Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Vale Laser Ltd, Talbot Green

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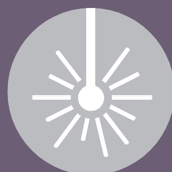

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In writing:

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

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: 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:

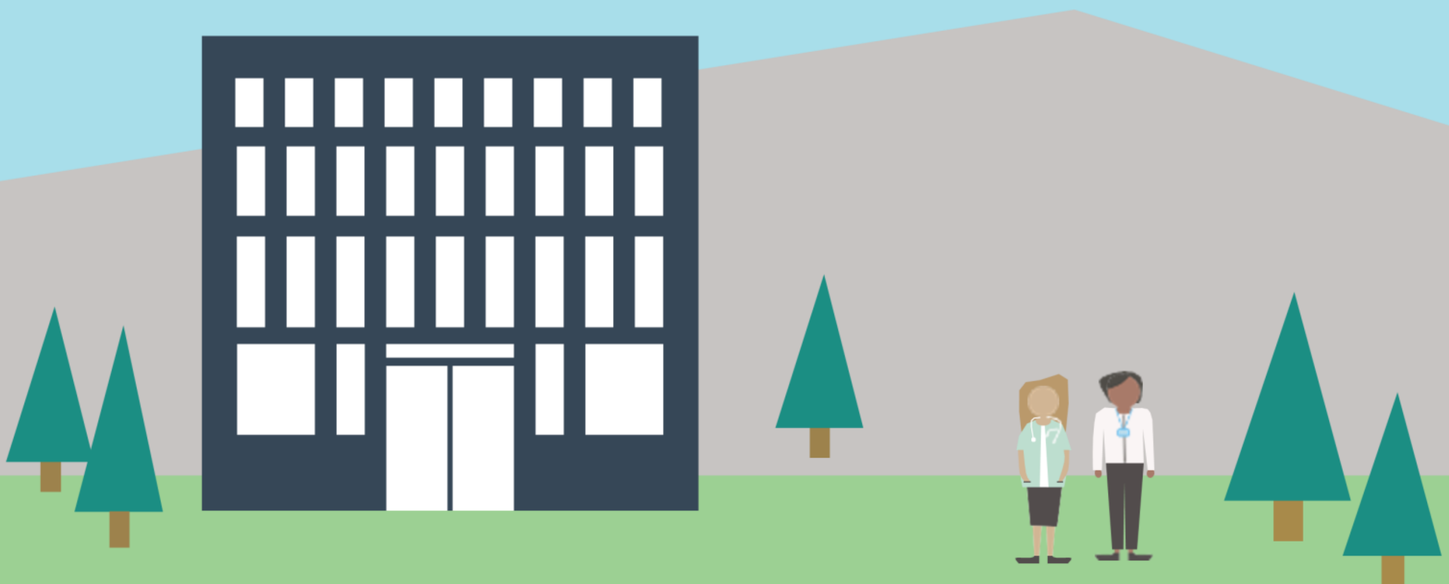
- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Vale Laser Ltd on 19 March 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 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:
Overall patient reported a positive experience of care at the setting.

Staff were observed to be professional, approachable and respectful. Patient dignity and privacy were maintained with consultations and treatments being carried out in private treatment rooms where conversations could not be overheard. A chaperone policy was in place and patient were informed of their right to request a chaperone.

The setting provided patients with relevant health advice such as skincare alongside wider wellbeing information. All patients had full consultations where treatments, costs, risks and expected outcomes were discussed. Patch testing was undertaken and aftercare information was provided verbally and digitally.

Consent processes were appropriate, with signed consent and up to date medical histories seen in records reviewed. Patients were supported to provide feedback through both paper and digital methods.

This is what we recommend the service can improve:
- A summary of patient views to be added to the patient guide.

This is what the service did well:
- Staff were friendly and welcoming
- Consent processes were well documented
- Patient privacy and dignity were well maintained.

Delivery of Safe and Effective Care

Overall summary:
We found the setting was clean and well maintained. All areas were modern in appearance, well lit, with appropriate security measures in place. Health and safety arrangements were mostly in place, with gas safety, electrical safety and portable appliance testing certificates in place. However, we noted the health and safety risk assessment did not cover all areas in the setting.

We saw a suitable fire risk assessment in place. Fire extinguishers were available and serviced within the last year and clear signage was present throughout.

However, records to evidence regular fire alarm testing and fire drills were not available.

Treatment rooms were visibly clean, and cleaning schedules were completed. Suitable personal protective equipment (PPE) and hand-washing facilities were available in each treatment room. We found an infection control policy was in place, however we noted the setting did not undertake documented infection prevention and control (IPC) audits.

We saw documentation of servicing for laser equipment and a current contract with a laser protection advisor (LPA). Loval rules and medical protocols were in place; however, local rules were not easily accessible in treatment rooms. We saw evidence of pretreatment checks and quality assurance checks of laser equipment was undertaken.

This is what we recommend the service can improve:

- Document fire detection testing and regular fire drills
- Record and evidence pre use checks of eye wear
- Undertake IPC audits.

This is what the service did well:

- Maintained a clean and secure environment
- Maintained clear and complete patient records
- All laser equipment was appropriately maintained.

Quality of Management and Leadership

Overall summary:
Governance arrangements were generally appropriate, with a range of policies and procedures in place that were reviewed at required intervals and communicated to staff. Employer’s liability insurance and HIW registration certificates were displayed in an area easily seen by patients, however, the HIW schedule certificate required updating.

Arrangements for managing concerns were clear, with an accessible complaint’s procedure available to patients. However, there was no formal record of complaints or concerns to demonstrate oversight and learning. We noted a recruitment policy was not in place and staff records did not include references or full employment histories.

Staffing levels were appropriately managed, and training arrangements were provided by the setting. Evidence of role-specific training was available. Appraisals

and informal communication supported staff development, although data protection training had not been completed by all staff.

This is what we recommend the service can improve:

- Implement a recruitment policy
- Maintain a record of complaints and concerns
- Ensure HIW registration schedule is displayed.

This is what the service did well:

- Staff appraisals and supervisions were completed on a regular basis
- The complaints procedure was clear and readily available to patients.

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 14 completed questionnaires. All respondents to the HIW questionnaire rated the service as 'very good'.

Patient comments included:

> *"Lovely clinic, clean, friendly, great staff…"*
>
> *"Helpful and knowledgeable. Really friendly and I found great overall…"*

Health protection and improvement
We were told setting promoted healthy lifestyles during the consultation process with patients. We were told staff discussed skin care information, Sun Protection Factor (SPF) advice and sun exposure information with patients. Information on how to access podiatry, massage therapy and chiropractic care were also available within the waiting area.

Dignity and respect
During the inspection we found staff to be friendly and welcoming. During treatments, doors to treatment rooms were kept closed, and had the windows were fitted with opaque coverings to maintain privacy. All consultations were completed in the treatment rooms and conversations could not be overheard by others.

We found the setting had an appropriate chaperone policy in place. We were told staff verbally discussed the option of a chaperone with patients, with a chaperone being mandatory for those under the age of 18. An additional set of eye wear was available in the event the chaperone was present during treatment.

Patient information and consent
We found the setting had a suitable consent policy available. We were told treatments were explained to patients at the consultation stage and consent was gained at the consultation stage with ongoing written consent being gained via their online system prior to each treatment appointment.

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 in the patients online account of which they had access to.

The majority (13/14) of patients who responded to the questionnaire said they had signed a consent form before treatment.

Communicating effectively

The setting had a Statement of Purpose (SoP) and patient guide in place, which was available to patients within a client folder in the reception area. Both documents had been reviewed within the last year. The SoP contained the information required by The Independent Health Care (Wales) Regulations 2011. However, the patient guide did not have a summary of patient views available.

The registered manager must include a summary of patient views within the patient guide.

We were informed the staff member at the practice could not speak Welsh. We were told if patients wanted to speak Welsh or needed any other 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. We were told patient information was also available in large print on paper if requested.

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 were told patch tests were undertaken before treatment and patient medical history was documented. We were told aftercare information was provided to patients following treatment verbally and via the patient’s portal digitally.

Of the respondents who provided an answer on the questionnaire, 12/13 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

We asked to see an equality and diversity policy on the day of the inspection; however, the setting did not have this available. An Equality, Diversity and Discrimination policy was provided shortly following the inspection.

The setting also had a disability discrimination policy available. We were told all patients who attended the setting were treated equally, and staff had completed training in equality and diversity.

We were told transgender patient rights were upheld, and patients were able to record their preferred name. Patients were also able to record their preferred pronouns.

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

Citizen engagement and feedback

The setting had a patient feedback box available within the waiting area with paper forms readily available, and links were sent to patients for them to leave feedback digitally. We were told feedback was monitored monthly and acted upon.

Delivery of Safe and Effective Care

Environment
We found the setting was visibly clean and decorated to a good standard. We found all areas to be well lit and modern in appearance. The setting had security cameras in place with a notice informing patients this was present. The internal door to the treatment area had a lock present to ensure no access to treatment rooms unless accompanied by a member of staff.

Managing risk and health and safety
We saw evidence the setting had a gas safety certificate which had been completed in February 2026. An electrical installation certificate was available which had been completed within the last five years, and Portable Appliance Testing (PAT) had been completed in June 2025.

We reviewed fire safety arrangements at the setting and found there was a suitable fire risk assessment in place which had been completed within the last year. We saw fire extinguishers were available within the setting and evidence of servicing within the last 12 months. We saw a maintenance contract was in place for the testing of fire safety equipment which has been completed within the last year. We saw fire exit signs placed in appropriate positions throughout the setting and instructions to follow in the event of a fire. We saw 'no smoking' signs were displayed in accordance with current legislation. However, we noted there were no records available to show regular testing of fire detection equipment by staff. We were also told fire drills took place every 6 months; however, there was no documented evidence.

The registered manager must implement a process to document the regular testing of fire detection equipment and 6 monthly fire drills.

We requested to see the settings health and safety risk assessment. This was not available on the day of the inspection; however, it was provided shortly after. On review of the health and safety risk assessment, we found it did not cover all areas of the setting and therefore was not appropriate.

The registered manager must implement a health and safety risk assessment which covers all areas of the setting.

We found appropriate first aid trained staff were in place, and a first aid kit was easily accessible within a treatment room. 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. Suitable levels of personal protective equipment (PPE) were available, and hand-washing facilities were available within the treatment room.

We were provided with daily cleaning schedules of which were fully completed with dates and signatures present.

We saw a suitable control of infection and cleaning policy in place which was reviewed in the last year. We saw a contact in place for the collection and safe disposal of waste and any waste waiting to be collected was stored within the treatment rooms.

We requested to see a copy of the settings IPC audit; however, we were told there was no documented audits available. We were told registered manager reviewed cleaning schedules regularly to ensure they were completed.

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

Safeguarding children and safeguarding vulnerable adults
The setting was registered to treat patients 14 years and over for hair removal only and 18 years and over for other treatments. The registered manager confirmed this was complied with on the day of the inspection. We were told children were allowed within the waiting room; however, if having treatment required a guardian to enter treatment areas.

We saw evidence of a whistle blowing and safeguarding children and young adult protection policy in place. We saw the registered manager had the Wales Safeguarding Procedures application available on their phone to ensure policies and procedures were kept up to date.

Medical devices, equipment and diagnostic systems
We found the laser machines at the setting was the same as registered with HIW and there was evidence of calibration and servicing. We saw evidence of a current contract in place with a laser protection advisor (LPA). The LPA had not visited the premises but had completed checks through video calls. A report had been provided which included local rules and risk assessments. We were also provided with appropriate medical protocols for each machine used. The local rules were signed by all operators; however, they were not easily accessible in each treatment room.

The registered manager must ensure local rules are easily accessible within each treatment room.

Safe and clinically effective care

The key for the laser machine was removed when not in use and stored securely elsewhere away from the machine. A sign was 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 requested to see the eye wear used by the operators and patients when providing laser treatments. We were shown multiple sets of eye wear to be used by the operator and chaperone, and black out eye covers for the patient. We found most eye wear to be in good condition and maintained appropriately. However, we saw one set of operator eyewear which had noticeable damage to the lenses. These were disposed of on the day of the inspection. We were told eye wear was checked and cleaned before use; however, there was no evidence to show this.

The registered manager must document checks being completed on eye wear prior to treatment.

We saw evidence of quality assurance checks being undertaken of the laser machines weekly such as checking the lens before use, and we were assured this was also completed daily.

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 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 questionnaires were regularly monitored to ensure the quality of service provided as well as monitoring of complaints.

Records management

We saw patient records were documented digitally on the settings system called 'JANE'. Each staff member had their own log in for the system which was password protected. The treatment register was documented on paper, which was stored securely in a locked area. 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
Vale Laser Ltd was run and owned by the registered manager. There were also three other staff members working at the setting. The registered manager and three other staff members were all operators of the laser machines.

The setting's employer's liability insurance was on display within the clinic. We noted the settings HIW registration certificates were also on display in area easily seen by patients. However, the certificates on display required updating as they did not include one of the laser machines on the premises.

The registered manager must display the up-to-date schedule in relation to HIW registration.

We saw a suitable policies and procedures management folder and all policies were reviewed at the required intervals. We were told any updates to policies were communicated with staff in meetings.

Dealing with concerns and managing incidents
If a patient wanted to raise a concern, the complaints procedure was available on the settings website, within the client guide in the waiting area, and could be provided on request. We reviewed the complaints procedure available and found details available on each stage of a complaint. Contact details for HIW and citizens advice were available if a patient felt a resolution could not be found. However, we noted there was no record of previous complaints or concerns.

The registered manager must implement a record of complaints.

Workforce recruitment and employment practices
We requested to see the setting recruitment policy; however, we were told this was not available.

The registered manager must implement a recruitment policy.

We were told job adverts were posted externally online and pre-employment checks were carried out as necessary. Any new staff members would follow an induction process which was carried out by the registered manager.

We were told the setting had four operators of the laser machine. We saw evidence of enhanced disclosure and barring service (DBS) for all IPL operators. We

reviewed three staff records and found most checks were in place. However, we noted references and full employment history were missing.

The registered manager must ensure a process is in place to gain two written references and full employment history for new staff.

Workforce planning, training and organisational development
The setting used a rota system to ensure appropriate numbers of staff working. Informal meetings took place due to the small team size which we were told worked well for the setting. Any updates were also provided via WhatsApp. We were told staff appraisals were completed on an annual basis, with supervisions being held when necessary.

We requested to see the training records for four staff members. We were provided with in date training for core of knowledge, specific laser equipment training, infection prevention and control, fire safety awareness, and safeguarding to the required level. However, we noted staff had not completed training in data protection.

The registered manager must ensure all staff complete training in data protection.

We were told the setting provided mandatory training for the staff and the registered manager monitored required training via a dedicated log.

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
No immediate concerns were identified on this inspection			

Appendix B - Immediate improvement plan

Service: Vale Laser Ltd (Talbot Green)

Date of inspection: 19 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 immediate non-compliance issues were identified on this inspection.					

Appendix C - Improvement plan

Service: Vale Laser Ltd (Talbot Green)

Date of inspection: 19 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 patient guide did not have a summary of patient views available.	The registered manager must include a summary of patient views within the patient guide.	The Independent Healthcare Regulations (Wales) 2011 Regulation 7(e)	A Feedback box has been placed in reception and will be analysed quarterly and results included in the patient guide for patients to view.	Mandy Davies	This has been implemented

2.	We noted there was no documented evidence of regular testing of fire detection equipment and 6 monthly fire drills.	The registered manager must implement a process to document the regular testing of fire detection equipment and 6 monthly fire drills.	The Independent Healthcare Regulations (Wales) 2011 Regulation 26(4)	Weekly check sheet implemented by landlord and 6 monthly fire drills. Responsible person to ensure that evidence of this is received from the landlord.	Mandy Davies/Landlord of building	This has been implemented and the responsible officer will review monthly along with the landlord to ensure it is being carried out.
3.	We found the health and safety risk assessment did not cover all areas within the setting.	The registered manager must implement a health and safety risk assessment which covers all areas of the setting.	The Independent Healthcare Regulations (Wales) 2011 19(1)(b)	Health & Safety Risk Assessment for communal areas written & signed off by clinic staff.	Mandy Davies	Implemented and signed/dated document kept in client file.
4.	We found there were no documented audits available.	The registered manager must implement infection prevention and control audits to be completed at regular intervals.	The Independent Healthcare Regulations (Wales) 2011 19(1)	Spot checks of staff adhering to infection prevention & control and logged in client file.	Mandy Davies	This will be implemented immediately.
5.	The local rules were not easily accessible in each treatment room.	The registered manager must ensure local rules are easily accessible within each treatment room.	The Independent Health Care (Wales) Regulations Regulation 45(3)	Local rules have been placed in both clinic rooms for staff to easily access & review	Mandy Davies	This has been actioned

6.	We were told eye wear was checked and cleaned before use; however, there was no evidence to show this.	The registered manager must document checks being completed on eye wear prior to treatment.	The Independent Healthcare Regulations (Wales) 2011 15(8)(c)	Eyewear will be cleaned prior to each client & checked for damage. Any damaged glasses will be disposed of. There is a weekly check list for the clinic and this is a checkpoint.	Mandy Davies	Glasses have been checked and damaged disposed of.
7.	The HIW certificates on display required updating as they did not include one of the laser machines on the premises.	The registered manager must display the up-to-date schedule in relation to HIW registration.	Care Standards Act 2000 Regulation 28	Requested from Tom Stephenson on 30 March.	Mandy Davies	Pending
8.	We noted there was no record of previous complaints or concerns.	The registered manager must implement a record of complaints.	The Independent Healthcare Regulations (Wales) 2011 24(5)	A summary sheet for complaints/concerns has been placed in the clinic file.	Mandy Davies	This has been actioned.
9.	There was no recruitment policy in place.	The registered manager must implement a recruitment policy.	The Independent Healthcare Regulations (Wales) 2011 9(1)(h)	A recruitment policy has been written and placed in the client file.	Mandy Davies	This has been completed

10.	We noted references and full employment history were missing.	The registered manager must ensure a process is in place to gain two written references and full employment history for new staff.	The Independent Healthcare Regulations (Wales) 2011 21(2)	Going forward references will be requested for any new employees.	Mandy Davies	Process implemented for new employees
11.	We noted staff had not completed training in data protection.	The registered manager must ensure all staff complete training in data protection.	The Independent Healthcare Regulations (Wales) 2011 20(2)	Mandy Davies has completed Data Protection Training 14/05/2026 & has set a date by which time all staff are all trained in the legal requirements to protect client data.	Mandy Davies	30 June 2026

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: Mandy Davies

Name (print): Mandy Davies

Job role: Responsible Person/Registered ManagerDate: 15th May 2026