

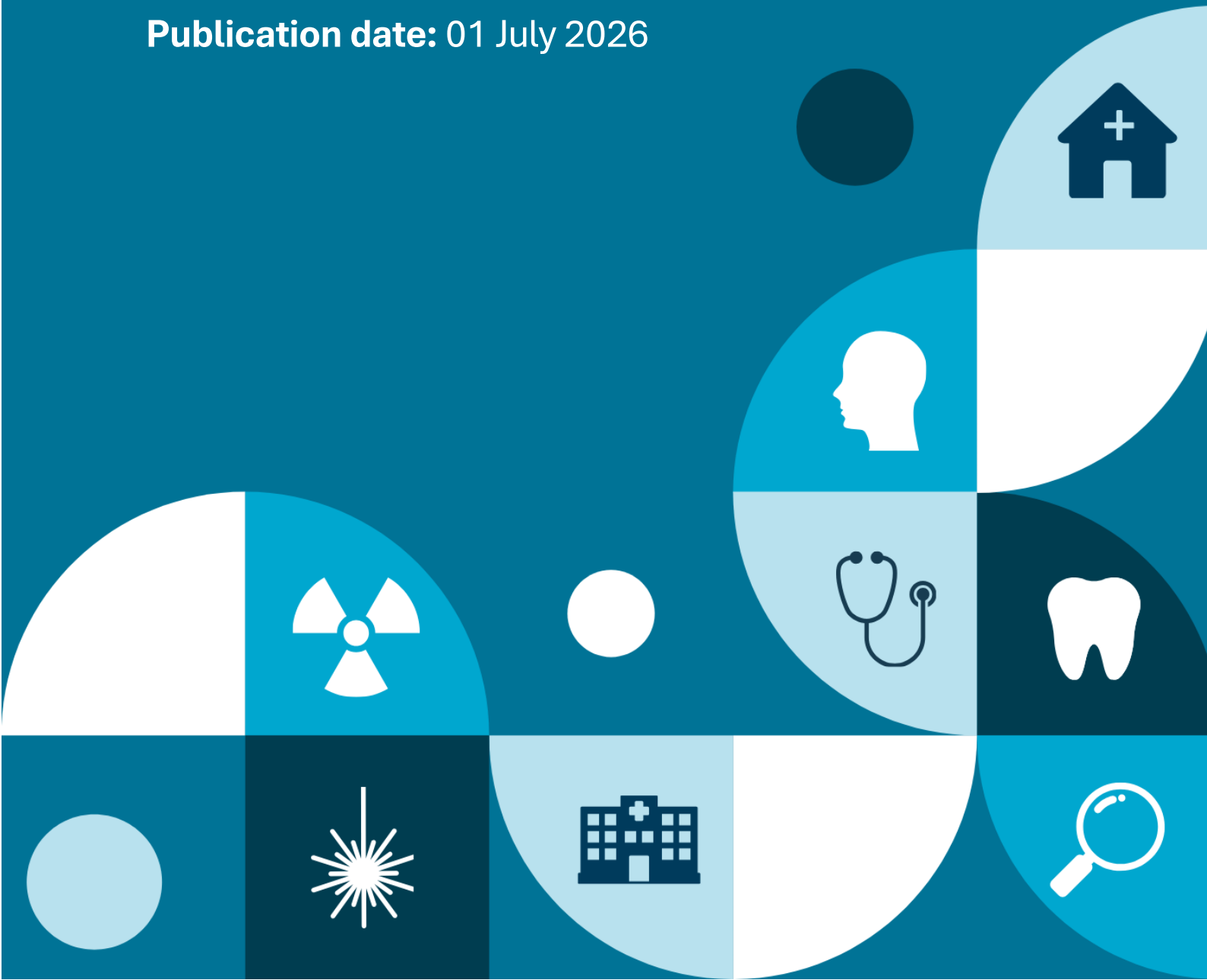
# Independent Healthcare Inspection Report (Announced)

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The Bay Health and Beauty Clinic,  
Colwyn Bay

**Inspection date:** 31 March 2026

**Publication date:** 01 July 2026



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

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## 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 the Bay & Beauty Clinic, Colwyn Bay on 31 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 16 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 The Bay Health & Beauty Clinic was committed to providing a positive experience for patients in a pleasant environment with friendly and professional staff.

All patients who completed a HIW questionnaire rated the service provided by the clinic as very good.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

The clinic had effective arrangements in place to collect patient feedback through multiple channels, including anonymous options. However, the outcomes of this feedback, including a summary of patients' views and analysis, were not reflected in the Patient Guide.

This is what we recommend the service can improve:

- A summary of patients' views must be included in the Patient Guide.

This is what the service did well:

- The clinic is committed to providing a positive experience for patients
- The clinic was very clean and tidy
- Staff were polite, caring and listened to patients
- The clinic had a system in place for seeking the views of patients.

## Delivery of Safe and Effective Care

Overall summary:

We found that The Bay Health & Beauty Clinic was generally meeting the relevant regulations associated with the health, safety and welfare of staff and patients. However, we noted that all staff were due to renew fire and safeguarding training.

The clinic was well maintained and equipped to provide the services and treatments they are registered to deliver. All areas were clean and free from any visible hazards. However, no cleaning checklists for the treatment room were being maintained to evidence that cleaning schedules were followed.

There were good arrangements in place to ensure that the laser machine was used appropriately and safely.

We found evidence that patients were provided with safe and effective care. However, the registered manager must implement a programme of regular clinical audits to support quality assurance and continuous improvements.

This is what we recommend the service can improve:

- All staff to renew fire training
- Implement a cleaning checklist for the treatment room
- All staff to renew safeguarding training
- Safeguarding policy in need of review
- Implement a programme of clinical audit.

This is what the service did well:

- The clinic and treatment room had been designed and finished to a good standard
- Treatment room was clean, well equipped and fit for purpose
- Patients were provided with enough information to make an informed decision about their treatment
- Patient notes were of a good standard.

# Quality of Management and Leadership

Overall summary:

The Bay Health & Beauty Clinic demonstrated generally effective governance arrangements. The service was managed by a committed registered manager, with appropriate registration and insurance documentation in place.

There were no reported incidents or complaints at the time of inspection, and appropriate systems were in place to manage concerns. Recruitment practices supported patient safety, including the use of DBS checks. Staffing levels were sufficient to meet service needs, and relevant training had been completed; however, improvements were required to strengthen systems for monitoring training renewals and ongoing compliance.

This is what we recommend the service can improve:

- Introduce a system to monitor staff training compliance.

This is what the service did well:

- We saw certificates showing that authorised users of the laser machines had completed the Core of Knowledge training and training on how to use the laser machines
- Patient information was kept securely.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Before our inspection, we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received 16 responses.

Most patients (15/16) who completed a questionnaire rated the service provided as very good and one patient told us it was good. Some of the patients did not answer all of the questions. Patient comments included:

*“Very professional and friendly staff.”*

*“This is an excellent setting that provides amazing service from start to finish. I always feel completely at ease during my visit and the team are incredibly knowledgeable and give excellent customer service.”*

#### Health promotion, protection and improvement

We confirmed that patients provided comprehensive health and medical histories prior to their initial treatment and again prior to subsequent treatments. We confirmed medical histories were signed by the patient and were countersigned by the laser operator. All patients told us they had their medical histories taken prior to treatment. One patient told us:

*“Professional and friendly service. Full explanation was provided before commencing treatment. Medical history is checked before each laser session. I am consulted on all decisions regarding my treatment.”*

#### Dignity and respect

All patients who completed a questionnaire strongly agreed that staff treated them with dignity and respect when visiting the clinic.

The door to the treatment room was lockable and the registered manager confirmed they locked the door during treatment to maintain privacy.

Patients were provided with towels to protect their dignity if required and were left alone to undress if necessary.

Consultations were carried out in the treatment room, to ensure that confidential and personal information could be discussed without being overheard.

We were informed that the clinic permits the use of a chaperone, where requested by patients, during the consultation process. However, we found that staff had not received specific chaperone training.

***The registered manager must ensure any staff member acting as chaperone receives appropriate training.***

All patients who completed a questionnaire confirmed that staff explained what they were doing throughout the treatment and that they listened to them and answered any questions.

## **Patient information and consent**

All patients who completed a questionnaire agreed that they had been given enough information about their treatment, including the risks, different treatment options and after care services.

Patients were provided with a thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered.

We found evidence to indicate patients were provided with enough information to make an informed decision about their treatment.

All patients who completed a questionnaire confirmed they had completed and signed a medical history, a consent form and received a patch test prior to commencement of any new treatment. We were told that all patients were given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions. One patient told us:

“(Staff member) was very good, professional. She always explains every treatment in detail and makes sure I understand it. The treatment worked efficiently and this has made me feel more confident in myself. (Staff member) advised all options available for hair removal after trying electrolysis and led me to the right path.”

We saw that patients were asked to complete and sign a medical history form at the start of each treatment, prior to patch testing. We also saw evidence that patients provided an update to their medical history at every follow-up appointment.

## **Communicating effectively**

A statement of purpose and a patients’ guide was available for patients to take away. The statement of purpose included relevant information about the services being offered.

Comprehensive patient information was available for patients to read to help them decide about their treatment options and details about the service. We found evidence of this in the records we reviewed. All patients agreed that staff explained what they were doing throughout the treatment and that they felt listened to.

All patients who completed the questionnaire indicated that English was their preferred language.

We were informed that two members of staff were Welsh speakers, which helps to meet the needs of Welsh speaking patients.

### **Care planning and provision**

We saw evidence to confirm that all patients received a face-to-face consultation prior to the start of any treatment. As part of this consultation, patient medical histories were collected to ensure suitability of the chosen treatment.

Treatment information was recorded within individual patient files, and a treatment register was being maintained.

We reviewed a sample of patient records and found a good standard of record keeping, which covered all areas of the patient journey, pre and post treatment.

### **Equality, diversity and human rights**

There was an equal opportunities policy in place. This meant that the clinic was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

### **Citizen engagement and feedback**

We found that the clinic had a system in place for obtaining patient feedback to monitor the quality of the service provided. Patients were able to provide feedback at the end of each course of treatment via a questionnaire and through social media. Feedback and comments could also be submitted anonymously.

However, we found that a summary of patients' views and the analysis of patient feedback had not been included in the Patient Guide.

***The registered manager must ensure that a summary of patients' views is included in the Patient Guide and forward a copy to HIW.***

## 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

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

We saw evidence that portable appliance testing (PAT) had been conducted, to ensure that small electrical appliances were safe to use. We also saw that a building electrical wiring check had been undertaken within the last five years.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months.

Emergency exits were visible, and a Health and Safety poster was displayed.

The practice had a range of policies and procedures, as well as risk assessments in place, such as, fire and health and safety. All risk assessments were current and regularly reviewed. Fire alarm tests and six-monthly fire drills were taking place. However, we found that all staff were required to renew their fire safety training.

***The registered manager must ensure all staff renew their fire safety training.***

An emergency first aid kit was available on the premises. At the time of inspection, all three laser operators had completed first aid training.

We were assured that the premises were fit for purpose, and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

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

We observed all areas of the service were visibly clean. There were no concerns expressed by patients over the cleanliness of the clinic. All patients who completed a questionnaire confirmed that IPC measures were being followed and that the setting was very clean.

The registered manager described a range of infection prevention and control arrangements. These included a daily cleaning schedule for the treatment room, which involved cleaning the laser machine, treatment bed, equipment, and eyewear prior to

each use. However, we found that cleaning checklists were not maintained to evidence that these cleaning tasks had been completed.

***The registered manager must ensure that cleaning checklists are maintained for the treatment room to evidence that cleaning schedules are followed.***

We saw that all laser operators had received level 2 IPC training.

There were appropriate arrangements in place for the disposal and collection of clinical waste, including sharps.

## **Safeguarding children and safeguarding vulnerable adults**

The registered manager described how they would deal with any safeguarding issues. We saw that all three laser operators were due to renew their safeguarding level two training. We received confirmation immediately following the inspection confirming that all three laser operators had been booked on to the relevant course.

***The registered manager must ensure all laser operators renews their safeguarding level 2 training and forward relevant certificates to HIW.***

A policy was in place to safeguard vulnerable adults. However, the policy was due for renewal.

***The registered manager must ensure that the Safeguarding policy is reviewed and provide HIW with a copy.***

There were clear procedures to follow in the event of any safeguarding concerns, along with flowcharts and contact details listing the actions required should a safeguarding issue arise.

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

The laser machine had an annual service and calibration certificate which were in date. There were treatment protocols in place for the use of the laser machine, and these had been approved by an expert medical practitioner.

There was a contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machine. The local rules had been regularly reviewed by the LPA and signed by the laser operators.

## **Safe and clinically effective care**

Eye protection was available for patients and the laser operators. The eye protection appeared in good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There were signs on the outside of the treatment room to indicate when the laser machine was in use. The registered manager also confirmed that the treatment room door is locked when the machine is in use in order to prevent unauthorised access. We

were told that the machine is kept secure at all times and can only be activated by a key, preventing unauthorised operation.

The environmental risk assessments had recently been reviewed by the LPA.

### **Participating in quality improvement activities**

Feedback from patients was encouraged and regularly reviewed, to help improve the service. However, we found there was no programme of clinical audits being conducted annually to support the quality assurance and continuous improvement.

***The registered manager must ensure a programme of clinical audits are conducted annually.***

The registered manager demonstrated a good knowledge and understanding of the treatments provided. The registered manager also described the importance of post treatment observations and follow up with patients to help provide improved individualised care throughout a course of treatment.

### **Records management**

A sample of five patient records were reviewed. There was evidence that good records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. All the records we reviewed were individualised and contained appropriate patient identifiers, medical history, areas treated, relevant parameters, shot count and details of any adverse effects. Records were detailed, clear, legible and of good quality. Records were kept in a well organised manner and were kept secure when not in use.

## Quality of Management and Leadership

### Governance and accountability framework

The Bay Health & Beauty Clinic was run and owned by the registered manager who we found to be very committed and dedicated to their role.

We saw a current HIW certificate of registration and public liability insurance certificate on display.

We looked at a sample of policies and procedures and saw that these had been reviewed regularly and contained version and / or review dates.

### Dealing with concerns and managing incidents

We confirmed with the registered manager there had been no HIW reportable incidents.

There was a complaints policy in place, which included the contact details for HIW. The complaint procedure was also included within the statement of purpose.

The clinic had a system in place to log formal complaints and concerns. At the point of inspection, no complaints had been received by the clinic.

### Workforce recruitment and employment practices

The registered manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place to help protect and safeguard patients.

### Workforce planning, training and organisational development

We found enough trained staff to cover the clinic's needs and to provide safe treatment for patients.

We saw that core of knowledge training and system machine specific training was completed by all laser operators. However, as we found that some trainings were due for renewal during the inspection, we recommended that more 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.***

## 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:** The Bay Health & Beauty Clinic

**Date of inspection:** 31 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 on this inspection.				
<b>Findings:</b>					

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:** The Bay Health & Beauty Clinic

**Date of inspection:** 31 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 that staff had not received specific chaperone training.	The registered manager must ensure any staff member acting as chaperone receives appropriate training.	The Independent Health Care (Wales) Regulations 2011, Section 18.	One member of staff will complete this training as discussed with inspector. The information learnt will then be relayed to the rest of the team. We can send proof when this has been booked if required	Catherine Green	May 2026
2.	We found that a summary of patients' views and feedback had not been included in the Patient Guide.	The registered manager must ensure that a summary of patients' views is included in the Patient Guide and forward a copy to HIW.	The Independent Health Care (Wales) Regulations 2011, Section 7, 8.	This was included already and in the guide and will be sent over again and covers feedback and questionnaires from 2024-2026 time period	Catherine Green	May 2026

3.	We found that all staff were required to renew their fire safety training.	The registered manager must ensure all staff renew their fire safety training.	The Independent Health Care (Wales) Regulations 2011, Section 20, 21.	All staff will be required to complete the training by July 2026 at the latest.	Catherine Green	July 2026
4.	We found that cleaning checklists were not maintained to evidence that cleaning schedules were followed.	The registered manager must ensure that a cleaning checklist is maintained for the treatment room.	The Independent Health Care (Wales) Regulations 2011, Section 15.	A new checklist for the treatment room to be completed each week has been implemented – copy to follow.  Retain copies for a minimum of 2 years	Catherine Green	May 2026
5.	We found that all staff were required to renew their safeguarding training.	The registered manager must ensure all staff renew their safeguarding training.	The Independent Health Care (Wales) Regulations 2011, Section 16, 20 and 21.	All staff have now completed safeguarding update training – certificates to follow	Catherine Green	May 2026
6.	We found that the safeguarding policy was due for renewal.	The registered manager must ensure the Safeguarding policy is renewed and provide HIW with a copy.	The Independent Health Care (Wales) Regulations 2011, Section 16.	Policy now updated copy to follow	Catherine Green	May 2026

7.	We found that there was no programme of clinical audits being conducted.	The registered manager must ensure a programme of clinical audits are conducted annually.	The Independent Health Care (Wales) Regulations 2011, Section 19.	Annually starting from May 2026, May 2027 being the first annual audit – 20 laser record cards at random will be checked to ensure correct procedures are being followed and recorded accurately. This will be documented as a written summary and then filed.	Catherine Green	May 2027
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative: MRS C. Green**

**Name (print): Catherine Green**

**Job role: Owner / Clinic Director**

**Date: 29/05/2026**