Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Quayside Medical Aesthetics

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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.

Contents

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Quayside Medical Aesthetics on 30 March 2026.

Our team for the inspection comprised of two HIW healthcare inspectors.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. A total of 15 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 patients received a good level of care at Quayside Medical Aesthetics. Effective arrangements were in place to fully support the privacy and dignity of patients, giving due regard to their equality and rights. Patients told us staff at the setting provided clear and concise information to them prior to, during and post-treatment. Patients also told us they 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:

- All patient feedback we received was positive
- Care planning and consent arrangements were robust.

Delivery of Safe and Effective Care

Overall summary:
We found a clean, tidy and organised setting which was maintained to a good standard. The setting was delivering treatments using machines which had been serviced appropriately by contractors and operated by staff who were conducting routine cleaning calibrations. We saw the treatments being provided were delivered safely and effectively for patients. However, we did find areas to improve regarding the patient records to make these easier to follow and capture shot counts.

Safeguarding arrangements supportive for vulnerable patients and all the staff we spoke with knew their role in responding to a safeguarding concern. The setting maintained a good stock of personal protective equipment for operators, and we saw effective infection control measures being implemented.

The staff we spoke with all knew what to do in the event of an emergency and trained first aiders were available. The fire safety arrangements were generally suitable, however, we noted no documented fire drills having taken place.

This is what we recommend the service can improve:

- Ensure annual fire drills take place and robust records are kept

- Shot counts must be recorded in patient records and ensure all information is easy to follow and understand.

This is what the service did well:

- Security arrangements for the laser machine were robust
- The setting was clean, tidy and organised
- Calibration checks and the cleaning of laser machines were routine.

Quality of Management and Leadership

Overall summary:
The leadership and management arrangements in place were satisfactory, though we did find the setting needed to commence the recording meeting minutes. 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. However, we found there were improvement which could be made to the system for monitoring training compliance at the setting.

This is what we recommend the service can improve:

- Start to keep records of formal staff meetings
- Implement a training compliance monitoring system.

This is what the service did well:

- The systems in place to record and respond to patient feedback and complaints were appropriate.

3. What we found

Quality of Patient Experience

Patient feedback
Overall, the responses and comments from patients were positive. All respondents rated the service as 'very good'. Some of the comments we received included:

> *"All great."*
>
> *"Very professional, friendly clinic."*
>
> *"Staff are polite, kind and professional. The fabric of the building is old but well maintained. I have been a satisfied patient since I have been attending in 2022."*

Dignity and respect
Consultations and treatments took place in a designated room at the setting. This room had a solid door, which was locked during treatments. The window of this room had the blinds always drawn. No confidential information was discussed outside of the treatment room. All these measures helped ensure patient privacy was maintained during their patient journey.

Chaperones were permitted in the treatment room, where requested. An additional set of protective eyewear was available to ensure their safety.

All respondents to the HIW patient survey told us they were treated with dignity and respect, that measures were taken to protect their privacy and staff explained what they were doing during their treatments.

Patient information and consent
Healthy lifestyles were promoted to patients using service, including discussions regarding smoking cessation and ultra-violet light protection pre- and post-treatment. Recommendations regarding patient lifestyles and maintaining a healthy diet and exercise were discussed with patients during consultations. Health promotion information leaflets, including the promotion of physical activity, were provided at reception for patients. The registered manager advised they would discuss health conditions or any noticeable changes in patient health, referring on to other healthcare services, where needed.

In all five of the patient records we reviewed during our inspection, we saw evidence of a signed consultation form being completed prior to any treatment taking place. Most of these records were also counter signed by the laser operator; however, we found one record was missing this counter signature. We were informed this was an oversight on the operators' behalf and we saw no other instances. Informed consent was noted for every treatment in all the patient records we reviewed. All patients responding to the HIW questionnaire told us they provided signed consent prior to ever treatment. Patients also said they were involved as much as they wanted to be in their treatment and that staff listened to them and answered their questions.

All patients who completed a questionnaire agreed that they had been given enough information about their treatment. Patients confirmed this included information on the risks, benefits, the different treatment options available and the costs of any treatments. We saw the costs for each course of treatments were agreed in writing at the initial patient consultation.

Communicating effectively, care planning and provision

The statement of purpose and patient guide for the setting were both available at reception. These had both been recently updated and contained all required information. Most patient information was generally available in English. Staff told us they would utilise the services of an interpreter for any patient wishing to converse in another language. All respondents to the HIW patient questionnaire confirmed their preferred language was English.

We were told patients generally made appointments over the telephone, and patients could also make an appointment via email or in person at reception.

All five patient records we reviewed during the inspection outlined that medical histories were checked prior to every treatment. We saw patch testing and skin typing also took place prior to the start of any course of treatments. We were told each patient receives a package of information prior to the commencement of any course of treatment. The risks and benefits of treatments are discussed with patients during their initial consultation.

All patients feedback we received matched the evidence we reviewed in patient records. All patients told us that before receiving a treatment their medical history was checked. All patients who received a treatment requiring a patch test, said they were given a patch test. Patients also confirmed they were given clear aftercare instructions and what to do in the event of an emergency.

Equality, diversity and human rights

The setting had an equality and diversity policy in place, alongside a suitable means to protect staff and patients from discrimination. The registered manager outlined satisfactory examples of how the setting treated patients equally and upheld their rights. The rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records.

Citizen engagement and feedback

We found the systems in place to request and respond to feedback were robust. Patients were automatically contacted to completed online feedback following their appointment and verbal feedback was also collected and recorded. We were informed paper feedback forms were used on occasion but that this was not routine. All patient feedback was reviewed by staff when it was received, and an overview was conducted annually to spot key trends or themes. Patient feedback was published online for general awareness. We were informed that any feedback about a service improvement would be publicised, alongside the response from the setting for patient awareness.

Delivery of Safe and Effective Care

Environment, managing risk and health and safety
We found a secure environment was maintained at the setting. The setting had recently installed new entry doors and there was a two-door system to prevent unauthorised entry during opening hours. The premises was alarmed and monitored by CCTV. The laser room was locked when not in use and the keys for machines stored securely.

All areas of the setting appeared to be maintained to a good standard for staff and patients. Gas and electrical safety certification had both taken place, alongside annual Portable Appliance Testing.

Fire safety signage was displayed, including the means of escape and instructions to follow in the event of fire. Fire extinguishers were available and had been recently serviced along with the fire alarm system for the setting. However, we found no evidence of fire drill records for us to review. The registered manager told us these had not taken place. Fire drills are an annual requirement and are designed to ensure staff know their escape routes and responsibilities during a fire. Not holding drills increases the likelihood of injury should a real evacuation need to take place and creates a missed opportunity for learning from drills.

The registered manager must ensure annual fire drills take place and robust records are kept.

The staff we spoke with demonstrated a good understanding of what to do in the event of an emergency. The first aid kit for the setting was fit for purpose, and all items were within their expiry dates. The setting was run by the registered manager and a medical doctor, who was also employed in a local GP surgery. In addition, there were registered nurses from local GP surgeries also employed at the setting. While not immediately available during the inspection, we received confirmation of the first aid training of these staff members following the inspection. In addition, two staff members were also enrolled onto a first aid course following the inspection. The registered manager was encouraged to monitor first aid compliance.

Infection prevention and control (IPC) and decontamination
We found appropriate processes in place to enable the effective cleaning and decontamination of treatment areas and the equipment. Cleaning checklists were used, and audits were completed by managers on a routine basis. We saw appropriate personal protective equipment was provided to staff and used during treatments. We were informed hand washing was routine pre-and-post treatment.

IPC and decontamination processes were suitably outlined in the infection control policy for the setting. Clinical waste was handled correctly and disposed of through a waste handling contract.

All respondents to the HIW questionnaire felt the setting was 'very clean' and infection and prevention control measures were always being followed.

Safeguarding children and safeguarding vulnerable adults
The setting had a suitable safeguarding policy in place, which was up-to -date and contained details of the local safeguarding team. The policy clearly outlined the procedures to follow in the event of a safeguarding concern. We also saw staff had completed safeguarding training to a suitable level. No treatments were provided to anyone under the age of 18.

Medical devices, equipment and diagnostic systems
We found the devices at the setting were being used safely and in line with manufacturer guidelines. The setting was in the process of taking one machine out of service and registering a new laser machine with HIW. We found all necessary documentation for this new machine had been secured and the request to change the conditions of registration with HIW would be submitted in due course.

A suitable contract was in place with certified Laser Protection Advisor (LPA). We saw records of annual reviews of the setting by the LPA and a comprehensive report was produced, which included a risk assessment. On review of the documentation for two of the laser machines, we saw there were individualised treatment protocols in place for the use of the laser machines, which had been created and approved by a medical practitioner. The local rules for the setting were up to date and contained all the required information relating to each machine. All staff had signed to agree to the local rules.

Daily checks took place on the laser machines, with calibration checks prior to each treatment. Servicing records for the two machines we inspected were satisfactory. Protective eyewear was readily available, appeared to be in good condition and consistent with the local rules.

Safe and clinically effective care
We found treatments at the setting were being delivered safely and effectively. All laser operators had received training, including in the core of knowledge.

The laser room was lockable and displayed appropriate signage on the door indicating that laser treatments took place within the room. The signage also advised not to enter while treatments were being provided.

We saw evidence in the sample of five patient records we reviewed of every patient in our sample receiving patch-testing and skin typing prior to their course of treatments.

All patients responding to the HW questionnaire confirmed they received no adverse reactions following their treatment. Patients also told us they received instructions to aid healing and to check for signs of infection.

Participating in quality improvement activities
Patient feedback was regularly reviewed and discussed within the setting to drive continuous improvement. Cleaning and hygiene audits took place throughout the setting alongside patient record audits at each treatment cycle.

The registered manager confirmed the setting had the means to provide an annual return to HIW upon request.

Records management
Patient records were generally held on paper, with some aspects of records held on a secure password protected system. All paper records were stored securely in a locked cabinet. We saw all records were disposed of in line with the setting retention policies.

We reviewed a sample of five patient records and, overall, we found good evidence of record keeping. The records include signed consent forms, the area treated, equipment used and the output energy. However, in all the records we reviewed we did not see the shot counts recorded. In addition, while we could read most the notes written by the operator, these were sometimes not written in an easy-to-follow manner. We encouraged the setting to utilise the templates they already have so that information is captured in a manner which can be easily read and understood.

The registered manager must ensure:

- **Shot counts are recorded in patient records**
- **All information is clearly recorded utilising the existing patient record templates.**

Quality of Management and Leadership

Governance and accountability framework
The governance arrangements in place at this setting were generally suitable. The manager for the setting was the point of contact for all staffing matters, and we saw they were confident in their role. We were told staff meetings took place routinely, however, we did not see record of any minutes for these meeting. A formal record of a meeting allows a staff member who could not attend a meeting to stay up to date with the information discussed.

The registered manager must ensure minutes are kept for their staff meetings.

We noted HIW certificates for the setting were displayed on the wall in reception and employer liability insurance certification was also displayed.

Dealing with concerns and managing incidents
Patient complaints were overseen by the manager for the setting. The complaints procedure we reviewed was appropriate, up to date and referenced HIW to escalate concerns. There were no complaints 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 at staff meetings, with any verbal complaints being noted in the complaints book.

Workforce recruitment and employment practices
We saw suitable arrangements for the recruitment and induction of any new staff members, including a detailed induction checklist. We saw Enhanced Disclosure and Barring Service checks were in place for all staff, except for two new starters who were in the process of being checked.

Two staff members did not have copies of two references checks in their records. Missing pre-employment checks open the possibility of patients coming into contact with staff who have not had a complete check conducted against their character. The setting agreed to conduct a risk assessment to ensure the risks of missing employment information and the mitigating actions taken by the setting were captured.

Workforce planning, training and organisational development
We reviewed the records of four staff members and found most staff had up to date training relevant for their roles. While not immediately available, the safeguarding training certificates for two staff members were sent to HIW shortly after the inspection. Two new starters, one of who had not started working at the

setting, had not completed safeguarding training but were in the process of completing this training.

Some certificates were difficult to locate, and the registered manager did not have a robust system for the monitoring of training certificates. In addition, as mentioned elsewhere in this report, first aid certification was initially difficult for HIW to establish. Missing or difficult to locate certificates without a robust system for monitoring could risk staff members operating with out-of-date training.

The registered manager must implement a robust system for monitoring training compliance.

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 during this inspection.			

Appendix B – Immediate improvement plan

Service: Quayside Medical Aesthetics

Date of inspection: 30 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 concerns were identified during this inspection.					

Appendix C - Improvement plan

Service: Quayside Medical Aesthetics

Date of inspection: 30 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 found no evidence of fire drill records for us to review. The registered manager told us these had not taken place. Fire drills are an annual requirement and are designed to ensure staff know their escape routes and responsibilities during a fire. Not holding drills increases the likelihood of injury should a real evacuation need to take place and creates a missed opportunity for learning from drills.	The registered manager must ensure annual fire drills take place and robust records are kept.	Regulation 26 (4) of the Independent Health Care Wales Regulations 2011	Fire drills to be conducted annually and the details recorded in Fire Safety Logbook. Logbook to be kept in wall mounted documents box located by fire alarm control panel.	Peter Hughes	Completed by 18/05/26

2.	In all the records we reviewed we did not see the shot counts recorded. In addition, while we could read most the notes written by the operator, these were sometimes not written in an easy-to-follow manner. We encouraged the setting to utilise the templates they already have so that information is captured in a manner which can be easily read and understood.	The registered manager must ensure: • Shot counts are recorded in patient records • All information is clearly recorded utilising the existing patient record templates.	Regulation 23 (1)	Shot counts are being recorded within the treatment paperwork for individual clients.	Peter Hughes	Immediately actioned (11/05/26)
3.	We were told staff meetings took place routinely, however, we did not see record of any minutes for these meeting. A formal record of a meeting allows a staff member who could not attend a meeting to stay up to date with the information discussed.	The registered manager must ensure minutes are kept for their staff meetings.	Regulation 20 (2)	A logbook has been obtained and will be used for documenting the minutes for staff meetings. The logbook is located behind the reception desk and is made available for all staff to access.	Peter Hughes	Immediately actions (11/05/26)

4.	Some certificates were difficult to locate, and the registered manager did not have a robust system for the monitoring of training certificates. In addition, as mentioned elsewhere in this report, first aid certification was initially difficult for HIW to establish. Missing or difficult to locate certificates without a robust system for monitoring could risk staff members operating with out-of-date training.	The registered manager must implement a robust system for monitoring training compliance.	Regulation 20 (2)	A training matrix has been implemented for all staff members. The training matrix depicts training courses undertaken, date undertaken and expiry date.	Peter Hughes	Immediately actioned (11/5/26)

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): Peter Hughes

Job role: Clinical Director **Date:11/05/26**