

# Independent Healthcare Inspection Report (Announced)

Golden Aura Clinic, Bangor

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Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

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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:

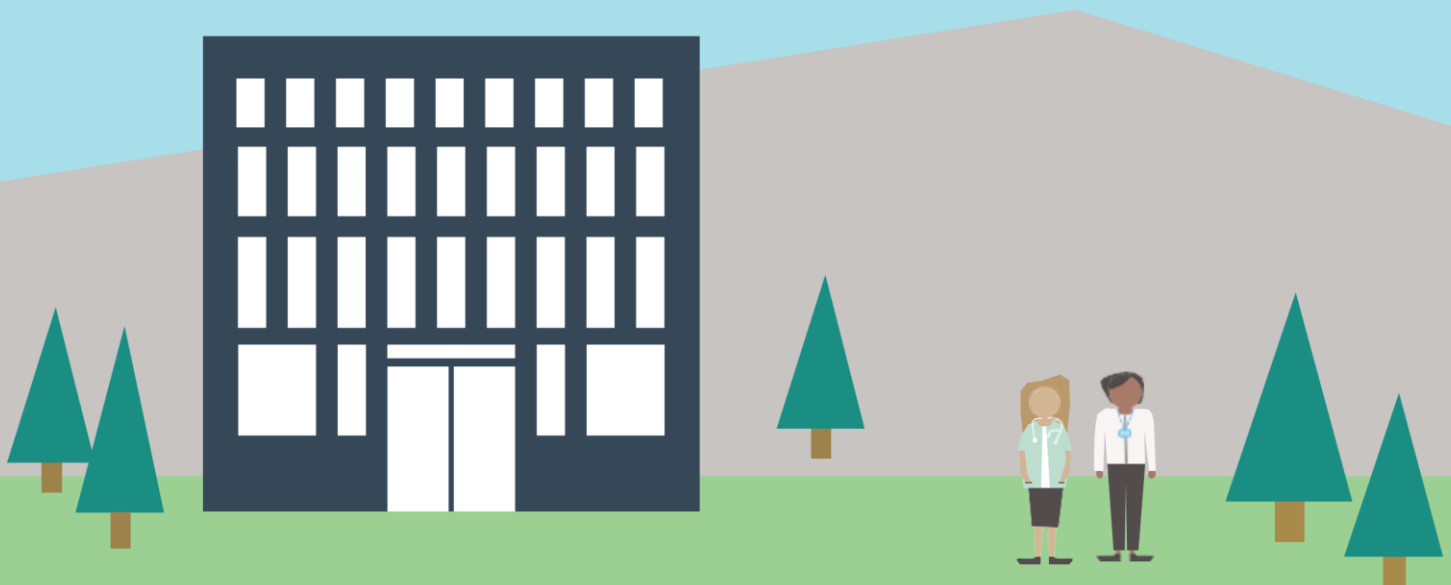
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Golden Aura Clinic on 10 March 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 seven were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found that Golden Aura Clinic was committed to providing a positive experience for patients. The treatment room was clean and tidy and ensured that the privacy and dignity of patients was maintained.

All the patients who completed a HIW questionnaire rated the service provided by the clinic as “very good” and that staff explained what they were doing during treatment, listened to patients and answered questions.

This is what we recommend the service can improve:

- Update patient information to note the accessibility limitations of the premises.

This is what the service did well:

- Clean and pleasant environment
- Patients seen to be treated with care and professionalism.

### Delivery of Safe and Effective Care

Overall summary:

The clinic was clean and tidy with effective cleaning regimes in place. The laser unit was serviced and maintained appropriately. There was an appointed Laser Protection Advisor (LPA) and the clinic had up-to-date Local Rules and treatment protocols.

The laser operator had appropriate and up-to-date training in the safe use of the laser equipment.

We advised that risk assessments were required for both fire safety and health and safety. These were completed, with evidence provided, immediately after the inspection.

This is what we recommend the service can improve:

- Ensure patient records are completed thoroughly and consistently
- Ensure portable appliance testing (PAT) testing is completed regularly.

This is what the service did well:

- The laser machine in use at the clinic was serviced and maintained appropriately to ensure safe treatment
- Robust measures in place for infection prevention and control.

## Quality of Management and Leadership

Overall summary:

The registered manager was the owner of the clinic and was committed to providing a high-quality service.

We saw evidence of up-to-date training and a range of policies and procedures.

This is what we recommend the service can improve:

- Ensure systems in place to monitor and renew required training as appropriate.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Seven patients responded to the HIW questionnaire and provided generally positive feedback, with all respondents rating the service as 'very good'.

Patient comments included:

*"Setting was clean and organised. Staff made me feel relaxed and safe in my treatment."*

*"Excellent service, informative and friendly with plenty of opportunity to feel comfortable in asking questions and making decisions."*

#### Dignity and respect

The operator was seen talking to patients in a friendly and professional manner.

The treatment room had a lockable door and the external windows were fitted with closed blinds, to ensure patient privacy during treatment. Treatment sessions were by appointment only and access to the premises was restricted.

Patients were able to change, if necessary, in the treatment room and staff members would leave 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 described an appropriate consultation process for patients prior to treatment, which included discussions about the treatment, suitability and potential outcomes. This ensured patients could make an informed decision about their treatment and patients were required to sign to indicate their consent.

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 could be made available to patients at the clinic.

Patients would typically book appointments online, using the clinic website but could request appointments by phone if preferred.

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 confirmed that a minimum of 48 hours was required between the patch test and treatment, to ensure any adverse effects were identified.

The operator described appropriate arrangements for obtaining a medical history prior to the commencement of any treatment and this formed part of the patient record. 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 clinic had an Equality and Diversity policy in place. The clinic website included the Safe Space Alliance logo, advertising it as a service that supported and welcomed lesbian, gay, bisexual, transgender, queer plus (LGBTQ+) clients.

The clinic was on the first floor and was not accessible to wheelchair users or those with mobility difficulties. The operator told us that they would explain this to new patients and suggest alternative clinics if necessary. However, the accessibility issues were not made clear in the patient guide or on the website.

**The registered manager must update the patient guide and clinic website to ensure potential patients are aware of the accessibility limitations.**

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

### **Citizen engagement and feedback**

Typically, patients would leave reviews online or via social media. A quick response (QR) code was provided to encourage patients to leave online reviews.

The operator said that any feedback was reviewed as soon as possible, on an ad hoc basis.

# 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 available if required, with appropriate hand washing and drying facilities.

Access to the premises was restricted with a remote entry system used, ensuring the premises were secure.

## Managing risk and health and safety

The clinic was visibly clean, tidy and free from clutter. The premises and equipment appeared to be in good condition. However, the clinic did not have an appropriate Health and Safety risk assessment in place, to identify potential risks and control measures. This was addressed immediately after the inspection with a comprehensive Health and Safety risk assessment submitted as evidence.

We saw evidence of an up-to-date electrical installation report and gas safety certificate. However, there was no evidence to show that regular portable appliance testing (PAT testing) was carried out. This was addressed immediately during the inspection with the operator arranging for PAT testing to be carried out and evidence provided to show this had been done. Appliances were seen to be relatively new and in a visibly good state of repair.

**The registered manager must ensure that portable appliance testing is carried out annually.**

We reviewed fire safety precautions at the premises and found appropriately serviced fire extinguishers mounted correctly and clearly indicated. There were clearly signposted fire exits and evidence of regular testing of fire safety equipment and systems. The operator had up-to-date training in fire safety awareness. However, we reviewed the fire risk assessment in place and found it did not adequately identify risks and control measures. This was addressed immediately after the inspection with a fire risk assessment carried out using the Health and Safety Executive template, identifying risks, controls and actions required.

A first aid kit was available in the treatment room and the operator had up-to-date training in first aid.

### **Infection prevention and control (IPC) and decontamination**

We found the treatment room to be visibly clean and free from clutter. The premises were in a good state of repair enabling effective cleaning.

The operator had completed IPC training and demonstrated 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, with a clinical waste bin and sharps disposal unit in the treatment room.

### **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 provided evidence of appropriate and up-to-date training in the safeguarding of children and adults.

The operator was not aware of the Wales Safeguarding procedures. However, this was addressed immediately during the inspection with the operator downloading the mobile phone application.

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

The two laser units were in good condition, visibly clean and in line with the HIW registration. Both machines had evidence of up-to-date annual servicing and maintenance under a contract with the supplier.

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.

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

Suitable eye protection was available for both patients and operators, aligned with the local rules and in good condition.

#### **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.

#### **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**

The clinic used an online booking system for appointments and payments and described how they could accommodate patients without digital access if required.

Patient records were kept as hard copies and stored securely.

#### **Records management**

We reviewed a sample of twelve patient records having received laser treatment for fungal nail infections, hair removal or tattoo removal.

Records were kept by the patient and operator completing pre-printed forms. However, we noted that information had not been fully completed in six of the records checked. We advised that all information should be recorded, including the nature of the treatment, operator details and that consent was given for the specific treatment.

**The registered manager must ensure that all information regarding treatment and consent is included in patient records.**

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 in both Welsh and English. The clinic had up-to-date public liability and employers' insurance.

## **Dealing with concerns and managing incidents**

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

## **Workforce recruitment and employment practices**

The registered manager was the sole operator and had no plans to recruit additional staff.

The registered manager had evidence of checks carried out by the Disclosure and Barring Service (DBS).

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

The registered manager was the sole operator and managed their own training requirements. We saw good evidence of up-to-date mandatory training including IPC, safeguarding and fire safety awareness.

We advised that systems be put in place to ensure relevant training was updated as required, including updating the Core of Knowledge training every five years.

**The registered manager must ensure that systems are in place to monitor and renew required training as appropriate.**

## 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
The clinic did not have an appropriate Health and Safety risk assessment in place, to identify potential risks and control measures.	Clear identification of risks and control measures reduces the risk to both staff and patients.	This was raised with the registered manager.	This was addressed immediately after the inspection with a comprehensive Health and Safety risk assessment submitted as evidence.
There was no evidence to show that regular portable appliance testing (PAT testing) was carried out.	Regular PAT testing reduces the risk of fire from electrical equipment.	This was raised with the registered manager.	This was addressed immediately during the inspection with the operator arranging for PAT testing to be carried out and evidence provided to show this had been done.
The fire risk assessment in place and found it did not adequately identify risks and control measures.	Clear identification of risks and control measures reduces the risk from fire to both staff and patients.	This was raised with the registered manager.	This was addressed immediately after the inspection with a fire risk assessment carried out using the Health and Safety Executive template, identifying risks, controls and actions required.

# Appendix B - Immediate improvement plan

**Service:** Golden Aura clinic

**Date of inspection:** 10 March 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 non-compliance issues were identified during the inspection.					

## Appendix C - Improvement plan

**Service:** Golden Aura clinic

**Date of inspection:** 10 March 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 clinic was not accessible to wheelchair users or those with mobility difficulties. The accessibility issues were not made clear in the patient guide or on the website.	The registered manager must update the patient guide and clinic website to ensure potential patients are aware of the accessibility limitations.	The Independent Health Care (Wales) Regulations 2011, Regulation 18			
2. There was no evidence to show that regular portable appliance testing (PAT testing) had been carried out.	The registered manager must ensure that portable appliance testing is carried out annually.	The Independent Health Care (Wales) Regulations 2011, Regulation 26			
3. We noted that information had not	The registered manager must ensure that all	The Independent Health Care (Wales)			

	<p>been fully completed in six of the records checked. We advised that all information should be recorded, including the nature of the treatment, operator details and that consent was given for the specific treatment.</p>	<p>information regarding treatment and consent is included in patient records.</p>	<p>Regulations 2011, Regulation 45</p>			
4.	<p>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.</p>	<p>The registered manager must put a treatment register in place, for each occasion a laser unit is used, that shows:</p> <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> <li>• Treatment parameters</li> <li>• Any accidents or adverse effects.</li> </ul>	<p>The Independent Health Care (Wales) Regulations 2011, Regulation 45</p>			
5.	<p>The registered manager was the sole operator and managed their own training</p>	<p>The registered manager must ensure that systems are in place to monitor and</p>	<p>The Independent Health Care (Wales) Regulations 2011, Regulation 21</p>			

<p>requirements. We advised that systems be put in place to ensure relevant training was updated as required, including updating the Core of Knowledge training every 5 years.</p>	<p>renew required training as appropriate.</p>				
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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):**

**Job role:**

**Date:**