

Independent Healthcare Inspection Report (Announced)

Elaine's Beauty Spot, Knighton

Inspection date: 25 March 2026

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

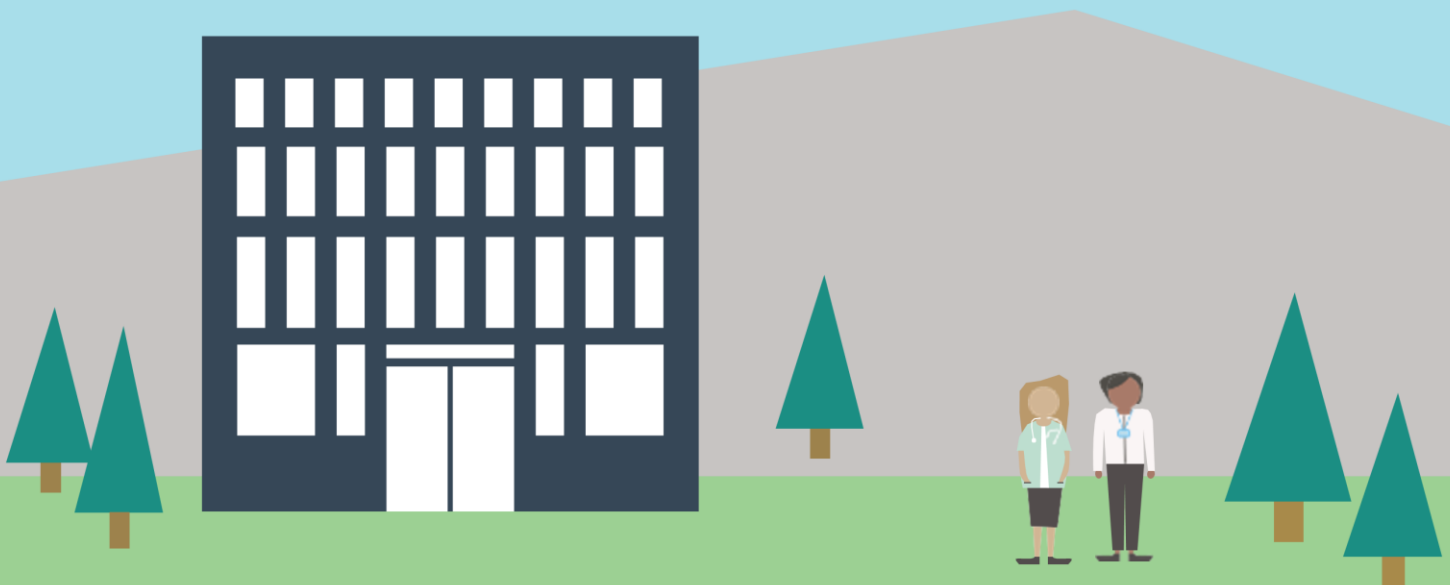
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Elaine's Beauty Spot on 25 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 10 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 Elaine's Beauty Spot laser clinic provided a pleasant environment for patients, with the premises being visibly clean, tidy and well-maintained.

Appropriate information was provided before, during and after treatments and patients were invited to provide feedback.

Patients that responded to the HIW questionnaire expressed positive views about the facilities and treatment provided. All respondents rated the service as 'very good'.

This is what the service did well:

- Clean and pleasant environment
- Good range of information provided to patients
- Feedback actively sought and reviewed.

Delivery of Safe and Effective Care

Overall summary:

We found that Elaine's Beauty Spot laser clinic maintained a good standard of safety and effectiveness in its care delivery. The environment was clean and well maintained.

The laser unit was in good condition, with appropriate safety measures and servicing records. A contract was in place with a qualified Laser Protection Advisor and the clinic had comprehensive local rules and treatment protocols. The operator had up-to-date training in the safe use of the laser.

Where minor issues were identified these were addressed promptly and effectively by the clinic owner.

This is what the service did well:

- Laser equipment maintained and used safely
- Effective procedures in place to provide appropriate care.

Quality of Management and Leadership

Overall summary:

The clinic owner was the registered manager and sole operator of the laser machine. They demonstrated a commitment to providing a high standard of service to patients. We found a positive attitude towards feedback and making improvements.

A range of policies and procedures were in place to promote the safe delivery of services.

This is what we recommend the service can improve:

- Ensure robust systems are in place to ensure documents are reviewed and training updated.

This is what the service did well:

- Clear and effective processes for dealing with complaints.

3. What we found

Quality of Patient Experience

Patient feedback

Responses to the HIW questionnaire were positive with all respondents rating the service as 'very good'. Respondents were satisfied with the information provided including treatment options and aftercare.

Patient comments included:

“Brilliant place”

“Always highly professional”

Dignity and respect

The treatment room had a lockable door and the external window was fitted with obscured glass and covered by a blind, to promote patient privacy. Music was played in the clinic to further promote patient privacy.

The registered manager said that the door to the treatment room was kept locked during treatment. If patients needed to change, the operator would step out of the room briefly to maintain privacy.

The clinic had a staff handbook with sections about client consultation and confidentiality and about 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 registered manager described how patients were provided with detailed information during consultations to ensure they could make an informed decision about their treatment. This included possible outcomes and risks, treatment costs and care instructions. Examples were provided where treatment would be refused because informed consent could not be assured.

There was a policy in place about consent to treatment and a detailed pre-printed form was used during consultations. The consultation form required a patient signature to confirm their consent to treatment and was countersigned by the operator.

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 an up-to-date statement of purpose and patient information guide, that were made available to patients on request. A copy of the statement of purpose was available on the clinic website. The clinic had comprehensive treatment prices listed on their website and we were told that treatment costs were made clear to patients during the initial consultation.

Patients were able to contact the clinic in person, by phone, or could book a consultation via the clinic website.

The clinic had a policy in place about the provision of information to patients.

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 registered manager described appropriate arrangements for obtaining a medical history and procedures for the assessment, diagnosis and treatment of clients. Patients completed and signed a medical history form prior to the commencement of treatment, with further checks carried out at each subsequent visit.

All respondents to the HIW questionnaire agreed that their medical history was checked and a patch test carried out before undertaking treatment.

Equality, diversity and human rights

The clinic had an Equality, Diversity and Human Rights policy in place, that referred to relevant legislation.

The registered manager described some adjustments made to accommodate patients with mobility difficulties. The clinic was on the ground floor with level access throughout. Chairs of varying heights were available and height-adjustable treatment beds were used. We were told that patients with mobility difficulties were known to the operators and would be assisted as necessary. The patient toilet was not wheelchair accessible due to restrictions in the building layout.

Staff told us that the dignity of transgender patients was maintained by recording and using preferred names and pronouns.

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

Citizen engagement and feedback

The clinic actively sought patient feedback. Patients were sent an email after each treatment with a link inviting them to submit feedback via an online portal, with a scoring system and an option for free text. The registered manager was notified once a review had been submitted. The system could be used to filter responses, for example by date, treatment provided, practitioner or rating, to identify any recurring themes. Patients that repeatedly left feedback would also receive a link inviting them to leave online reviews.

The registered manager described how feedback was regularly reviewed and patients contacted if they had any issues or concerns. We were also given examples where minor changes had been made because of patient feedback. The registered manager told us that occasional email surveys were carried out, inviting patients to suggest improvements to the service.

Delivery of Safe and Effective Care

Environment

The premises were visibly clean, tidy and well maintained. The clinic was in a good state of repair and provided a pleasant and welcoming environment for patients.

A mixed gender patient toilet was provided, with appropriate hand washing and drying facilities.

Managing risk and health and safety

The clinic had policies and procedures in place to help maintain the health and safety of staff and patients at the clinic, including a health and safety policy supported by risk assessments.

We saw evidence of up-to-date portable appliance (PAT) testing and an electrical installation report.

We reviewed fire safety arrangements and noted that a fire risk assessment had not been completed. We advised that this should be put in place and a completed fire risk assessment was submitted immediately after the inspection.

The simple layout of the building and fire exits to the front and rear enabled clear egress in the event of a fire. The fire exit to the rear was clearly indicated, however the front door did not have a fire exit sign. This was addressed during the inspection with an additional sign ordered. Photographic evidence was submitted immediately after the inspection showing the fire exit sign in place.

There was signage in the treatment room advising that smoking and vaping were not allowed on the premises. We recommended further signage be displayed in the reception area and the registered manager ordered additional signage during the inspection. Photographic evidence was submitted immediately after the inspection showing the additional 'no smoking or vaping' sign in place.

Fire extinguishers were appropriately mounted and indicated, with evidence of regular servicing and maintenance.

Staff told us that in the event of a fire the alarm would be raised verbally. We queried whether patients using the toilet to the rear of the clinic would be alerted. The registered manager immediately ordered an alarm that could be activated by push-button to address this issue. Photographic evidence was submitted immediately after the inspection showing the fire alarm in place.

A first aid kit was available with the contents being complete and up to date. Signage clearly identified the registered manager as a first aider and they had up to date training in providing first aid.

Infection prevention and control (IPC) and decontamination

We observed all areas of the clinic to be visibly clean and free from clutter. The premises were in a generally good state of repair enabling effective cleaning.

There was an IPC policy in place supported by detailed procedures. Cleaning checklists were used and completed to ensure different areas of the clinic were cleaned appropriately.

We saw appropriate hand hygiene arrangements with hand-washing facilities in the treatment room.

The registered manager had undertaken IPC training however this was overdue for renewal. This was addressed immediately after the inspection and a certificate submitted as evidence.

There were appropriate and secure arrangements for the storage and disposal of clinical waste, including sharps disposal.

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

Safeguarding vulnerable adults

The service was registered to treat patients aged 18 years and over. Staff told us that children were not allowed on the premises.

There was an up-to-date and comprehensive safeguarding policy in place, including how to escalate issues and contact details. However, there was no reference to the Wales Safeguarding procedures. The registered manager downloaded the mobile phone application immediately during the inspection as an additional resource.

The registered manager had undertaken safeguarding training, however this was overdue for renewal. This was addressed immediately after the inspection and a certificate submitted as evidence, showing safeguarding training to Level two.

Medical devices, equipment and diagnostic systems

The laser unit was in a good condition, visibly clean and in line with the HIW registration.

The door to the treatment room had appropriate signage to warn that a laser unit was in operation. The laser unit had a key switch and the key was stored securely when the machine was not in use. Additionally, the door to the treatment room was kept locked when not being used.

The laser unit was regularly serviced and maintained with appropriate records kept.

A contract was in place with a suitably qualified Laser Protection Advisor (LPA). There were appropriate local rules and treatment protocols in place.

Suitable eye protection was available for both patients and operators and the operator described regular checks to ensure fitness for use. One further set of eyewear showed some signs of damage. This was discussed during the inspection and the registered manager told us they were not routinely used and were a 'back up' set. To avoid any potential risk to patients, the registered manager decided to dispose of the eyewear and this was done immediately during the inspection.

Safe and clinically effective care

The registered manager had appropriate and up to date training in the use of the specific laser unit and general Core of Knowledge training, in line with British Medical Laser Association (BMLA) guidelines.

Appropriate treatment protocols were in place, which included treatment techniques, parameters and permitted variations 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.

The registered manager described some audit activities carried out to monitor the service provided and identify improvements.

Records management

We reviewed a sample of patient records and saw evidence of comprehensive information being recorded as paper copies. This included patient identification, medical history, consent, consultation forms and treatment history. We

recommended that some additional care be taken to ensure all treatment records were clearly legible and completed using the template provided.

We saw that a clear and detailed treatment register was kept for the laser unit. This included patient identification, date and type of treatment and treatment parameters. The operator told us that additional information, such as any adverse effects, would also be recorded if relevant.

The registered manager described secure and appropriate systems for the storage and retention of patient records.

Quality of Management and Leadership

Governance and accountability framework

The registered manager was the clinic owner and sole operator of the laser.

There was a good range of policies and procedures in place, to meet regulatory requirements. We noted some instances where training and documents requiring review had not been completed on time. We recommended that robust systems be put in place to ensure relevant training and compliance requirements were monitored more effectively.

The registered manager must put systems in place to ensure training and compliance requirements are monitored and updated effectively.

We saw HIW registration certificates were clearly displayed in the treatment room. 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 if required. The complaints procedure was also available on the clinic website. The complaints procedure included a clear process, appropriate timescales for response and contact details to escalate concerns with external bodies.

Details of any complaints would typically be noted in the patient record. Any relevant actions or lessons learned would be shared at clinic staff meetings or on an ad-hoc basis.

Workforce recruitment and employment practices

The registered manager was the sole operator of the laser. We saw evidence that they had undertaken relevant training and a certificate to show a check by the Disclosure and Barring Service.

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
We reviewed fire safety arrangements and noted that a fire risk assessment had not been completed.	Identifying fire risks and control measures reduces the risk to staff and patient safety.	The matter was raised with the registered manager during the inspection.	We advised that this should be put in place and a completed fire risk assessment was submitted immediately after the inspection.
The front door did not have a fire exit sign.	Clear signage of fire exits assists staff and patients in the event of a fire.	The matter was raised with the registered manager during the inspection.	This was addressed during the inspection with an additional sign ordered. Photographic evidence was submitted immediately after the inspection showing the fire exit sign in place.
Staff told us that in the event of a fire the alarm would be raised verbally. We queried whether patients using the toilet to the rear of the clinic would be alerted.	An easily heard fire alarm assists staff and patients in the event of a fire.	The matter was raised with the registered manager during the inspection.	The registered manager immediately ordered an alarm that could be activated by push-button to address this issue. Photographic evidence was submitted immediately after the inspection showing the fire alarm in place.

<p>The registered manager had undertaken IPC training however this was overdue for renewal.</p>	<p>Regular IPC training aids the protection of both staff and patients.</p>	<p>The matter was raised with the registered manager during the inspection.</p>	<p>This was addressed immediately after the inspection and a certificate submitted as evidence.</p>
<p>The registered manager had undertaken safeguarding training, however this was overdue for renewal.</p>	<p>Regular training in Safeguarding helps ensure the safety of vulnerable adults.</p>	<p>The matter was raised with the registered manager during the inspection.</p>	<p>This was addressed immediately after the inspection and a certificate submitted as evidence, showing safeguarding training to Level 2.</p>
<p>One set of protective eyewear showed some signs of damage. This was discussed during the inspection and the registered manager told us they were not routinely used and were a 'back up' set.</p>	<p>Ensuring all protective eyewear is in good condition reduces the risk to patients and staff from a laser.</p>	<p>The matter was raised with the registered manager during the inspection.</p>	<p>To avoid any potential risk to patients, the registered manager decided to dispose of the eyewear and this was done immediately during the inspection.</p>

Appendix B - Immediate improvement plan

Service: Elaine's Beauty Spot

Date of inspection: 25 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 during the inspection.					

Appendix C - Improvement plan

Service: Elaine's Beauty Spot

Date of inspection: 25 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. We noted some instances where training and documents requiring review had not been completed on time.	The registered manager must put systems in place to ensure training and compliance requirements are monitored and updated effectively.	The Independent Health Care (Wales) Regulations 2011, Regulation 21	Calendar created	Elaine Darrell	In place and ongoing

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): Elaine Darrell

Job role: Owner / Registered Manager

Date: 26 April 2026