Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Urbasba, Cardiff

Inspection date: 11 February 2026
Publication date: 14 May 2026

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Digital ISBN 978-1-83745-563-8

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.

Contents

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 Urbasba on 11 February 2026.

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 two 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:
Overall, responses to the HIW questionnaire were positive, with both respondents rating the service at 'very good'.

We found staff to be friendly and welcoming with privacy, and consultations were conducted in treatment rooms maintaining patient's privacy and dignity.

Appropriate consent arrangements were in place, with evidence that consent was gained prior to each treatment and risks and benefits of treatment were discussed. Information was accessible with large print available on request, and communication was supported through bilingual signage.

Equality and diversity policies were in place, and we were told staff had completed equality and diversity training. However, feedback was not actively collected, and no system was in place to regularly seek patients' views.

This is what we recommend the service can improve:

- Introduce a system to routinely gather patient feedback.

This is what the service did well:

- Consent processes were clear, well documented and consistent
- Health promotion was personalised and recorded in patient records

Delivery of Safe and Effective Care

Overall summary:
The setting provided safe and effective care within a well maintained and secure environment. The setting was visibly clean, well lit and maintained to a good standard.

Appropriate health and safety arrangements were in place, including up-to-date gas, electrical and fire safety certification, and regular testing of safety systems. Infection prevention and control arrangements were mostly effective, with suitable facilities, PPE and waste disposal arrangements in place. While daily cleaning was undertaken, historical cleaning records were not maintained; this was addressed on the day of inspection.

Laser safety arrangements were robust, with evidence of Laser Protection Advisor (LPA) oversight, appropriate local rules, staff training and safe storage of equipment. Pre-treatment checks were consistently completed and recorded. Records were securely stored and clearly documented.

This is what we recommend the service can improve:

- Implement regular infection prevention and control audits
- Strengthen formal quality improvement monitoring processes
- Display ‘no smoking’ signage within the premises.

This is what the service did well:

- Maintained clear, complete and securely stored patient records
- Had appropriate fire, health and safety arrangements in place
- Maintained a clean, secure and well-presented environment.

Quality of Management and Leadership

Overall summary:
Management and leadership arrangements provided a clear governance framework. Appropriate insurance arrangements were in place, and HIW registration certificates were clearly displayed. Policies and procedures were accessible to staff online. However, we found some policies required reviewing.

Complaints were recorded centrally and monitored for themes. However, the complaints procedure reviewed was not tailored to patients and did not include HIW or advocacy information. Recruitment practices were appropriate, with DBS checks in place, although one long-serving staff member’s employment records were incomplete.

Training arrangements were generally effective, with in-date training for key areas and robust monitoring systems. However, safeguarding training records did not clearly state completion to the required level.

This is what we recommend the service can improve:

- Ensure policies are reviewed and updated at required intervals
- Implement a patient-focused complaints procedure with HIW and advocacy information
- Ensure all staff employment records are complete and accessible

This is what the service did well:

- Monitored training effectively through an online system
- Had clear recruitment processes and DBS checks in place.

3. What we found

Quality of Patient Experience

Patient feedback
Before our inspection we invited the setting to hand out HIW questionnaires to patients to obtain their views on the services provided at the clinic. In total, we received two completed questionnaires. Both respondents to the HIW questionnaire rated the service as 'very good'.

Patient comments included:

> *"… always super professional and highly effective at her role, with excellent customer service"*

Health protection and improvement
We were told the setting promoted healthy lifestyles during the consultation process with patients. The setting discussed patients' general health and lifestyle factors, including their background, activity levels, skincare routines, alcohol consumption, smoking status, and water intake. We were told information was tailored to the needs of the patient. A dedicated section within patient records was used to document any health-related advice provided.

Dignity and respect
On the day of the inspection, we found staff to be friendly and welcoming. We were told all consultations were completed in the treatment room and doors were kept closed when carrying out treatments to ensure privacy for patients. Conversations could not be overheard by others ensuring privacy for patients. We were told the setting did not offer patients the option of a chaperone during treatment.

Patient information and consent
We found the setting had an appropriate consent procedure available. We were told treatments were fully explained to patients at the consultation stage and consent is gained at each appointment prior to treatment. We were told patient information was available in large print if requested.

During the inspection, we reviewed a selection of five patient records. Signed consent was available for all five patients and evidence was seen of medical histories being checked and updated at each visit. We were told the risks and

benefits of treatment were discussed with patients during their consultation, with further information available on the consent form.

All patients who responded to the questionnaire said they signed a consent form before treatment.

Communicating effectively
The setting had a Statement of Purpose (SoP) in place, which was available to patients when requested, and a patient information leaflet that was accessible within the treatment room. Both documents had been reviewed within the last year and contained the information required by The Independent Health Care (Wales) Regulations 2011.

We were informed staff who were able to speak Welsh were available if requested. The setting offered a bilingual service, with bilingual signs and posters seen on the day. We were also told the answer phone message was bilingual. If patients wanted to speak another language they would be encouraged to arrange an interpreter.

Patients who did not have digital access were able to phone the setting or attend in person to book an appointment, and any information would be made available in paper form.

Care planning and provision
We were told patients underwent a full face-to-face consultation. Within the consultation, staff discussed the cost of treatment, the number of sessions required, expected results and risks and benefits which were all communicated verbally. We saw evidence of patch tests undertaken and patient medical history was documented. We were told aftercare information was provided to patients following treatment verbally and in paper form.

All respondents to the questionnaire said they were given a patch test prior to new treatment, and that they were given enough information to understand all the treatment options with risks and benefits.

Equality, diversity and human rights
The setting had an equality, diversity and inclusion policy in place. We were told all patients who attend the setting were treated equally, and staff had completed equality and diversity training.

We were told transgender patient rights were upheld, and preferred pronouns were used and changed within the patients record when requested.

Of the two respondents to the HIW questionnaire, one reported that they had not experienced discrimination when accessing or using the service, while one respondent indicated they had. Due to the limited number of responses received, we were unable to explore this further or draw any wider conclusions.

Citizen engagement and feedback

We were told feedback was not actively collected from patients at the setting and no evidence of previous feedback was available.

The registered manager must implement a system to regularly seek the views of patients.

Delivery of Safe and Effective Care

Environment
The setting was situated within Cardiff and Vale College. Access to the premises was appropriately restricted, with entry controlled through the college's ID badge security system.

We found the setting was visibly clean and decorated to a good standard. We found all areas to be well lit with a modern appearance. The setting had security cameras in place with a sign informing patients this was present. When not in use, the treatment room was kept locked with the key kept in a secure location.

Managing risk and health and safety
We saw evidence the setting had a gas safety certificate which had been completed within the last year. An electrical installation certificate was available which has been completed within the last 5 years and portable appliance testing (PAT) which had been completed in August 2025.

We inspected fire safety arrangements at the setting and found there was a suitable fire risk assessment in place which was reviewed annually. We viewed evidence of fire extinguishers being serviced within the last 12 months. Weekly checks were in place for fire alarms, and emergency lighting checks were monitored regularly through a digital system. We saw fire exit signs placed in appropriate positions throughout the setting and instructions to follow in the event of a fire. Fire drill records were available and were completed twice per year. We were told the setting was within a non-smoking campus. However, we noted there were no signs displayed to inform patients that smoking was not permitted.

The registered manager must display 'no smoking' signs within the premises.

Health and safety risk assessments were completed at regular intervals by the setting's estates team and were circulated throughout the college.

We found that appropriately trained first aid staff were in place, and a first aid kit was easily accessible. All items required within a first aid kit were present and in date.

Infection prevention and control (IPC) and decontamination
We found the laser treatment room to be visibly clean. Equipment and furniture were of materials which were easy to wipe down. Appropriate levels of personal protective equipment (PPE) were available, and hand-washing facilities were available within the treatment room.

We requested to see evidence of cleaning schedules, and staff provided us with a laminated sheet which was completed each day the treatment room was used and then wiped clean at the end of the day. However, there were no historical records for cleaning schedules. This issue was resolved on the day. Further information regarding this can be found in Appendix A.

We saw an appropriate infection prevention and control procedure in place. We saw a policy and contract in place for the collection and safe disposal of waste and any waste waiting to be collected was stored in a secure area.

We requested to see a copy of the setting IPC audit; however, we were told there were no IPC audits taking place.

The registered manager must implement infection prevention and control audits to be completed at regular intervals.

Safeguarding children and safeguarding vulnerable adults
The setting is registered to treat patients 18 years and over, and the registered manager confirmed this was complied with. We were told children were allowed on the premises but were not allowed within the laser treatment room.

We saw evidence of a safeguarding adults and whistle blowing policy in place. Safeguarding leads were in place within the college and would be contacted if there was a concern. We were told reporting of safeguarding concerns was completed through an online platform which would be sent to the college safeguarding team and dealt with appropriately.

Medical devices, equipment and diagnostic systems
We found the laser machine at the setting was the same as registered with HIW. We saw evidence of a current contract in place with a laser protection advisor (LPA). We were told the LPA last attended the setting in 2024, and an up-to-date report was available which included local rules and risk assessments. We were also provided with appropriate medical protocols. The local rules were readily available and were signed by all operators.

Safe and clinically effective car
The key for the laser machine was removed when not in use and stored securely elsewhere away from the machine, within a key safe. A sign was present on the door of the treatment room informing others a laser machine is used within the room, and an additional sliding sign to note when it was actively in use. We were told quality assurance checks of the laser machine were undertaken such as checking the lens before use.

We were told eyewear was checked and cleaned before use; this information was included in the patient record. We requested to see the eyewear used by the operators and patients when carry out laser treatments. We were provided with six pairs of eyewear which were used by the operator, and black out eye covers that were used for patient. We found most eyewear to be in good condition and maintained appropriately. However, three pairs of operator eyewear had noticeable damage to the lenses. This issue was resolved on the day. Further information regarding this can be found in Appendix A.

All staff who operated the laser machine had training in place for the specific machine. We saw evidence in patient records of pre-treatment checks being performed such as assessment of skin using the Fitzpatrick scale and patch testing 48 hours before treatment.

Participating in quality improvement activities
We requested to see evidence of quality improvement activities conducted by the setting. We were told by staff that online reviews were regularly monitored to ensure the quality of service provided as well as monitoring of complaints.

Records management
We saw patient records were documented on paper, and all paper records were kept securely in a lockable cabinet. Staff told us they had not needed to dispose of patients records yet; however, they were able to describe the process for the disposal of records including data retention periods.

We reviewed a sample of five patient records and found all information was present. We were provided with a treatment registered where all information was clear and legible. This included information such as date of treatment, area treated, relevant parameters, and any adverse effects.

Quality of Management and Leadership

Governance and accountability framework
Urbasba is run by Cardiff and Vale College, and there were two operators of the laser machine. On inspection, we saw evidence of the setting's public liability and employers' liability insurance. We noted the settings HIW registration certificates were available in English and Welsh at the entrance.

We saw suitable policies and procedures in place that were accessible to staff online. Any updates to policies are communicated through the college weekly newsletter. However, we noted multiple policies were out of date and required reviewing. When this was discussed with staff at the setting, they stated the college quality department were responsible for their policies, and they had no input to them.

The registered manager must ensure policies are reviewed and updated at the required intervals.

Dealing with concerns and managing incidents
We were told if a patient wanted to raise a concern, they would be provided with the complaints procedure. Complaints were kept within a central system and escalated to the college quality team where they would be monitored for common themes. We were told by staff that no formal complaints have been received.

We reviewed the complaints procedure available and found details available on each stage of a complaint. However, we noted it was aimed towards students and not patients at the setting. We also noted there was no HIW or advocacy information present.

The registered manager must implement a complaints procedure for patients at the setting and include HIW and advocacy information.

Workforce recruitment and employment practices
We saw an appropriate recruitment policy and procedure in place. We were told job adverts were posted externally online and pre-employment checks were carried out as necessary.

We were told the setting had two operators of the laser machine. We saw evidence of enhanced disclosure and barring service (DBS) for all IPL operators. We reviewed two staff records and found most checks were in place. However, due to one staff member working at the setting for over 18 years, the college Human Resources (HR) department could not provide an employment contract, two references and

full employment history. We were told this was due to it being held on paper and had not been transferred to the digital system now used.

The registered manager must ensure that all staff employment records are present and available.

Workforce planning, training and organisational development
We requested to see the training records for two staff members. We were provided with in date training for core of knowledge, specific laser equipment training, infection prevention and control, and fire safety awareness. Evidence was available for safeguarding training; however, training is required to level 2 for laser operators, and this was not stated on the certificate.

The registered manager must ensure staff have completed safeguarding training to the required level.

We also noted training was completed on equality and diversity, health and safety at work and information governance.

Training was monitored effectively through an online training system. When a course was due to expire, staff received an email to notify them and ensure the course was completed.

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
There were no historical records kept for cleaning schedules.	We could not be assured that appropriate cleaning had been carried out within the laser treatment room, potentially putting patients at risk.	Raised to staff immediately on inspection.	Staff members made adjustments to the cleaning schedule sheet so that it could be printed daily, with process implemented to ensure copies are kept for future reference.
Three pairs of eyewear had noticeable damage to the lens.	Potential risk of an operator using damaged eyewear and causing permanent damage to their eyes.	Raised to staff immediately on inspection.	Staff members disposed of the damaged eyewear at the time of the inspection.

Appendix B - Immediate improvement plan

Service: Urbasba

Date of inspection: 11 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 identified on this inspection.					

Appendix C - Improvement plan

Service: Urbasba

Date of inspection: 11 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.	We were told feedback was not actively collected from patients at the setting and no evidence of previous feedback was available.	The registered manager must implement a system to regularly seek the views of patients.	The Independent Health Care (Wales) Regulations 2011 19 (2)(e)	A QR Code with a Microsoft office survey has been created. This will be displayed in the treatment area and drawn to clients attention for their feedback.	Louise McCarthy	Completed
2.	There were no signs displayed to inform patients that smoking was not permitted.	The registered manager must display 'no smoking' signs within the premises.	The Smoke-free Premises and Vehicles (Wales) Regulations 2020, Section 13(2)	Signs are displayed throughout the college. Further signs have been purchased to display in main salon and treatment areas	Louise McCarthy	Completed

3.	We were told there were no IPC audits taking place.	The registered manager must implement infection prevention and control audits to be completed at regular intervals.	The Independent Health Care (Wales) Regulations 2011 19(1)(a)	An IPC audit has now been devised and audits will be implemented at regular intervals.	Louise McCarthy Laura Southern	Completed
4.	We noted multiple policies were out of date and required reviewing.	The registered manager must ensure policies are reviewed and updated at the required intervals.	The Independent Health Care (Wales) Regulations 2011 9(5)	This has been raised with college management and the Quality Team.	Louise McCarthy	Completed
5.	We noted the complaints procedure was aimed towards students and not patients at the setting. We also noted there was no HIW or advocacy information present.	The registered manager must implement a complaints procedure for patients at the setting and include HIW and advocacy information.	The Independent Health Care (Wales) Regulations 2011 24	This has been raised with the Quality Team and they are developing a new policy aimed more at patients as per your request	Louise McCarthy	31st May 2026
6.	One staff member did not have employment history, two references and an employment contract.	The registered manager must ensure that all staff employment records are present and available.	The Independent Health Care (Wales) Regulations 2011 21(2)(d)	This has been raised with HR who inform us that they are now digital and paper copies of this is not readily to hand.	Louise McCarthy	Completed
7.	Safeguarding training certification was available however it	The registered manager must ensure staff have completed safeguarding	The Independent Health Care (Wales) Regulations 2011	Our Quality Team have confirmed that the Safeguarding training	Louise McCarthy	30th June 2026

was not known to what level it had been completed.	training to the required level.	20(2)(a)	they provide has no framework attached. I have asked HIW for recommendations for suitable courses and will source others as soon as possible.		

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): **Louise McCarthy**

Job role: **Lecturer / Laser Supervisor**

Date: **26 March 2026**