a procedure they would refuse 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.

### **Communicating effectively**

The clinic had a website that provided information about their services, prices and contact details. The statement of purpose and patient information guide were not included on the website but were made available to patients.

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. This information was also available in the patient information leaflet and in the statement of purpose.

Patients were typically invited to contact the clinic by phone or via the website.

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 operator described appropriate arrangements for obtaining a medical history, and a procedure was in place for the assessment, diagnosis and treatment of clients. This included patients submitting an electronic medical history form prior to the commencement of any treatment.

In addition, a pre-treatment consultation was required to include recording a medical history, examination and assessment and taking photographs if appropriate. The operator would then discuss options for treatment, including the risks and benefits of any procedure. The patient would then be required to sign and date the consultation form. Verbal checks would be 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 before undertaking treatment.

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

The premises enabled wheelchair users and those with mobility difficulties to access the services. There was step free, level access throughout with all areas on the ground floor. The toilet was wheelchair accessible and fitted with a grab handle and emergency alarm.

The operator said that although large print documents were not provided routinely, these could be produced on request.

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

#### **Citizen engagement and feedback**

Patient feedback was actively sought with emails sent after each appointment with a link to provide online feedback. Typically, patients would leave reviews online or via social media.

The operator outlined how feedback was regularly reviewed and patients were encouraged to make contact 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 provided a pleasant and welcoming environment for patients.

A mixed gender toilet was provided, with appropriate hand washing and drying facilities. A small kitchen area was used to prepare hot drinks.

## 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.

We saw evidence of an up-to-date electrical installation report and portable appliance testing

Overall, satisfactory arrangements were in place for fire safety, with appropriately serviced fire extinguishers mounted correctly and clearly indicated. The fire exit was clearly indicated with the escape route easily apparent due to the layout and size of the premises. A fire risk assessment was in place and we noted that where actions had been identified, these had been addressed. The fire risk assessment was informally reviewed annually and we advised that this should be clearly recorded.

We noted that 'no smoking' signs were not on display. This was addressed during the inspection with appropriate signage being ordered. The operator had not undertaken up-to-date fire safety awareness training and we advised that this should be carried out.

**The registered manager should undertake fire safety awareness training.**

A first aid kit was available with the contents being complete and up to date. The operator did not have up-to-date training in first aid and we recommended that this be completed.

**The registered manager should undertake first aid training.**

## Infection prevention and control (IPC) and decontamination

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

The operator had completed IPC training and described appropriate cleaning arrangements. The operator wore appropriate personal protective equipment (PPE) during treatments, used disposable covers for the treatment bed and cleaned the room and equipment between clients. The treatment room included hand washing facilities.

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

Suitable arrangements were in place for the disposal of waste.

### **Safeguarding children and safeguarding vulnerable adults**

The service was registered to treat patients aged 18 years and over and the operator confirmed that only adults were treated. Children were discouraged from attending the premises but if present were always supervised by their caregivers.

The operator was not aware of the Wales Safeguarding procedures.

**The registered manager must ensure they have access to the Wales Safeguarding procedures, using the website and/or phone application.**

The operator had up-to-date training in safeguarding, to level 1 which was appropriate for non-clinical staff.

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

The two laser units were 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. Both laser units had key switches and keys were stored securely when the machines were not in use. Additionally, the door to the treatment room was kept locked when not being used.

We found that one of the machines had evidence of up to date, annual servicing and maintenance under a contract with the supplier. The second unit was purchased from new and the operator outlined a misunderstanding with the supplier about servicing intervals. As such, the unit did not have up-to-date servicing records. However, evidence of correspondence was seen with the supplier confirming that previous service visits had been cancelled due to engineer availability and that a service visit had been arranged and would take place a few days after the HIW inspection.

We advised the operator to put systems in place to ensure that servicing of the units was carried out at appropriate intervals, that did not rely on an external provider to monitor the servicing requirements.

**The registered manager must put systems in place to ensure that laser units are serviced at appropriate intervals.**

A contract was in place with a suitably qualified Laser Protection Advisor (LPA). We saw documentation of a high standard in place regarding a risk assessment, local rules and treatment protocols.

The LPA had visited the site within recent weeks and an appropriate visit report was available.

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

Appropriate and comprehensive treatment protocols were in place, signed by a medical professional. These included treatment techniques, parameters and permitted variation and actions to take in the event of an adverse incident.

Respondents to the HIW questionnaire praised the operator's expertise. Patient comments included:

*“[The operator] is very knowledgeable in her treatments and being in the industry myself I wouldn't trust anyone else with my face or body. She is a specialist in her own right and the clinic is spotless.”*

*“[The operator] is knowledgeable and communicates what will happen in a calm and thorough way. I wouldn't go anywhere else for this kind of treatment.”*

#### **Participating in quality improvement activities**

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

There was no formal audit regime in place, as the registered manager was the owner and sole operator of the equipment.

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

Patient records were all electronic and stored securely, using cloud-based services. The operator described appropriate retention periods for the management and disposal of records.

### **Records management**

We reviewed a sample of patient records and saw that comprehensive information was recorded electronically. This included patient identification, medical history, consent and consultation forms and treatment history.

We noted that treatments were recorded in individual patient records but there was no separate register of each occasion a laser unit had been used.

**The registered manager must put a treatment register in place, for each occasion a laser unit is used, that shows:**

- The name of the patient
- Date of treatment
- Operator name
- Nature of treatment - including area treated
- Treatment parameters
- Any accidents or adverse effects.

# Quality of Management and Leadership

## **Governance and accountability framework**

The registered manager was the owner and the sole operator of the laser machines at the premises.

We saw HIW registration certificates were clearly displayed. The clinic had up-to-date public liability and employers' insurance.

There was a range of policies and procedures in place, to meet regulatory requirements.

## **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.

An appropriate procedure was in place for managing incidents and significant events, including notification requirements.

## **Workforce recruitment and employment practices**

A recruitment policy was in place. However, the registered manager was the sole operator and had no plans to recruit additional staff.

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

The registered manager was the sole operator and managed their own 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
<p>We saw that one of the machines had evidence of up to date, annual servicing and maintenance under a contract with the supplier. The second unit was purchased from new and the operator outlined a misunderstanding with the supplier about servicing intervals. As such, the unit did not have up-to-date servicing records.</p>	<p>Regular servicing of equipment is required to ensure safe and effective use.</p>	<p>This was discussed with the registered manager.</p>	<p>Evidence of correspondence was seen with the supplier confirming that previous service visits had been cancelled due to engineer availability and that a service visit had been arranged and would take place a few days after the HIW inspection.</p>

# Appendix B - Immediate improvement plan

**Service:** Clinic 10

**Date of inspection:** 10 November 2025

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 assurance or non-compliance issues identified during the inspection.					

## Appendix C - Improvement plan

**Service:** Clinic 10

**Date of inspection:** 10 November 2025

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. The operator had not undertaken up-to-date fire safety awareness training.	The registered manager should undertake fire safety awareness training.	The Independent Health Care (Wales) Regulations 2011, Regulation 26	Training course undertaken and certificate provided.	Andrea Davies	Completed
2. The operator did not have up-to-date training in first aid	The registered manager should undertake first aid training.	The Independent Health Care (Wales) Regulations 2011, Regulation 9	Training course undertaken and certificate provided.	Andrea Davies	Completed
3. The operator was not aware of the Wales Safeguarding procedures.	The registered manager must ensure they have access to the Wales Safeguarding procedures, using the website and/or phone application.	The Independent Health Care (Wales) Regulations 2011, Regulation 16	Evidence was provided of up to date training in safeguarding and knowledge in this area. Though was not aware of the extra resource available- The Wales	Andrea Davies	Completed

				Safeguarding Procedures App - a further source of information in Wales, this was downloaded immediately.		
4.	We advised the operator to put systems in place to ensure that servicing of the laser units was carried out at appropriate intervals.	The registered manager must put systems in place to ensure that laser units are serviced at appropriate intervals.	The Independent Health Care (Wales) Regulations 2011, Regulation 15	Historically this was an isolated incident. Servicing was booked with the provider at the time of inspection but was subject to a provider cancellation and promptly rescheduled. Task Manager reminders are also in place now.	Andrea Davies	Completed
5.	We noted that treatments were recorded in individual patient records but there was no separate register of each occasion a laser unit had been used.	The registered manager must put a treatment register in place, for each occasion a laser unit is used, that shows: <ul style="list-style-type: none"> <li>• The name of the patient</li> <li>• Date of treatment</li> <li>• Operator name</li> <li>• Nature of treatment - including area treated</li> </ul>	The Independent Health Care (Wales) Regulations 2011, Regulation 45	Actioned and Ongoing.	Andrea Davies	Completed

- |  |   |  |  |  |  |
|--|---|--|--|--|--|
|  | <ul style="list-style-type: none"><li>• Treatment parameters</li><li>• Any accidents or adverse effects</li></ul> |  |  |  |  |
|--|---|--|--|--|--|

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):** Andrea Davies  
**Job role:** Manager / owner  
**Date:** 12 April 2026