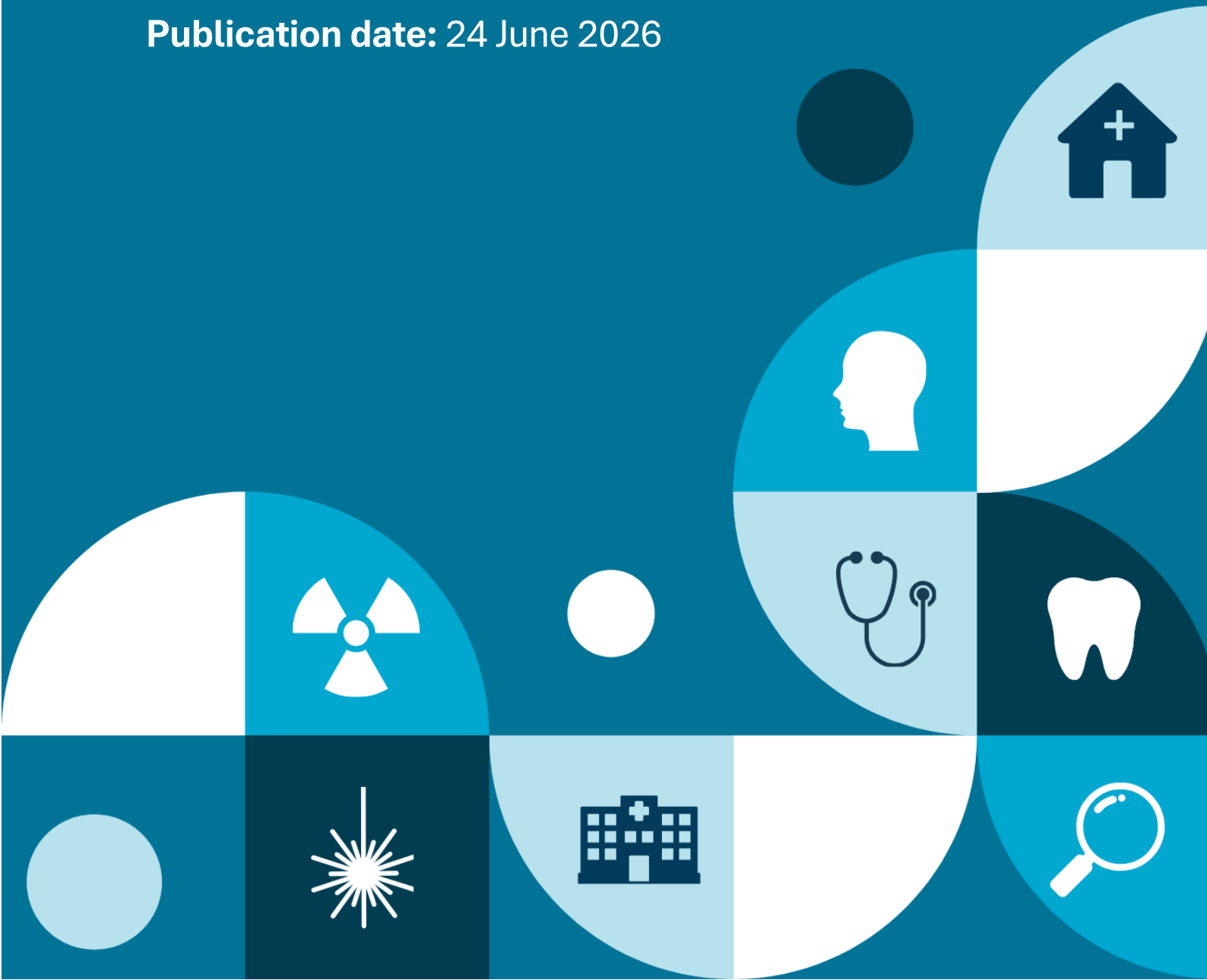


Independent Healthcare Inspection Report (Announced)

B's Aesthetics, Aneurin Bevan
University Health Board

Inspection date: 24 March 2026

Publication date: 24 June 2026



Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

Our Purpose

We check the safety and quality of healthcare across Wales.

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 Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

Our Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued, and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.



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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 B's Aesthetics on 24 March 2026.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. Unfortunately, we did not receive any questionnaires.

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 patients received a good level of care at B's Aesthetics. Robust arrangements were in place to fully support the privacy and dignity of patients. Patients were treated in a dignified and respectful manner throughout their patient journey. The systems in place to record and respond to patient feedback were satisfactory and care planning was managed well at the setting.

This is what the service did well:

- Patients completed detailed health and medical histories prior to treatment, which were reviewed and updated before each subsequent appointment. Records were appropriately completed, signed, dated, and maintained electronically with a clear audit trail, including documented consent.
- Patient privacy and dignity were consistently respected. Consultations were undertaken on a one-to-one basis, treatments were carried out in suitable treatment rooms, and measures were in place to prevent conversations being overheard.
- We found that patients were provided with sufficient information to support informed decision-making, including face-to-face discussions of risks, benefits, and expected outcomes. Consent was obtained prior to initial treatment and reconfirmed at each subsequent visit
- Clear and accessible patient information was available via the clinic website, leaflets, and verbal discussion. Information could also be shared electronically in advance of appointments and was reinforced during consultations.

Delivery of Safe and Effective Care

Overall summary:

We found comprehensive arrangements in place to manage the risk of harm to patients and deliver care in a safe and effective way. Infection prevention and control (IPC) procedures were managed appropriately and the clinics compliance with regulatory requirements was suitable.

The setting had a good working relationship with their Laser Protection Advisor, to the benefit of both patients and staff. We saw patient records were handled and completed correctly and stored in a secure electronic record system. We found that not all staff had had face to face First Aid Training.

This is what the service did well:

- The environment was clean, tidy and well maintained, with treatment rooms properly set up to deliver care safely
- Staff followed infection control procedures, and cleaning routines were in place and followed
- Patient records were detailed, stored securely and included all the necessary information such as consent, medical history and treatment details. Patients were also given clear information about treatments.

This is what we recommend the service can improve:

- Fire safety arrangements were incomplete- Fire extinguishers had not been serviced within the required timeframe, and fire exit signage was missing from treatment rooms. These issues were picked up and acted on during the inspection
- An up-to-date signed medical protocol for the laser was not available at the time of inspection, although this was later provided to HIW
- Face-to-face first aid training for the Registered Manager and operator had not been completed at the time of inspection, though training was booked and confirmed.

Quality of Management and Leadership

Overall summary:

The leadership and management arrangements in place were satisfactory. Clear and comprehensive policies were in place to provide guidance for staff, including complaints and training policies. The processes for induction and continued professional development were found to be appropriate.

This is what the service did well:

- The Registered Manager was confident in their role and clearly responsible for staffing, complaints, and day-to-day management
- Staff using the laser equipment had completed the required Core of Knowledge training and were trained to use the machines safely.

This is what we recommend the service can improve:

- DBS checks for the Registered Manager and the operator were not current at the time of inspection, even though this was acted on immediately.

3. What we found

Quality of Patient Experience

Patient feedback

Prior to the inspection, patients were invited to provide feedback either online or via a paper questionnaire; however, no completed questionnaires were received. During the inspection, the Registered Manager explained that the clinic actively encourages patient feedback by emailing patients following treatment, providing feedback forms for completion, and through verbal feedback. All feedback received is reviewed and, where necessary, changes to practice are implemented. Any changes made in response to feedback are shared via the clinic's social media channels.

Health promotion, protection and improvement

We established that patients provided detailed health and medical histories prior to their initial treatment, and this was repeated prior to subsequent treatments. We confirmed that records were signed and dated by staff.

We reviewed 5 patient records via the electronic record system. This provided an audit trail to show the operator completing the record with the patient and consent to the treatment.

Dignity and respect

We confirmed that the consultation area was for single occupancy and that treatments were always carried out in the appropriate treatment room. The two treatment rooms did not have lockable doors to support privacy; however, signage was displayed outside the rooms to indicate when they were in use. We found that conversations could not be overheard.

The operator confirmed that patients were able to change, if necessary, in the treatment room and that they would leave the room to maintain privacy and dignity.

We confirmed that a chaperone policy is in place although most patients choose to attend alone. However, if a chaperone is in attendance the appropriate eyewear is provided.

Patient information and consent

We found that patients were provided with adequate information to support them in making an informed decision about their treatment. We were informed that patients received a face-to-face consultation during which the operator would discuss the risks, benefits and anticipated outcomes of the proposed treatment.

The clinic's Statement of Purpose and Patient Guide was available for patients to view in the waiting area of the clinic.

The consent documentation was of a good standard. We confirmed that consent was obtained prior to the initial treatment and at each subsequent appointment.

Communicating effectively

Patient information is available on the clinic's website, in leaflet format, and through verbal discussion to support patients in understanding their treatment options.

Information can be shared electronically in advance of the appointment, and the Registered Manager told us that this is reiterated during the face-to-face consultation. We saw documented evidence of this within the records we reviewed.

We were informed that there were no Welsh speakers based at the clinic; however, access to Language Line was available should patients wish to receive information through the medium of Welsh or other languages, if required.

The clinic had comprehensive treatment prices listed on their website and in leaflet form, which was available in the waiting area of the clinic.

We reviewed the complaints process, and it included all the required information, including who to contact, appropriate timescales for response and contact details for HIW.

Care planning and provision

We saw evidence that discussions regarding treatments had taken place in a timely manner prior to treatment and that all risks and benefits had been explained and documented. Patient responses had also been documented.

We saw there was a written treatment register for the laser unit which included patient details, patch test response, treatment parameters, date and type of treatment, operators' details and response to treatment.

Equality, diversity and human rights

The clinic had an Equality, Diversity and Inclusion (EDI) policy in place, to demonstrate its commitment to ensuring that all individuals have fair access to services and are treated equitably. All staff had completed EDI training at the clinic.

Citizen engagement and feedback

The clinic had an established system for collecting and reviewing patient feedback as part of its quality monitoring processes. Patient feedback was published on the clinic's website, demonstrating transparency and showing that the service considered and acted upon feedback to inform service improvements.

Patients were able to provide feedback through a range of methods, including:

- Social media

- Anonymous feedback options.

This variety of mechanisms ensured that patients could share their views in a way that suited them, supporting continuous service development.

Delivery of Safe and Effective Care

Environment

The environment was clean, well maintained and appropriately equipped to support the safe delivery of the treatments for which the service is registered.

The clinic was finished to a good standard and presented as clean, orderly and free from any visible hazards.

The treatment rooms were well equipped, fit for purpose and maintained to support safe and effective care.

Managing risk and health and safety

Robust arrangements were in place to ensure the laser machine was operated safely and in accordance with relevant guidance.

All electrical equipment had been PAT tested to a required standard.

We found that there were some arrangements in place for fire safety. We found that the fire extinguishers were mounted correctly and clearly indicated, however they had not been appropriately serviced in the last year. This was addressed during the inspection and the setting sent confirmation to HIW of servicing. **This issue was dealt with immediately during the inspection and is referred to in Appendix A of this report.**

The fire exits were clearly indicated in the clinic with appropriate signage; however, there was no signage displayed within the treatment rooms. We confirmed that fire detection systems were checked regularly.

The Registered Manager should ensure that fire exit signage is displayed within all treatment rooms

No smoking signs were clearly displayed. A fire risk assessment was in place and the registered manager described how actions identified were addressed and recorded. A first aid kit was available with the contents being complete and in date.

We were informed that the Registered Manager and operator were due to complete face-to-face first aid training the following month, and HIW saw confirmation of this. The operator had completed resuscitation e-learning training.

The Registered Manager should ensure that First aid training is completed by all staff

Infection prevention and control (IPC) and decontamination

Effective IPC measures were evident throughout the service.

An IPC policy was in place, and the clinic manager was the lead. We saw that staff adhered to cleaning schedules, and appropriate personal protective equipment (PPE) and hand sanitiser were readily accessible.

Staff described the cleaning arrangements, and we saw evidence that all staff were trained in Infection, Prevention and Control to the required level. These measures contributed to a safe clinical environment.

Safeguarding children and safeguarding vulnerable adults

We found that the clinic did not provide treatment for those under 18 years of age as per registration requirements. They had a clear policy and guidance for adults seeking treatment.

We found that all staff were trained in child and adult safeguarding to the required level.

Medical devices, equipment and diagnostic systems

There is one laser unit at the clinic, which was in good condition, visibly clean and in line with the HIW registration.

The door to the treatment rooms had appropriate signage to warn that laser units were in operation. The laser unit had a key code access. We found that the laser unit had received annual servicing and in-house checks.

A contract was in place with a suitably qualified Laser Protection Advisor (LPA). The LPA had seen the site within recent months, and an appropriate visit report was available. There were appropriate local rules and treatment protocols in place. However, during the inspection we did not see an up-to-date copy of the signed and authorised medical protocol for the laser unit. This was sent to HIW later that day providing assurance that the medical protocol for the laser unit had been signed by a medical practitioner. **This issue was dealt with immediately during the inspection and is referred to in Appendix A of this report.**

Suitable eye protection was available for both patients and operator, aligned with the local rules and the Registered Manager described regular checks to ensure fitness for use and decontamination.

Participating in quality improvement activities

Patient feedback was regularly reviewed and discussed within the clinic to drive continuous improvement. We were also told that the clinic does a 'you said, we did' article which is available on their website.

Information management and communications technology

Patient notes were electronic and maintained to a good standard and reflected appropriate clinical detail.

All information regarding treatments was available on the website and discussed at the consultation.

Records management

Patient records were stored securely on the electronic system.

We reviewed five patient records and saw good record-keeping, with comprehensive information being recorded. This included patient identification, medical history, consent, consultation forms and treatment history.

Quality of Management and Leadership

Governance and accountability framework

The governance arrangements in place at this setting were suitable. The registered manager for the clinic was the point of contact for all staffing matters, and we saw they were confident in their role. We saw evidence that all authorised users of the laser machines had completed the Core of Knowledge training and had received training on how to use the laser machine.

We observed that HIW registration certificates were displayed within the clinic; however, the English version was not visible at the time of inspection. The setting took action to address this, and the English version of the certificate was displayed on the wall during the inspection.

Dealing with concerns and managing incidents

Patient complaints were overseen by the Registered Manager. The complaints procedure we reviewed was appropriate, up to date and referenced HIW to escalate concerns. There was a complaints log for us to review during the inspection, and we were assured by the complaints process in place. We were told that any complaint would be discussed and any verbal complaints would be recorded.

Workforce recruitment and employment practices

Unfortunately, not all baseline checks had been undertaken to a satisfactory level. Disclosure and Barring Service (DBS) checks for both the Registered Manager and the operator were out of date; however, applications were submitted on the day of inspection, and evidence was subsequently provided to HIW. **This issue was addressed immediately during the inspection and is referred to in Appendix A of this report.**

Contracts, induction and training records were seen and were to a satisfactory level.

Workforce planning, training and organisational development

We reviewed the Registered Manager and operators staff records and found that they were up to date with training relevant to their roles, with the exception of First Aid training which has been highlighted already in this report.

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
<p>We found that the fire extinguishers were mounted correctly and clearly indicated, however they had not been appropriately serviced in the last year.</p>	<p>This could result in harm to individuals in an event of an emergency</p>	<p>Discussed with the Registered Manager</p>	<p>This was addressed during the inspection with confirmation sent to HIW of when they were due to get serviced.</p>
<p>During the inspection, we did not see an up-to-date copy of the signed and authorised medical protocol for the laser unit. This was sent to HIW later that day providing assurance that the medical protocol for the laser unit had been signed by a medical practitioner.</p>	<p>This could result in harm to individuals in an event of an emergency</p>	<p>Discussed with the Registered Manager</p>	<p>This issue was dealt with immediately during the inspection</p>

Disclosure and Barring Service (DBS) checks for both the Registered Manager and the operator were out of date		Discussed with the Registered Manager	This issue was addressed immediately during the inspection. DBS applications were submitted on the day of inspection, and evidence was subsequently provided to HIW.
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Appendix B – Immediate improvement plan

Service: B's Aesthetics

Date of inspection: 24 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.

	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No Immediate non-compliance issues were identified				
Findings:					

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:

Appendix C – Improvement plan

Service: B's Aesthetics

Date of inspection: 24 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 Fire exits was clearly indicated in the clinic with appropriate signage; however, we did not see fire exit signage displayed within the treatment rooms. We also saw evidence that fire detection systems were checked regularly.	The Registered Manager should ensure that fire exit signage is displayed within all treatment rooms	The Independent Health Care (Wales) Regulations Regulation 4(b)	Fire exit sign were purchased and placed above the doors in both treatment rooms	Rebecca Rogers	Immediately
2.	We were informed that the Registered Manager and operator were due to complete face-to face first aid training the following month, and HIW saw confirmation of this.	The Registered Manager should ensure that First aid training is completed by all staff	The Independent Health Care (Wales) Regulations Regulation 26 (4)(c)	Completed the training on the 30 th April. I have sent the certificates to HIW.	Rebecca Rogers	Completed

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: Rebecca Rogers

Name (print): Rebecca Rogers

Job role: Manager

Date: 13.5.26