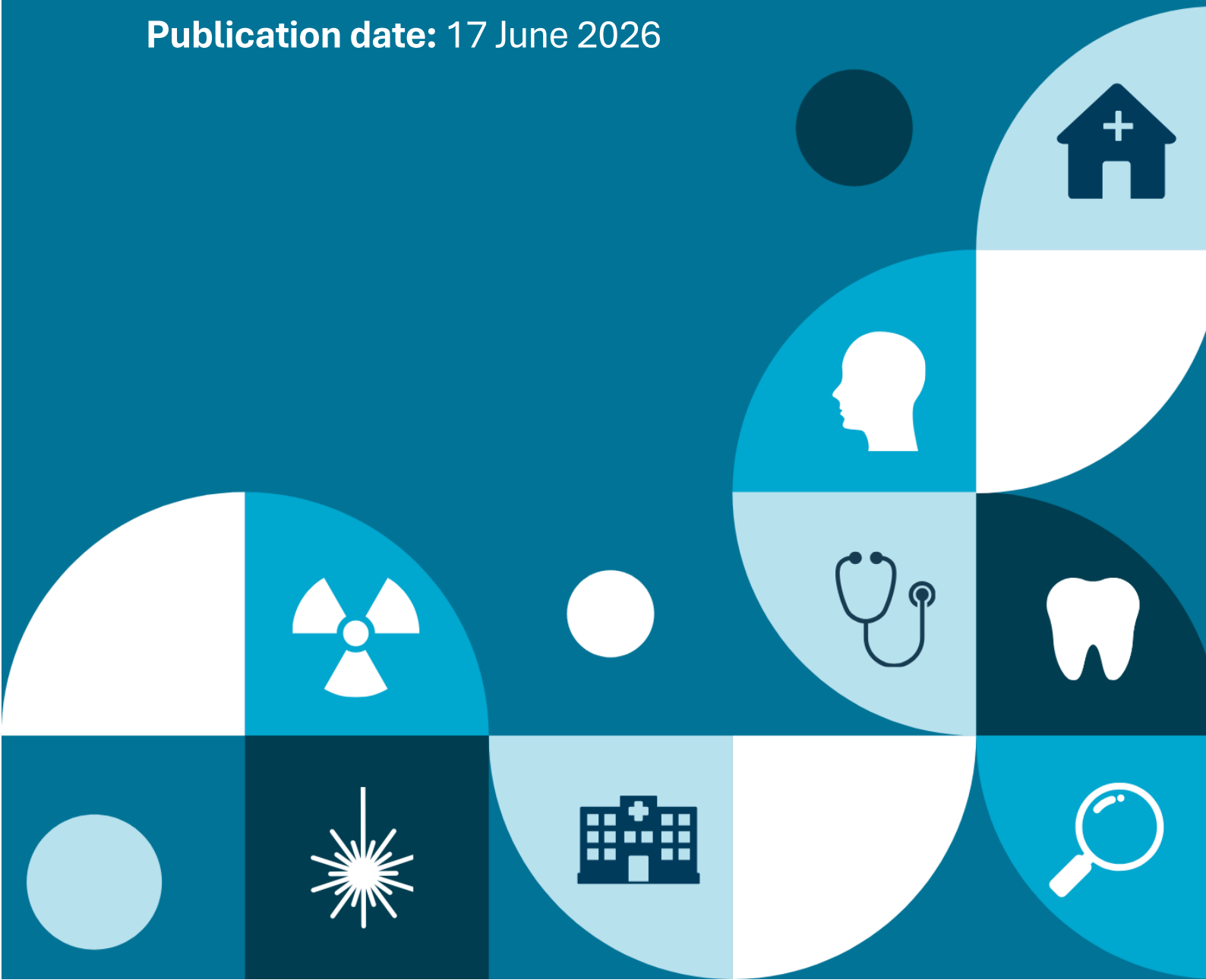
Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Vale Laser Skin Ltd, Cardiff and Vale University Health board

Inspection date: 17 March 2026

Publication date: 17 June 2026



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Digital ISBN 978-1-83745-634-5

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 Vision

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

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 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.

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 Vale Laser Skin Ltd on 17 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 12 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 Vale Laser Clinic Ltd. Robust arrangements were in place to fully support their privacy and dignity. Patients were treated in a dignified and respectful manner throughout their 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:

- Treatment area was clean, well equipped and suitable for the treatments provided
- Patients received clear information enabling them to make informed choices about their care
- Evidence indicated that patients were satisfied with the treatments and overall service
- Medical histories and changes in circumstances were discussed prior to every treatment with patients.

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 clinic 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 training in fire safety or and Equality, Diversity and Inclusion.

This is what the service did well:

- Safe arrangements were in place for the operation of the laser equipment
- Record keeping was robust.

This is what the service can improve:

- We found that not all staff were compliant with fire safety training and Equality, Diversity and Inclusion training.

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:

- All staffing records we reviewed were complete
- 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

Prior to our inspection we invited patients to provide feedback electronically or as a paper record which we collected during our inspection. We collected 12 questionnaires.

Below are the results of the patient questionnaire conducted at Vale Laser Skin Ltd which focused on patient experiences and feedback regarding laser treatments.

All patients rated the setting as very clean and confirmed that infection prevention measures were consistently followed.

Every respondent strongly agreed they received sufficient information about treatment options, risks, benefits, had medical histories checked, signed consent forms, and were given patch tests before treatment. Most also agreed that costs were clearly communicated.

All patients strongly agreed that staff treated them with dignity and respect, protected their privacy, explained procedures, listened to questions, and involved them in healthcare decisions.

Patient comments included:

> “Professional and friendly staff member who put me at ease and explained everything about the treatment so I could understand. Reassured me and I have been extremely pleased with my results. Thank you.”
>
> “Made to feel very comfortable.”
>
> “Extremely professional and knowledgeable staff.”
>
> “Lovely staff. Clean facilities. Always a positive outcome.”
>
> “A very professional and welcoming clinic.”
>
> “ X is very knowledgeable and answers all questions. She is highly relational and I have always felt very comfortable in every appointment.”
>
> “The staff are very knowledgeable, helpful and friendly. They are very professional, treat you with dignity and respect, and make you feel at ease. The environment is always clean and private.”

Health promotion, protection and improvement

We reviewed 5 patient records and 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.

The electronic record system 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 treatments were always carried out in the appropriate treatment room. All treatment rooms had a lockable door to aid privacy, and we found that conversations could not be overheard.

The operator confirmed that patients were able to change, if necessary, in the lockable 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.

We reviewed 5 patient records and found 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 website, in leaflet format, and through verbal discussion to support patients in understanding their treatment options.

Most information is 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 told that the clinic had one Welsh speaker based at the clinic who could provide services and information through the medium of Welsh if necessary.

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.

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

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 each of the laser units 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.

We found that three of the four members of staff at the clinic had not completed EDI training.

The Registered Manager should ensure that all staff at the clinic complete EDI training.

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 clinics website, demonstrating transparency and that the service considered and acted upon feedback to inform service improvements.

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

- Patient feedback box within the clinic
- 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 was 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 machines were operated safely and in accordance with relevant guidance.

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

We found overall satisfactory arrangements in place for fire safety, with appropriately serviced fire extinguishers mounted correctly and clearly indicated. The fire exits were clearly indicated with appropriate signage. There was evidence of regular checking of fire detection systems, and this was done in partnership with the rest of the building.

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.

We found that two of the four staff had not completed their fire safety training.

The Registered Manager should ensure that all staff complete fire safety training at the clinic.

A first aid kit was available with the contents being complete however, all the contents were out of date. A new first aid kit was ordered on the day of inspection and confirmation sent to HIW providing assurance that an up to date first aid kit was now available at the clinic. **This issue was dealt with immediately during the inspection and is referred to in Appendix A of this report.**

The registered manager and all operators were trained in first aid.

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 are six laser units at the clinic, which were all 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 units either had a key switch, and the key was stored securely when not in use or a key code access.

We found that the laser units had received annual servicing and in-house checks.

A contract was in place with a suitably qualified Laser Protection Advisor (LPA). The LPA had virtually seen the site within recent months, and an appropriate visit report was available. There were appropriate local rules and treatment protocols in place. However, on the day of the inspection the setting could not provide copies of the signed and authorised medical protocols for two of the laser units. These were subsequently sent to HIW providing assurance that the medical protocols for the laser units 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 operators, 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.

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 noted HIW certificates for the clinic were displayed on the wall.

Dealing with concerns and managing incidents

Patient complaints were overseen by the clinic manager for the clinic. 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, but 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

All baseline checks were undertaken to a satisfactory level including Disclosure and Barring Service (DBS) checks, contracts and induction and training records.

Workforce planning, training and organisational development

We reviewed the clinic manager and operators staff records and found that they were up to date with training relevant to their roles, with the exception of Fire Safety and EDI 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
A first aid kit was available with the contents being complete however, all the contents were out of date.	This could result in harm to individuals in an event of an emergency	Discussed with Registered Manager and Clinic Manager	This issue was dealt with immediately during the inspection. A new first aid kit was ordered on the day of inspection and confirmation sent to HIW providing assurance that an up to date first aid kit was available at the clinic.
On the day of the inspection, the setting could not provide the signed and authorised medical protocols for two of the laser units.	This could result in harm to individuals in an event of an emergency	Discussed with Registered Manager and Clinic Manager	The signed and authorised medical protocols were subsequently sent to HIW providing assurance that the medical protocols for the laser units had been signed by a medical practitioner.

Appendix B – Immediate improvement plan

Service: **Vale Laser Clinic Ltd**

Date of inspection: **17 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: Vale Laser Clinic Ltd

Date of inspection: 17 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 not all staff had completed EDI training at the clinic.	The Registered Manager should ensure that all staff at the clinic complete EDI training	The Independent Health Care (Wales) Regulations Regulation 20 (2) (a)	Specific EDI policy added part of our policies & procedures & all staff have read & signed to say they understand the policy.	Andrea Evans	This has now been completed
2.	We found that two of the four staff had not completed their fire safety training.	The Registered Manager should ensure that all staff complete fire safety training at the clinic.	The Independent Health Care (Wales) Regulations Regulation 20 (2) (a)	Fire safety training now completed by the two remaining staff and signed off by Andrea Evans.	Andrea Evans	This has been 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:

Name (print): MANDY DAVIES

Job role: REGISTERED MANAGER **Date: 21ST MAY 2026**