

Independent Healthcare Inspection Report (Announced)

Aesthetics by Dr Tom Kamal, Vale of
Glamorgan

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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:

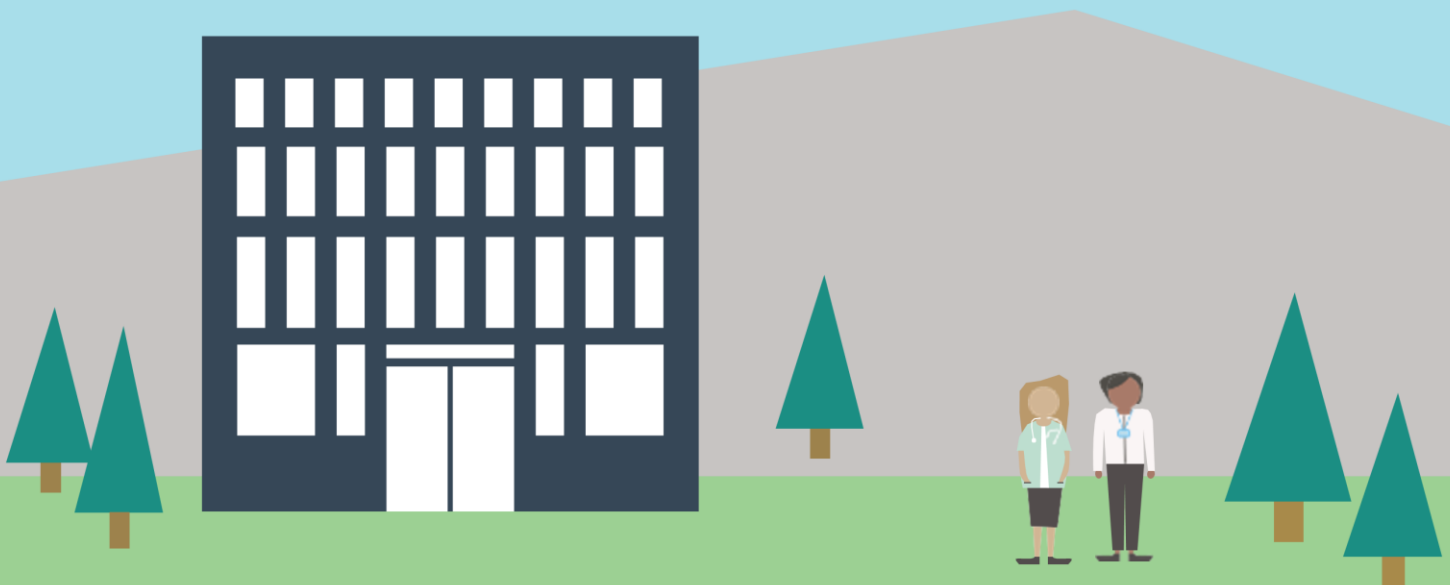
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Aesthetics by Dr Tom Kamal on 10 February 2026.

Our team for the inspection comprised of a HIW healthcare inspector and a clinical peer reviewer.

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 14 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:

Highly positive feedback about the service was provided by patients. All respondents to the patient questionnaire reported that staff treated them with dignity and respect, protected their privacy, explained procedures clearly, listened to their questions and involved them in decisions about their care. All respondents rated the service as very good and the majority highlighted the professionalism and thoroughness of the clinician, as well as the cleanliness and calm atmosphere of the clinic.

Patients felt supported to live healthier lives, with consultations including discussions on healthy lifestyle choices, protein intake, muscle mass, smoking cessation and safe alcohol consumption. Additional online healthy-eating information was also provided.

Privacy and dignity were upheld using screens, blinds and lockable consultation rooms. A chaperone policy was in place and patients could be accompanied during consultations.

Patients were given clear information to support informed decision-making. An up-to-date consent policy existed and medical questionnaires were completed in advance to support effective assessment. Information was accessible in multiple formats and translation support was offered when required.

Continuity of care was maintained through planned follow-up appointments and patients received clear explanations about treatment options, risks, costs and red-flag symptoms.

The service demonstrated a commitment to equality and diversity, with policies, training, reasonable adjustments and accessible premises supporting equitable access.

This was what the service did well:

- Excellent patient-reported experience, with consistently positive feedback
- Strong communication, with clear explanations and accessible information
- Effective systems to maintain privacy, dignity and equality of access.

Delivery of Safe and Effective Care

Overall summary:

The environment was safe, clean and well maintained. Access to the premises was secured with a key-code entry system, fixtures and furnishings were in good condition. Required safety documentation was in place, including a current electrical installation inspection report, a gas safety certificate and evidence of Portable Appliance Testing. Patients described the clinic as clean, spacious and professionally presented.

Robust systems were in place to manage risks to health and safety. The service held a current escalation policy and Business Continuity Plan. Staff understood their responsibilities in the event of a medical or fire emergency, supported by up-to-date basic life support and first aid training. A workplace health and safety risk assessment, an Anaphylaxis Policy and a Contingency Policy were all current. Fire safety arrangements were comprehensive, with regular testing, fire drills, clear signage and serviced equipment.

Infection prevention and control (IPC) procedures were effective. Cleaning was undertaken by a contracted provider and the manager, with completed cleaning schedules available. Clinical waste disposal was appropriately managed and up-to-date IPC and decontamination policies were in place. Patients commented positively on the cleanliness of the clinical environment.

Safeguarding arrangements were appropriate. The registered manager, acting as safeguarding lead, was trained to level three and had direct access to safeguarding bodies. Children were not treated at the clinic and when present, always remained with parents. Relevant safeguarding and whistleblowing policies were available.

Quality improvement activity included patient feedback and a weight-loss audit. No notifiable incidents had occurred. Record-keeping systems were secure and reviewed records were found to be accurate and compliant.

This was what the service did well:

- The premises were consistently safe, clean and well maintained
- Strong emergency preparedness, including up-to-date training and clear procedures
- Effective IPC arrangements with very positive patient feedback on cleanliness.

Quality of Management and Leadership

Overall summary:

The service demonstrated effective governance arrangements supported by clear lines of reporting and a structured framework for decision-making. An up-to-date statement of purpose was available and the inspection confirmed that the service operated in accordance with it. A patient guide was also accessible to service users.

Policies and procedures were reviewed and approved prior to implementation, with documentation written and signed off by the registered manager and the manager. Systems ensured that relevant guidance and safety updates from external bodies, including the Medicines and Healthcare products Regulatory Agency (MHRA) and Welsh Government, were shared and acted upon. The HIW registration certificate and schedule were prominently displayed in both English and Welsh, also current employer and public liability insurance were evidenced. Overall, the service was well managed and organised.

Processes for managing concerns were effective. Patients were informed of the complaints procedure through the service website and booking information. An up-to-date complaints policy outlined the procedure for logging, investigating, acknowledging and responding to complaints. Where a concern related to the registered manager, complaints were overseen by the office manager to ensure independence. Information on raising concerns, giving feedback and accessing health-promotion materials was readily available. The service understood HIW notification requirements and no reportable events had occurred.

Recruitment and employment practices were safe and compliant. The registered manager provided all clinical care, supported by current professional registration and an annual NHS appraisal. An in date, enhanced, DBS check and evidence of Hepatitis B immunisation were available. A current recruitment and selection policy was in place and appropriate checks had been completed for a contractor as part of planned service expansion. Training records were up to date and supervision arrangements were in place.

This was what the service did well:

- Strong governance structure with clear reporting lines and well-maintained documentation
- Robust complaints handling process with transparent information for patients
- Safe recruitment practices supported by current professional checks, training and appraisal.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care at Aesthetics by Dr Tom Kamal for the inspection. In total, we received 14 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 14 responses.

All respondents strongly agreed that staff treated them with dignity and respect, protected their privacy, explained procedures, listened to questions and involved them in healthcare decisions. All respondents rated the service as very good. Patients provided positive comments praising Dr Tom's professionalism, thoroughness and the clinic's cleanliness and atmosphere. Patients commented:

"I had a fabulous aesthetic consultation and couldn't be happier with the experience. From the moment I walked in, I felt welcomed, listened to and genuinely cared for. The consultation was incredibly thorough and informative, with everything explained clearly and honestly—no pressure, just expert guidance tailored to my goals. What really stood out was the attention to detail and the personalised approach. I left feeling confident, excited and reassured that I was in the best possible hands."

"Love coming to see Dr Tom! Always so professional and supportive. Been coming for the last year and have told a lot of my friends who have been really impressed too."

"What really stood out was the attention to detail and the personalised approach. I left feeling confident, excited and reassured that I was in the best possible hands."

"I was made to feel so at ease, this kind of appointment can be daunting but I felt in complete safe hands. Dr Tom was so kind. Nothing was ever enough for him. I was given time to think about my decision. Super thorough and safe. His reputation was outstanding."

"I would recommend Dr Tom to everyone! He was so professional and knowledgeable. The clinic was always so clean and calm I feel so comfortable and relaxed being there."

“I have been coming here for a year or two now and I always have the best experience. I always feel like I’m in very safe hands.”

“Brilliant clinic and Doctor. Best I’ve ever had!!!”

Health protection and improvement

Patients were supported to live healthier lives at consultation and they were sent online healthy eating information. We were told that the initial consultation included discussion about the benefits of healthy lifestyles, protein content, also muscle mass and to direct the patient to a healthy lifestyle in conjunction with the medications prescribed. Additionally, smoking cessation and safe alcohol consumption would be discussed.

Dignity and respect

Consultation rooms were equipped with screens and windows were fitted with blinds. All rooms had lockable doors to ensure confidentiality.

A chaperone policy was in place and patients were able to have a chaperone present during their consultation.

Patient information and consent

We were told that patients were provided with the information they needed at the appropriate time and in a manner they could easily understand, supporting them to make informed decisions about their care.

An up-to-date written policy on obtaining informed consent was in place.

Prior to their appointment, patients were issued with a comprehensive medical weight-loss questionnaire to ensure all relevant information was gathered in advance.

Communicating effectively

Patients received clear and accurate information when they needed it and in a way they could easily understand. The service’s statement of purpose was up to date, contained all required information and was made available on the website, within booking documents and in printed form upon request.

A patient guide was available and the version reviewed during the inspection was appropriate and comprehensive.

Information was provided in a manner that took account of patients’ language and communication needs. While the website and clinic did not yet include language

preference options, the service reported it would explore incorporating a translation function. Patients could also complete the medical questionnaire in person during their appointment if preferred, rather than via the online portal. An online translation service was used where necessary to support communication.

Patients would be informed about their treatment options, the care they received and any post-treatment instructions during the consultation. Continuity of care was maintained through follow-up appointments at three to four weeks, delivered face-to-face in line with regulatory requirements. Patients were given clear advice on recognising red-flag symptoms, such as those associated with pancreatitis and were informed where to seek help if these occurred.

Information about treatment costs was available on the service's website and explained again during consultations as part of the treatment planning process.

The service ensured that information remained accessible to patients without digital access. Forms could be printed and provided directly and patients were able to make appointments through several non-digital routes, including a dedicated phone line and email.

All patients who answered in the survey that they underwent procedures, agreed they received sufficient information on treatment options and risks, clear cost explanations, medical history checks and signed consent forms.

Care planning and provision

We were told that patients received care that was timely, appropriate and delivered by the right staff. They were kept informed of any waiting times or delays, with information provided verbally and updates shared through the service's social media channels to ensure individuals were aware of any changes to their planned treatment.

Patients were able to access support from staff in a timely manner before, during and after treatment. A dedicated appointment slot was reserved for weight-loss patients, ensuring they could access the service promptly and with minimal delay.

All respondents to the survey agreed that staff treated them with dignity and respect, protected their privacy, explained procedures, listened to questions and involved them in healthcare decisions.

Equality, diversity and human rights

The registered manager stated that patients were treated equally and staff demonstrated an approach that upheld the rights of all individuals, including transgender patients, who were treated in the same way as other patients. This

demonstrated a commitment to promoting equality and diversity, ensuring that discrimination was challenged and that people's human rights were protected.

Policies and training were in place to support the protection of patients from discrimination and an up-to-date written policy on equality and diversity was available.

Reasonable adjustments were in place to ensure people, including those with protected characteristics, could access the service on an equal basis. The service was located on the ground floor, with steps to the building but a ramp available to support accessibility. Parking was available directly outside the setting.

All respondents in the patient questionnaire felt they could access appropriate healthcare without discrimination and reported no experiences of discrimination.

Citizen engagement and feedback

The views of patients using the service were actively sought and used to support ongoing service improvement. Feedback was gathered through a range of methods, including online reviews, verbal and written comments and a quick response (QR) code available within the clinic that directed patients to an online feedback form. This feedback was reviewed monthly.

Results from patient feedback were made available on the service's social media platforms and website, together with information on how the service had acted upon the feedback received. We were told that a notable feature of the clinic's approach was the absence of marketing that encouraged rapid escalation to high doses of treatment. Instead, the philosophy centred on maintaining the lowest physiologically effective dose.

Patient feedback was used to inform service improvement. Overall, feedback was very positive, with patients valuing the wraparound care provided by the clinic. Some comments highlighted concerns regarding pricing. The service reported that medication costs continued to rise, which limited the scope to adjust prices without compromising viability.

Delivery of Safe and Effective Care

Environment

The premises were safe and fit for purpose. Access to the building was secured using a key-code entry system, preventing unauthorised access. The environment was visibly clean, safe and well maintained. Fixtures, fittings and furniture were in a good state of repair, with no obvious hazards, such as clutter or tripping risks observed.

We noted a current five-year electrical installation inspection report was in place, confirming the safety of the electrical system. There was also a current gas safety certificate available confirming gas appliances were safe to use. Evidence of Portable Appliance Testing (PAT) was seen and documented, confirming that electrical equipment was maintained safely.

All patients who expressed an opinion in the patient survey found the building accessible and very clean. Respondents commented:

“Very clean and spacious venue. Easy access. Clinic room was bright and warm.”

“The clinic room was designed and managed to a high professional standard.”

Managing risk and health and safety

The service had appropriate measures in place to manage risks to health and safety, including suitable arrangements to respond to a patient emergency. A current escalation policy and Business Continuity Plan were available, with relevant contact details for utility companies and key services.

The registered manager understood their role and responsibilities in the event of an emergency, including fire or medical collapse. The registered manager had completed basic life support training.

A suitable first aid kit was available and a defibrillator was located outside the premises and relevant first aid training had been completed.

A workplace health and safety risk assessment had been completed and was up to date, with evidence available for review. The setting also had an in-date anaphylaxis policy and a contingency policy.

An up-to-date fire risk assessment was available, accompanied by an action plan to address identified risks. Evidence showed that fire safety precautions had been reviewed at least annually, with logs confirming regular testing of detection equipment and routine fire drills. A fire safety equipment maintenance contract was in place. Fire safety training had been completed.

The premises had clear 'No Smoking' signage and instructions for actions in the event of a fire were prominently displayed through illuminated signs and wall stickers. Means of escape were adequate and fire exits were clearly signposted. Fire extinguishers were available, appropriately located and showed evidence of servicing.

Infection prevention and control (IPC) and decontamination

The setting had appropriate arrangements in place to promote effective IPC and safe decontamination practices. A contracted cleaning company was responsible for cleaning the building and the clinical room was cleaned by both the cleaning company and the registered manager, who undertook cleaning of clinical equipment. Cleaning schedules were available and demonstrated that required cleaning had been completed.

Suitable arrangements for clinical waste disposal were in place through a current contract with a registered waste carrier. Up-to-date policies on IPC and decontamination were in place and were reviewed during the inspection. IPC training had been completed at the required level. Patients stated:

“The setting was absolutely immaculate. I was really taken back by how pristine the setting was.”

“His room was a very clean clinical environment, waiting area in the communal building was a bit cluttered.”

Medicines management

Medications were not held at the setting. Medication was prescribed at setting and the private prescription medications used were available through an online pharmacy.

Safeguarding children and safeguarding vulnerable adults

The registered manager was the safeguarding lead and had completed level three safeguarding training. The registered manager confirmed they had direct access to the relevant safeguarding bodies and was aware of the actions to take in line with the setting policies. Up-to-date written safeguarding and whistleblowing policies and procedures were available.

No individuals under the age of 18 were treated at the clinic. Children were discouraged from attending appointments. When a child accompanied a parent, they always remained with both the parent and the clinician.

Safe and clinically effective care

We were told that all patients underwent an assessment to ensure treatment was suitable and safe. We were told that if the service believed the treatment was not appropriate they would explain why and would advise alternative options or referral to another healthcare professional. Treatment was only offered when it was safe and appropriate to do so and was tailored to individual clinical need.

Whilst weight loss injections were not administered on site, the clinic provided demonstration pens to enable the patient to understand how to administer the injections

All patients who had treatment strongly agreed they received clear aftercare instructions and guidance on infection or emergency contacts.

Participating in quality improvement activities

The quality of the services provided was assessed and monitored through feedback from patients and the completion of a weight-loss audit.

The service had also been nominated for the Safety in Beauty Awards and received a 'highly commended' recognition.

Information management and communications technology

Patients were required to complete a comprehensive medical weight-loss questionnaire prior to their appointment. This captured detailed patient information, including medical history such as thyroid conditions, pancreatitis risk and any indicators of eating disorders, to ensure these could be appropriately identified and managed.

All information was recorded within the service's electronic system, Aesthetic Docs, which securely stored the relevant documentation on a cloud-based platform.

Records management

A records management policy was in place. A review of two patient records found them to be up to date, accurate and compliant with regulatory requirements. The records were stored within the service's electronic system and included completed consent forms and medical questionnaires, which formed the basis of the clinical assessment.

Quality of Management and Leadership

Governance and accountability framework

The service was well led, with clear lines of reporting and a robust framework to support effective decision-making.

An up-to-date statement of purpose was available for patients and the inspection confirmed that the service was operating in accordance with this. A patient guide was also available.

A lines-of-reporting document was seen during the inspection. Policies and procedures were reviewed and agreed prior to implementation, with documents written and approved by the registered manager.

Systems were in place to ensure that recommendations and safety information from external bodies, such as MHRA and Welsh Government, were shared and implemented. Updates received through the registered manager's NHS role were actioned within the private clinic.

The HIW registration certificate and schedule were prominently displayed within the clinic in both English and Welsh. The service was compliant with its conditions of registration. Evidence was seen confirming that current employer's insurance and public liability insurance were in place.

Overall, the service was found to be very well managed and organised.

Dealing with concerns and managing incidents

The service had effective processes in place for managing concerns. Patients were made aware of the complaint's procedure, which was available on the clinic's website and included within the information sent to patients when booking an appointment.

An up-to-date complaints policy was in place. The policy set out the process for receiving, logging and investigating complaints and included the standard protocol for acknowledging and responding to patients.

Where a complaint related to the registered manager, who was also the registered provider and responsible individual, these were managed by the office manager to ensure an appropriate level of oversight and independence.

Information was available to patients on how to provide feedback, raise a concern, make a complaint and access health promotion materials.

The service understood the procedure for notifying HIW of certain events. However, no reportable events had occurred.

Workforce recruitment and employment practices

The service had safe and effective recruitment arrangements in place to safeguard the health, safety and welfare of patients using the service.

There were no additional staff employed, with the registered manager, providing all clinical care. Evidence showed that their professional registration remained current, supported by an annual review undertaken through their NHS employment. The most recent review was dated in early 2026 and the relevant documentation was available.

The registered manager accessed occupational health advice through their NHS role. A system was in place to ensure individuals remained suitable to work for the service. An enhanced disclosure barring service (DBS) check had been completed and evidence of Hepatitis B immunisations was available.

A suitable and up-to-date recruitment and selection policy was in place. The service also engaged a contractor, for whom the required checks had been completed. This formed part of plans to expand the service.

Workforce planning, training and organisational development

The service ensured that staffing arrangements were safe and appropriate. Although only one member of staff was employed, they were appropriately qualified and experienced for the role.

Arrangements for staff supervision and appraisal were in place. The registered manager received an annual appraisal through their NHS employment and evidence of this was reviewed during the inspection.

Training records were up to date.

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 was 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
No immediate concerns were identified on this inspection			

Appendix B - Immediate improvement plan

Service: Aesthetics by Dr Tom Kamal

Date of inspection: 10 February 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. There were NO immediate non-compliance issues.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan was actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Aesthetics by Dr Tom Kamal

Date of inspection: 10 February 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. There were no areas for improvement identified during this inspection and the service was not required to complete an improvement plan.					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan was actioned.

Service representative:

Name (print):

Job role:

Date: