Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Becky's Beauty & Holistics, Llanelli

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

Our Purpose

We check the safety and quality of healthcare across Wales.

Our Values

We place people at the heart of what we do.

We are:

Independent – we are impartial, deciding what work we do and where we do it.

Objective - we are reasoned, fair and evidence driven.

Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find.

Inclusive - we value and encourage equality and diversity through our work.

Proportionate - we are agile and we carry out our work where it matters most.

Our Vision

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

Our Priorities

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

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

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

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

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 Becky's Beauty & Holistics on 05 May 2026.

The inspection was conducted by 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 nine 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:

Patients who responded to the HIW questionnaire were positive about their experience at the setting. All respondents to the HIW questionnaire rated the service as ‘very good’.

Patients were treated with dignity and respect, with consultations undertaken in private and measures in place to maintain confidentiality. We found a chaperone policy was not in place at the time of inspection, however this was resolved on the day.

Patients were provided with clear information about treatments including risks and benefits. Pre-treatment consultations and patch testing were routinely completed.

Whilst arrangements were in place to support communication and accessibility, improvements were required to ensure all patients received the patient guide. Patient feedback was used to inform service improvements, demonstrating a responsive approach to care delivery.

This is what we recommend the service can improve:

- Ensure all patients are provided with a copy of the patient guide.

This is what the service did well:

- Good health promotion provided during consultation
- Consent was consistently gained.

Delivery of Safe and Effective Care

Overall summary:

We found that the setting generally provided safe and effective care within a clean, well-maintained environment. Appropriate health and safety arrangements were in place, including up-to-date electrical certification, fire risk assessment, and suitable first aid provision. Some fire safety improvements were identified during the inspection, which were promptly addressed, although evidence of regular fire drills was not available.

Infection prevention and control arrangements were suitable, with appropriate facilities and policies in place; however, improvements were required to ensure cleaning activity and audits were consistently documented. We found safeguarding arrangements were in place.

The laser equipment was appropriately maintained and supported by a Laser Protection Advisor (LPA), with evidence of staff training and pre-treatment checks. However, documentation of routine safety checks and elements of patient records required improvement.

This is what we recommend the service can improve:

- Implement process to document cleaning activities
- Implement infection prevention and control (IPC) audits
- Implement a patient register and ensure records are complete.

This is what the service did well:

- Maintained a clean and secure environment
- Suitable risk assessments were in place.

Quality of Management and Leadership

Overall summary:

We found that the service was managed by a sole registered manager who was responsible for all aspects of governance, leadership and service delivery. Key documentation, including public liability insurance and HIW registration certificates, were appropriately displayed for patients. A range of policies and procedures were in place and reviewed annually, although some gaps were identified and addressed during the inspection.

We found a complaints procedure in place, with clear processes for managing concerns. The registered manager demonstrated appropriate qualifications, training and disclosure checks to undertake the role.

Training was up to date across required areas, including laser safety and safeguarding. However, formal systems to monitor training renewal were not in place and we advised the registered manager to consider putting this in place.

This is what the service did well:

- Suitable complaints procedure in place
- Appropriate training in place.

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection we invited the setting to hand out HIW questionnaires to patients to obtain their views on the services provided at the setting. In total, we received nine completed questionnaires. All respondents to the HIW questionnaire rated the service as 'very good'.

Patient comments included:

> " Good consultation. Very thorough and knowledgeable. Felt very comfortable."
>
> " The service is always excellent and well discussed beforehand and during."
>
> "Clean – Professional – Friendly."

Health promotion, protection and improvement

We were told the setting promoted healthy lifestyles during the consultation process and within aftercare advice given to patients. Staff discussed skin care information, Sun Protection Factor (SPF) advice, alcohol intake, water intake and exercise with information specific to patient's needs.

Dignity and respect

During the inspection we found staff to be friendly and welcoming. We were told during treatments, the door to the laser room was kept closed. All consultations were completed within the treatment room and conversations could not be overheard by others.

The setting did not have a chaperone policy in place; this was resolved on the day of inspection. More information on this can be found in Appendix A. We were told staff informed patients that there was no option of a chaperone due to the risks associated with laser treatments and limited eyewear available.

Patient information and consent

We saw the setting had a suitable patient consent to treatment policy available. We were told at the consultation stage; treatments were explained fully and written consent to treatment was documented with signatures from patients.

During the inspection we reviewed a selection of five patient records. Signed consent was available for all five patients and evidence was seen of medical histories

documented with further checks being completed at each treatment visit verbally. We were told the risks and benefits of treatment were discussed with patients during the consultation process, with further information being provided in leaflets.

All patients who responded to the questionnaire said they had signed a consent form before treatment.

Communicating effectively

The setting had a Statement of Purpose (SoP) and patient guide in place, which was available to patients upon request either on paper or electronically. The SoP contained the information required by The Independent Health Care (Wales) Regulations 2011. However, we were told the patient guide was not provided to each patient when visiting.

The registered manager must ensure the patient guide is provided to every patient.

We were told the staff member at the practice could not speak Welsh. If patients wanted to speak Welsh or needed any other language, an interpreter would be arranged.

We saw an up-to-date provision of information to patient's policy in place. Patient information was available in alternative formats such as large print when requested, and email communication was also available. Patients who did not have digital access were able to phone the setting or attend in person to book an appointment.

Care planning and provision

We were told patients underwent a full face-to-face consultation. Within the consultation, staff discussed treatment options, the cost of treatment, and risks and benefits which were all communicated verbally. We were told patch tests were undertaken before treatment and patient medical history was documented. We were told aftercare information was provided to patients following treatment verbally with written information also given.

All of the respondents to the questionnaire said they were given a patch test prior to new treatment, and that they were given enough information to understand all the treatment options with risks and benefits.

Equality, diversity and human rights

We asked to see an equality and diversity policy on the day of the inspection. This information was mentioned within other policies; however, there was no specific equality and diversity policy in place. This was resolved on the day. Further information regarding this can be found in Appendix A.

The setting had a bully and harassment policy available. We were told all patients who

attended the setting were treated equally. We were told transgender patient rights were upheld, and patients were able to record their preferred name and pronouns.

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

Citizen engagement and feedback

Patients were encouraged to leave reviews through online platforms, and automated messages were sent via the booking system requesting feedback. Verbal feedback was also gained during appointments.

We saw that the service reviewed patient feedback and used this to support improvements. A summary of feedback collected over the previous 6 to 12 months had been completed. As a result of feedback from patients, the service had introduced additional late evening appointments to better meet patient needs.

Delivery of Safe and Effective Care

Environment

We found the setting was visibly clean and decorated to a good standard. We found all areas to be well lit and modern in appearance. The setting had security cameras in place with a notice informing patients this was present, and suitable security systems for doors and windows were used.

Managing risk and health and safety

We were told no gas was used on the premises. An electrical installation certificate was available which had been completed within the last five years, and Portable Appliance Testing (PAT) certification was seen.

We reviewed fire safety arrangements at the setting and found there was a suitable fire risk assessment in place which was reviewed annually. We saw fire extinguishers were available within the setting which were replaced yearly. We saw documented evidence of regular testing of fire detection equipment by staff. We saw fire exit signs placed in appropriate positions throughout the setting and appropriate fire exit routes available. However, we noted there were no instructions to follow in the event of a fire, and 'no smoking' signs were not displayed. This was resolved on the day; further information can be found in Appendix A. We also noted there was no evidence of fire drills being completed.

The registered manager must implement a process to complete fire drills at regular intervals with evidence documented.

We saw the setting's health and safety risk assessment which had been completed within the last year. On review of the health and safety risk assessment, we found some actions were still outstanding. The registered manager assured us that plans were in place to complete the actions.

We found appropriate first aid trained staff were in place, and a first aid kit was easily accessible. All items required within a first aid kit were present and in date.

Infection prevention and control (IPC) and decontamination

We found the laser treatment room to be visibly clean and free from clutter. Equipment and furniture were of materials which were easy to wipe down. Suitable levels of personal protective equipment (PPE) were available, and hand-washing facilities were available within the treatment room.

We requested to see evidence of cleaning schedules. We were provided a cleaning checklist that was used for reference; however, documented evidence of cleaning was not available.

The registered manager must ensure regular cleaning within the treatment room is documented.

We saw a suitable infection prevention control and decontamination policy in place. We saw a contract in place for the collection and safe disposal of waste and any waste waiting to be collected was stored outside of the premises.

We requested to see a copy of the setting's IPC audit; however, we were told there were no audits available.

The registered manager must implement infection prevention and control audits to be completed at regular intervals.

Safeguarding children and safeguarding vulnerable adults

The setting was registered to treat patients 18 years and over. The registered manager confirmed this was complied with on the day of the inspection. We were told children were not allowed in the building when a laser treatment was being carried out.

We saw evidence of a whistleblowing and a safeguarding adults flow chart was in place with local contacts available in the event of a safeguarding concern. However, we noted there was no specific safeguarding policy in place. This was resolved on the day of the inspection, further information regarding this can be found in Appendix A.

We saw evidence that the registered manager had completed level three safeguarding training which is considered best practice.

Medical devices, equipment and diagnostic systems

We found the laser machine at the setting was the same as registered with HIW, and calibration and servicing of the machine was completed in line with manufacturer's instructions. We saw evidence of a current contract in place with a laser protection advisor (LPA). The LPA had not visited the premises but had completed checks through photos. A report had been provided which included local rules and risk assessments. We were also provided with appropriate medical protocols for the machine used.

Safe and clinically effective care

When the laser machine is not in use, the power cable was removed and securely locked away in an area away from the machine. A sign was on the door of the treatment room informing others a laser machine is used within the room and due to there being only one staff member, the premises was secured to limit access during treatments.

We requested to see the eyewear used by the operators and patients when providing laser treatments. We were shown two sets of eyewear available to be used by the operator and blackout eye covers for the patient. We found all eyewear to be in good

condition and maintained appropriately. We were told eyewear was checked and cleaned before use; however, there was no evidence to show this.

The registered manager must document checks being completed on eyewear prior to treatment.

We were told quality assurance checks were being undertaken of the laser machine prior to each treatment such as checking the lens before use. However, this was not documented.

The registered manager must document checks being completed on the laser machine prior to treatment.

The registered manager who operated the laser machine had training in place for the specific machine. We saw evidence in patient records of pre-treatment checks being performed such as patch testing 48 hours before treatment.

Participating in quality improvement activities

We requested to see evidence of quality improvement activities conducted by the setting. We were told that feedback from patients was regularly monitored to ensure the quality of service provided.

Records management

We saw patient records were documented on paper and digitally on the setting's system called 'Timely'. The registered manager had their own log in for the system, which was password protected, and paper records were stored securely in a lockable filing cabinet.

We reviewed a sample of five patient records and found entries were legible and easy to follow. We found the patients name, medical history, date of treatment, area treated and most relevant parameters were recorded. However, we found the following areas required improvement:

- No shot count was present
- No signature of the person authorising treatment was present
- Details of adverse effects were not present.

We also found, whilst the setting has information recorded in individual patient files, the setting did not have a treatment register in place for the laser machine.

The registered manager must implement a treatment register and include all information required in patient notes.

Staff were able to describe the process for the disposal of records including data retention periods.

Quality of Management and Leadership

Governance and accountability framework

Becky's Beauty and Holistics was run and owned by the registered manager with no other staff members. The registered manager was the sole operator of the laser machine.

We saw the setting's public liability insurance and HIW registration certificates were on display in an area easily seen by patients.

We saw suitable policies and procedures within a management folder which were reviewed annually. However, as mentioned previously in the report, some policies were not available, which was resolved on the day of inspection.

Dealing with concerns and managing incidents

We saw a suitable complaints procedure in place which included details of the responsible person and time frames for acknowledgement. Contact details for HIW were also available if a patient felt a resolution could not be found. If a patient wanted to raise a concern, the complaints procedure was available within the settings SoP, patient guide and could be provided on request. We were told by the registered manager that no formal complaints had been received.

Workforce recruitment and employment practices

Due to the registered manager being the owner and only staff member for the laser setting, there was no recruitment policy in place. We were told the registered manager had no plans to hire any staff in the future. We saw evidence of a disclosure and barring service (DBS) being completed for the registered manager and evidence of relevant qualifications for the role.

Workforce planning, training and organisational development

We were told the registered manager takes ownership of her own diary and working hours. If for any reason she could not complete any appointments, every effort would be made to contact the clients to inform them their treatment would not be completed that day.

On the day of the inspection, we requested to see the registered managers training records. We saw evidence of in date training for core of knowledge, specific laser equipment training, infection prevention and control, fire safety awareness, health and safety, data protection and safeguarding to the required level. We noted the registered manager had no way to monitor when training was going out of date and advised them

to implement a training matrix.

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
There was no chaperone policy in place.	The absence of a chaperone policy may leave patients feeling vulnerable and unaware of support that may be available, impacting dignity and comfort.	Raise to the registered manager.	The registered manager implemented a policy on the day of the inspection.
There was no equality and diversity policy in place.	The absence of an equality and diversity policy may increase the risk of inconsistent or unfair treatment of patients.	Raise to the registered manager.	The registered manager implemented a policy on the day of the inspection.
There were no instructions available to follow in the event of a fire, and 'no smoking' signs were not displayed.	Without clear instructions, staff and patients may not know how to respond in an emergency, and the absence of 'no smoking' signage may raise the likelihood of fire incidents.	Raised to the registered manager.	The registered manager ordered signs on the day of the inspection and implemented them shortly following the inspection.

There was no specific safeguarding policy in place.	The absence of a formal safeguarding policy may result in inconsistent handling of safeguarding concerns, potentially leading to delays or inappropriate responses that could place patients at risk of harm.	Raise to the registered manager.	The registered manager implemented a safeguarding policy on the day of the inspection to be used with the safeguarding flowchart.

Appendix B – Immediate improvement plan

Service: **Becky's Beauty and Holistics**

Date of inspection: **05 May 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.					
Findings:	There were no immediate non-compliance issues identified on this inspection.				

Appendix C – Improvement plan

Service: Becky's Beauty and Holistics

Date of inspection: 05 May 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 were told the patient guide was not provided to each patient when visiting.	The registered manager must ensure the patient guide is provided to every patient.	The Independent Health Care (Wales) Regulations 2011 7(2)	The patient guide will be provided to all new patients during their initial consultation.	Rebecca Davies	Immediate, ongoing.
2.	We noted there was no evidence of fire drills being completed.	The registered manager must implement a process to complete fire drills at regular intervals with evidence documented.	The Independent Health Care (Wales) Regulations 2011 26(4)(d)	A fire drill procedure has been implemented. Fire drills will be carried out and documented at six-monthly intervals.	Rebecca Davies	Immediate with six monthly reviews.
3.	Documented evidence of cleaning was not available.	The registered manager must ensure regular cleaning within the treatment room is documented.	The Independent Health Care (Wales) Regulations 2011 26(2)(a)	A daily cleaning schedule and cleaning log have been introduced. This will be signed upon completion.	Rebecca Davies	Immediate, ongoing.

4.	No documented IPC audits were available.	The registered manager must implement infection prevention and control audits to be completed at regular intervals.	The Independent Health Care (Wales) Regulations 2011 19(1)	An Infection Prevention and control audit has been developed and implemented.	Rebecca Davies	Implemented immediately, reviewed quarterly.
5.	There was no evidence to show eyewear was checked and cleaned before use.	The registered manager must document checks being completed on eyewear prior to treatment.	The Independent Healthcare Regulations (Wales) 2011 15(8)(c)	An eyewear cleaning and inspection log has been introduced. Protective eyewear will be checked, cleaned and documented before each treatment.	Rebecca Davies	Immediate, ongoing.
6.	Quality assurance checks on the laser machine were not documented.	The registered manager must document checks being completed on the laser machine prior to treatment.	The Independent Healthcare Regulations (Wales) 2011 15(8)(c)	A laser quality assurance log has been implemented. Pre-treatment checks will be completed before each treatment.	Rebecca Davies	Immediate, ongoing.
7.	There was no treatment register in place for the laser machine, and some information was not present in patient notes.	The registered manager must implement a treatment register and include all information required in patient notes.	The Independent Healthcare Regulations (Wales) 2011 45(2)	A laser treatment register has been introduced and is now maintained for all treatments. All patient records have been reviewed, and all required information will be documented.	Rebecca Davies	Immediate, 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: Rebecca Davies

Name (print): Rebecca Davies

Job role: Registered Manager **Date: 20/06/2026**