

Independent Healthcare Inspection Report (Announced)

The Private Clinic Swansea, Swansea

Inspection date: 12 February 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 The Private Clinic Swansea, 117 Glanmor Road, Swansea, SA2 0RN on 12 February 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 fourteen were completed. 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:

The Private Clinic Swansea was a new clinic formed following the closure and rebranding of the previous service. All patients who responded to the HIW questionnaire rated the service as very good.

The laser and Intense Pulsed Light (IPL) treatment room was clean and well organised, with secure facilities ensuring confidentiality. Information was only available in English, whilst there were no translation arrangements in place. Consultations could be booked online, with further appointments arranged by other methods. Patients received clear information on treatment options, risks, benefits and costs during consultations, with digital access to forms provided beforehand.

We found the clinic to be an inclusive environment although the laser and IPL treatment room was inaccessible to patients with impaired mobility and wheelchair users.

At the time of the inspection, no patients had yet been treated at the clinic. Following the inspection, the registered manager provided evidence demonstrating that treatment registers were being completed appropriately, providing a clear and auditable record of all laser and IPL treatments undertaken after the inspection.

This is what we recommend the service can improve:

- To arrange an appropriate translation service.

This is what the service did well:

- Online appointments only available for consultations ensuring all patients had a patch test prior to commencing a course of treatment.

Delivery of Safe and Effective Care

Overall summary:

The premises were well maintained with refurbishment being carried out the time of the inspection. We found the clinic to be safe and secure, with electrical wiring and gas safety inspections completed. In general, there were good arrangements in place for fire safety although some additional signage was required.

The treatment rooms were visibly clean with appropriate infection control processes in place. We found suitable arrangements for the storage and disposal of clinical waste.

The clinic was registered to treat patients aged 12 and above. We found good processes in place for the safeguarding of children and vulnerable adults who may visit the premises.

A Laser Protection Advisor (LPA) was appointed, while up-to-date Local Rules and laser and IPL risk assessments were in place. Medical protocols were current and readily available. The laser and IPL machines were serviced appropriately. Protective eyewear was available; however, some items showed signs of wear and were removed from use. The registered manager confirmed that replacement eyewear had already been ordered and provided assurance that they would be in place before treatments commenced.

At the time of the inspection, there had not been any treatments provided to patients at The Private Clinic Swansea. Therefore, there were no records available for review.

This is what the service did well:

- Good safeguarding arrangements in place
- Well organised laser and IPL file with up-to-date protocols and risk assessments
- Clear evidence of desire to continually improve service provision with refurbishment work ongoing.

Quality of Management and Leadership

Overall summary:

The Private Clinic Swansea was owned and run by the registered manager who was the sole laser and IPL operator, although they were actively looking to recruit new staff. We found appropriate recruitment processes were in place and plans for monitoring staff training had already been prepared.

There was a good range of policies in place that would help any new staff carry out their duties effectively, although some lacked version control. There was a complaints procedure in place. Whilst this included the contact details for other organisations should a complainant wish to escalate an issue there was no reference to independent advocacy services.

This is what we recommend the service can improve:

- To ensure all policies contain version history and review dates

- To amend the complaints procedure to include details of independent advocacy services.

This is what the service did well:

- Good range of policies in place and readily available for any new staff
- Good recruitment processes in place.

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the services provided. In total, we received fourteen completed questionnaires. All respondents rated the service they received as very good.

Some of the comments provided by patients on the questionnaires included:

“The staff are very informative and make you feel comfortable... I would highly recommend this clinic.”

“Amazing. Very professional services, with very knowledgeable and caring staff...”

Dignity and respect

We saw that The Private Clinic Swansea had one laser and (Intense Pulsed Light) IPL treatment room located in the basement. We found the room to be visibly clean, tidy, and well organised. The treatment room door was lockable, and a suitable covering was over the window enabling patients to change in privacy. We were told all confidential discussions and consultations took place within the treatment room to ensure privacy.

Patients were permitted to bring their own chaperones to attend the consultation but not permitted into the treatment room during treatment. The clinic had a suitable written chaperone policy in place.

All respondents who answered the HIW questionnaire said they were treated with dignity and respect and were as involved as they wanted to be in making decision about their treatment. All agreed that measures were taken to protect their privacy.

Communicating effectively

We reviewed the patients’ guide leaflet available from reception and the statement of purpose provided by the registered manager and found both compliant with the regulations. We were told that the clinic plan to email a digital version of the patients guide to all clients.

We found clinic information was only available in English. The registered manager confirmed they could arrange a translator if a language other than English was required, although there were no arrangements in place at the time of the inspection.

The registered manager must arrange an appropriate translation service.

We were told that only initial consultations could be arranged via the clinic website. All subsequent treatment appointments would be arranged by telephone, email or whilst in the clinic. This enabled the clinic to ensure that patch tests were carried out on all new patients.

Patient information and consent

During the inspection, treatment registers were available for each laser and IPL device. No patients had been treated at that time and therefore the registers had not yet been completed. Following the inspection, the registered manager submitted evidence demonstrating that treatment registers were being completed appropriately for patients treated after the inspection.

We saw that all patients were given a patch test prior to commencing a course of treatment to determine the likelihood of adverse reactions. We saw that patients provided written consent before every treatment provided. We saw that the clinic had an appropriate up-to-date written consent policy in place.

All respondents who answered the HIW questionnaire confirmed they had completed a full medical history check and signed a consent form before receiving treatment.

Care planning and provision

We were told that during the initial consultation patients were informed of their treatment options and associated costs. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered along with pre-treatment instructions and aftercare guidance. We were told that prior to attending their first treatment, each patient was provided digital access to their consultation form to review and consider the information given.

We were told that the clinic tailored their treatment plans to the individual needs of the patient. We were assured that patients were provided with enough information to make an informed decision about their treatment.

All respondents to the HIW questionnaire agreed that they had been given enough information to understand their treatment options and their risks and benefits, and that the costs had been made clear to them before agreeing to any treatment. All

confirmed they were given adequate aftercare instructions to aid healing and were given clear guidance on what to do in the event of an infection or emergency.

Equality, diversity and human rights

We considered the clinic was an inclusive environment irrespective of any protected characteristic, and that the clinic respected patient diversity and rights. The clinic had an up-to-date equality, diversity and inclusion policy in place and we saw that relevant training had been completed in this topic.

We were told that patient needs would be accommodated wherever possible, with documents and forms read on behalf of patients when necessary. However, as the laser and IPL treatment rooms were in the basement, we considered these services were not accessible to patients with impaired mobility or wheelchair users.

We were told that transgender patients were treated with dignity and respect and that preferred names and pronouns would be used as required.

Most respondents who answered the HIW questionnaire (12/14) confirmed they had not faced discrimination when accessing the service whilst the remaining two respondents skipped the question.

Citizen engagement and feedback

We were told that patient feedback was mainly obtained through online reviews or in person at the clinic. A patient survey was conducted on an annual basis and a suggestions box was available in the patient waiting area for patients to provide anonymous feedback.

The registered manager advised that feedback is assessed and analysed on an ongoing basis. We discussed options for making the results from patient feedback available via a 'You said, we did' type notice in the waiting area or on the clinic website.

Delivery of Safe and Effective Care

Managing risk and health and safety

The building appeared well maintained both internally and externally, with suitable security measures to prevent unauthorised access. At the time of the inspection interior refurbishment work was being carried out, during which the clinic was not providing any treatments to patients.

The electrical wiring in the premises had been inspected within the last five years, whilst a Portable Appliance Testing (PAT) was booked for the following week. We received a copy of the PAT test report once this was completed, helping to ensure electrical appliances were safe to use. A current gas safety certificate was in place.

We inspected the fire safety arrangements at the clinic and found a suitable up-to-date fire risk assessment had been carried. Evacuation routes were clear and appropriately signposted while fire extinguishers had been serviced within the last 12 months. We saw evidence that fire alarm checks were conducted regularly and found that fire safety awareness training was up to date. However, we noted that opening the front door obscured the fire action plan sign and advised the service to relocate it, so it is always visible in an emergency. We also noted that ‘no smoking’ signs had not yet been displayed in the clinic. We received confirmation following the inspection that the action plan sign had been moved to a more suitable location, and ‘no smoking’ signs had been displayed.

We found suitable risk assessments for the use of each of the laser and IPL machines had been recently conducted by a Laser Protection Advisor (LPA). A health and safety risk assessment and relevant training in the subject had been completed.

We inspected the first aid kit and found all items in date whilst the registered manager was qualified to administer first aid treatment.

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly very clean and tidy. Furniture, equipment and fittings were of materials that were easy to wipe down while appropriate infection control arrangements were described. The clinic had an IPC policy in place, and we found that cleaning schedules were used. However, IPC training was not up to date. We raised this with the registered manager who completed the training shortly following the inspection.

There was a suitable contract for the collection and disposal of clinical waste, and we found that this was stored securely while awaiting collection.

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

Safeguarding children and safeguarding vulnerable adults

The service is registered to predominantly treat patients aged 18 years and over although hair reduction treatments could be provided to patients aged 12 and above. The registered manager confirmed that this was complied with at all times. We were told that parents or legal guardians must attend consultations, give consent and attend all treatments where patients are under 18.

We saw the registered manager had completed up-to-date safeguarding training for both children and vulnerable adults. An up-to-date safeguarding policy was in place with clear procedures to follow in the event of a safeguarding concern. This included the contact details of the local safeguarding teams. The registered manager had online access to the Wales Safeguarding Procedures to ensure the clinic always have the latest guidelines available.

Medical devices, equipment and diagnostic systems

We found the laser and IPL machines were the same as registered with HIW and that annual servicing and calibration checks had been completed. A system of daily equipment checks was described and recorded on the clinic customer relationship management (CRM) system.

The clinic had a contract in place with a Laser Protection Adviser who had reviewed the local rules for the safe operation of the laser and IPL machines in January 2026. There were up-to-date professional protocols in place for each of the machines, which had been written and approved by an expert medical practitioner.

Safe and clinically effective care

There were appropriate signs outside the treatment room to indicate the presence of the laser and IPL machines and when they were in use. A lock was fitted to the door to prevent unauthorised entry when the machines were in use.

Protective eyewear was available for both patients and machine operators and was observed to be clean and appropriately stored. Most items were in good condition and suitable for use. However, two pairs of protective eyewear were beginning to show signs of wear and required replacement. These items were removed from use to prevent accidental use, and the registered manager confirmed that replacement protective eyewear had been ordered.

We found evidence that up-to-date core of knowledge and device specific training had been completed for each of the laser and IPL machines. There were suitable arrangements to keep the machines secure when not in use, which included alarmed premises and CCTV.

Records management

Patient records at the clinic were to be held electronically and protected by individual login and password for security. The clinic had a comprehensive data retention and disposal policy in place to help ensure compliance with the regulations.

At the time of the inspection, there had not been any treatments provided to patients at The Private Clinic Swansea. Therefore, there were no records available for review.

Quality of Management and Leadership

Governance and accountability framework

The Private Clinic Swansea is owned and run by the registered manager who was, at the time of the inspection, also the sole laser and IPL operator. We were told that they were currently looking to recruit an additional operator to provide treatments at the clinic.

We inspected a range of policies that were in place. However, we found that some policies were not appropriately version controlled and lacked issue and review dates. We discussed ensuring that any new staff are made aware of the clinic policies and that they sign each to confirm that they have read and understood the policies

The registered manager must ensure all policies contain version history and review dates.

Dealing with concerns and managing incidents

We saw a suitable complaints procedure displayed in the waiting area. This contained appropriate time frames responding to patient concerns and included contact details of other organisations should the patient wish to escalate any issues. However, we found there was no signposting to independent advocacy services that could assist patients in raising a concern.

The registered manager must amend the complaints procedure to include details of independent advocacy services.

All complaints were to be recorded within a complaints file although there had been no complaints raised.

Workforce recruitment and employment practices

We were provided with a current Disclosure and Barring Service (DBS) certificate for the registered manager.

As the only person employed at the clinic is the registered manager there were no other staff employed at the time of the inspection. However, as there were plans to recruit staff we requested a copy of the workforce recruitment policy. This contained details of the recruitment process including pre-employment checks. and training or employment practices in relation to employees. We were told that recruitment would be conducted via a third-party recruitment platform.

Workforce planning, training and organisational development

As the clinic plans to recruit staff, we were told that appointments will be effectively managed to ensure there are always sufficient qualified staff available to provide the services offered.

A training matrix, administered via an external agency was available to develop and maintain the skills and knowledge of the planned workforce with the arrangements for registered manager to monitor training as necessary. We saw that the registered manager had completed lots of additional training that was relevant their role and professional development.

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
Some protective eyewear was showing signs of wear and needed to be replaced.	Patients and/or staff were potentially at risk when using the laser or IPL machine.	We raised this immediately with the registered manager.	The eyewear was immediately removed to prevent their accidental use.

Appendix B - Immediate improvement plan

Service: The Private Clinic Swansea

Date of inspection: 12 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. No immediate non-compliance issues were found during this inspection					

Appendix C - Improvement plan

Service: The Private Clinic Swansea

Date of inspection: 12 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. The registered manager confirmed they could arrange a translator if a language other than English was required, although there were no arrangements in place at the time of the inspection.	The registered manager must arrange an appropriate translation service.	Regulation 15(1)(a)	Poster made and displayed in reception.	Jodie Grove	Done
2. Some policies were not appropriately version controlled and lacked issue and review dates.	The registered manager must ensure all policies contain version history and review dates.	Regulation 9	All completed.	Jodie Grove	Done

3.	The complaints procedure did not contain any signposting to independent advocacy services that could assist patients in raising a concern.	The registered manager must amend the complaints procedure to include details of independent advocacy services.	Regulation 24	Added to complaints procedure.	Jodie Grove	Done
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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): Jodie Grove
Job role: Registered Manager and Director
Date: 25 March 2026