Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Pure Perfection Clinic, Rossett

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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 Pure Perfection Clinic on 12 May 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 Pure Perfection laser clinic provided a pleasant environment for patients, with the premises being visibly clean, tidy and well-maintained.

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

We were assured that patients were treated with dignity and respect.

This is what we recommend the service can improve:

- Ensure a patient guide is readily available to clients
- Display an up-to-date HIW certificate of registration.

This is what the service did well:

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

Delivery of Safe and Effective Care

Overall summary:

We found that the laser clinic maintained a good standard of safety and effectiveness in its care delivery. The environment was clean and well maintained.

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

This is what we recommend the service can improve:

- Ensure a treatment register is in place and completed
- Review and improve treatment protocols.

This is what the service did well:

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

Quality of Management and Leadership

Overall summary:

The clinic owner demonstrated a commitment to providing a high standard of service to patients. We found a positive attitude towards feedback and making improvements.

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

The operator had evidence of appropriate and up-to-date training.

This is what the service did well:

- Clear and effective processes for dealing with complaints.

3. What we found

Quality of Patient Experience

Patient feedback

All but one of the respondents to the HIW questionnaire provided positive feedback about the clinic, staff and treatment they received. One respondent provided negative responses, stating they had an adverse reaction and were in an ongoing dispute with the clinic.

Patient comments included:

> *"Always very knowledgeable, focus is on achievable results in a friendly but clinical setting."*
>
> *"Always very professional, excellent service, exceptional for treatment to meet individual needs. All members of staff are always very welcoming and extremely knowledgeable. I have been coming here for years and wouldn't go anywhere else. Hygiene, advice and service impeccable."*
>
> *"It is run in a very professional way. The staff are knowledgeable, helpful and friendly"*

Dignity and respect

The treatment room had a lockable door and the external window was fitted with blinds, to maintain patient privacy. Patients arriving at the clinic were directed to a waiting area away from the front desk, and music was played in the clinic to promote patient privacy.

The registered manager said that the door to the treatment room was kept locked during treatment. If patients needed to change, the operator would step out of the room briefly to maintain privacy. Staff told us that chaperones were offered, depending on the treatment.

All but one of the respondents to the HIW questionnaire strongly agreed that they were treated with dignity and respect. All respondents agreed that they had not faced discrimination when using the service.

Patient information and consent

The registered manager described how patients were provided with detailed information during consultations to ensure they could make an informed decision about their treatment. This included patient expectations, treatment options, possible outcomes and risks, treatment costs and care instructions.

There was a policy in place about consent to treatment. An electronic consent form was used, and staff told us they would check clients had understood all the questions before they were required to electronically sign their consent. The consent forms were subject to version control and patients were asked to sign prior to each treatment session to confirm their ongoing consent.

Staff told us that if there was doubt that patients understood the risks and benefits of a treatment, they would decline to provide the treatment.

We noted that the HIW registration certificate was not on display.

The registered manager must ensure an up-to-date copy of the HIW registration certificate is clearly displayed.

All but one respondent to the HIW questionnaire agreed they received adequate information about treatment options, risks, costs, and had medical histories checked.

Communicating effectively

The clinic had a statement of purpose, that was made available to patients on request. This was being updated at the time of inspection to reflect imminent changes at the clinic, including changes to staff and laser equipment.

We advised that an up-to-date patient guide was required and should be made available to patients.

The registered manager must ensure an up-to-date patient guide is in place and made available to patients.

Patients were able to contact the clinic in person and by phone or could submit an enquiry via social media. The use of a mobile phone also allowed patients to contact the clinic by text or online messaging services.

Care planning and provision

All patients underwent a face-to-face consultation and patch test prior to treatment, with the results documented as part of the patient treatment record.

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

All but one respondent to the HIW questionnaire agreed that they signed consent forms and received patch tests before treatments, and that they felt involved in decisions about their care.

Equality, diversity and human rights

The clinic had an Equality and Diversity policy in place, that referenced relevant legislation and protected characteristics.

The registered manager described some adjustments that had been made to accommodate patients with mobility difficulties, including the use of height-adjustable treatment beds. Restrictions in the building layout limited access from the front door for those with mobility difficulties. However, handrails and grab handles had been fitted to assist with using steps and stairs. We were told that wheelchair users could arrange to access the clinic via a ramp and double doors with level access to treatment rooms.

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

Citizen engagement and feedback

The clinic actively sought patient feedback. Patients were sent an email after each treatment with a link inviting them to submit feedback via an online portal, with an option to provide the feedback anonymously if desired. The registered manager was notified when reviews had been submitted. A poster with a QR code at the clinic invited patients to submit online reviews.

The registered manager told us they periodically used ‘mystery shoppers’ to visit the clinic and assess the service provided. The feedback from these visits would then be discussed at staff meetings.

The registered manager described how feedback was regularly reviewed and patients contacted if they had any issues or concerns.

Delivery of Safe and Effective Care

Environment

The premises were visibly clean, tidy and free from clutter. The clinic was in a generally good state of repair and provided a pleasant and welcoming environment for patients.

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

Managing risk and health and safety

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

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

We reviewed fire safety arrangements and saw that appropriate measures had been put in place. A detailed and comprehensive fire risk assessment had been carried out and action taken to address the recommended improvements. Staff had undertaken fire safety awareness training and we saw that fire extinguishers were available, with records showing they were serviced annually. A 'no smoking' sign was clearly displayed at the reception area.

There was signage indicating the fire exits at the clinic, emergency lighting and a fire alarm that was tested regularly. We saw evidence of fire drills having taken place.

A first aid kit was readily available with the contents being complete and up to date and the registered manager was a trained nurse. We noted that an older first aid kit was on site, with contents that had passed their expiry date. We advised this be disposed of to avoid accidental use and this was addressed immediately during the inspection.

Infection prevention and control (IPC) and decontamination

We observed all areas of the clinic to be visibly clean and free from clutter. The premises were in a generally good state of repair enabling effective cleaning. However, some areas of damage did require some attention, such as flooring in the waiting area.

There was an up-to-date IPC policy in place and cleaning checklists were used to ensure various areas of the clinic were cleaned appropriately and regularly. The laser operator had undertaken IPC training.

The treatment room had appropriate hand-washing facilities and protective equipment such as disposable gloves and aprons. Staff described appropriate measures to clean

the room and equipment between treatments, with cleaning checklists used.

There was an appropriate contract in place for the disposal of clinical waste, including sharps. An external clinical waste bin was locked and secured to the building to prevent unauthorised access. During the inspection we found that a sharps box had been disposed of incorrectly in the external clinical waste bin, resulting in a risk of needlestick injuries to both clinic and waste disposal contractor staff.

The registered manager must ensure that all staff understand and follow the clinic procedures for safe disposal of clinical waste.

All respondents but one to the HIW questionnaire rated the clinic as very clean and believed that infection control measures were followed.

Safeguarding children and safeguarding vulnerable adults

The service was registered to treat patients aged 18 years and over. Staff told us that children were allowed onto the premises but not into treatment rooms.

There was an up-to-date safeguarding policy in place. The registered manager was not aware of the national Wales Safeguarding procedures. This was addressed during the inspection with the mobile phone application downloaded as an additional resource.

The registered manager was the safeguarding lead and had training to level three, which was notably good practice.

Medical devices, equipment and diagnostic systems

The laser unit was in a good condition, visibly clean and in line with the HIW registration. Further units were on the premises and included in the latest version of the local rules, however these were not in use and were awaiting HIW registration.

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

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

A contract was in place with a Laser Protection Advisor (LPA) and local rules were seen to be in place. Standard treatment protocols provided by the manufacturer were available and the laser operator (the registered manager) was a registered medical practitioner. However, we advised that the British Medical Laser Association (BMLA) standards for the use of laser and IPL devices be considered and treatment protocols for the existing and proposed laser units put in place in line with the BMLA standards.

The registered manager must ensure treatment protocols are put in place in line with BMLA standards.

Suitable eye protection was available for both patients and operators and regularly checked for damage during daily cleaning.

Safe and clinically effective care

The laser operator had appropriate and up to date training in the use of the specific laser unit and general Core of Knowledge training, in line BMLA guidelines.

The laser operator demonstrated a good knowledge of treatment risks, options and care considerations. Appropriate after-care instructions were provided to patients.

Participating in quality improvement activities

Feedback from patients was encouraged and regularly reviewed, to help improve the service.

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

Records management

We reviewed a sample of patient records and saw evidence of comprehensive information being recorded. The information was stored securely using an electronic system. Online forms were completed to document patient details, operator, treatment type and parameters used, area treated and narrative text about any reactions and advice provided.

The registered manager was unable to provide a treatment register for the registered laser unit. We were told that recent staff changes and adoption of new electronic systems had resulted in the historic register being unavailable. The relevant information was recorded in individual patient records but could not be provided in the required format.

The registered manager must ensure that a treatment register is put in place for the existing and proposed laser units.

Quality of Management and Leadership

Governance and accountability framework

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

There was a good range of policies and procedures in place, to meet regulatory requirements. We suggested that staff be asked to sign or otherwise confirm that they had read and understood relevant policies and procedures, including when updated.

We saw an effective electronic system was being put in place to monitor compliance with training requirements and ensure training was renewed at appropriate intervals.

The clinic had up-to-date public liability and employers' insurance.

The registered manager told us that monthly staff meetings were held along with daily 'huddles' to check the premises, discuss patients and raise any issues of concern.

Dealing with concerns and managing incidents

There was a suitable complaints procedure in place and advertised to patients on posters at the premises.

Details of any complaints were recorded and discussed on an ad-hoc basis to ensure any appropriate actions were taken and lessons learned shared. We suggested that the registered manager consider putting an overview summary place to help identify any recurring themes.

Workforce recruitment and employment practices

The clinic had a policy in place for the recruitment and induction of staff. This included pre-employment checks and an induction checklist. We were told that all staff were given informal supervision and regular formal appraisals.

We saw evidence that the laser operator had undertaken relevant training and had a certificate to show checks by the Disclosure and Barring Service (DBS). We were told that all staff were registered to the DBS update system to regularly renew checks.

Workforce planning, training and organisational development

The clinic was undergoing significant staff changes at the time of inspection. We were told that staff would be encouraged to identify any training needs and would be supported in accessing training courses.

Staff were being trained in the use of laser equipment to enable the clinic to offer additional treatments.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that an old first aid kit was on site, with contents that had passed their expiry date.	Accidental use of the incorrect first aid kit could compromise patient care.	This was raised with the registered manager.	We advised the kit contents be disposed of to avoid accidental use and this was addressed immediately during the inspection.

Appendix B – Immediate improvement plan

Service: **Pure Perfection Clinic**

Date of inspection: **12 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.

Findings	No immediate non-compliance issues identified		
Improvement needed		**Standard / Regulation**	
1.	Not applicable	Not applicable	
Service Action:		**Responsible officer**	**Timescale**
Not applicable		Not applicable	Not applicable

Appendix C – Improvement plan

Service: **Pure Perfection Clinic**

Date of inspection: **12 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.	The HIW registration certificate was not on display.	The HIW registration certificate must be displayed to provide information for patients.	Care Standards Act 2000: Regulation 28	HIW registration certificate has been displayed in the main reception area where it is clearly visible to patients and visitors upon arrival. Regular checks will be carried out to ensure it remains displayed.	Sara Cheeney	Immediately

2.	A patient guide was not readily available to patients.	The registered manager must ensure an up-to-date patient guide is in place and made available to patients.	The Independent Health Care (Wales) Regulations 2011: Regulation 7	The patient guide has been reviewed and updated. Copies are now available in reception and consultation rooms, and a digital version will be available on the clinic website for patient access once the new website has been launched.	Sara Cheeney	Completed within 14 days
3.	During the inspection we found that a sharps box had been disposed of incorrectly in the external clinical waste bin.	The registered manager must ensure that all staff understand and follow the clinic procedures for safe disposal of clinical waste.	The Independent Health Care (Wales) Regulations 2011: Regulation 20	All staff have received refresher training on the segregation and disposal of clinical waste and sharps. Waste management procedures have been reviewed and reinforced during team meetings. Regular audits will be undertaken to ensure compliance.	Sara Cheeney	Completed within 30 days and ongoing monitoring

4.	Treatment protocols were not in line with BMLA guidance.	The registered manager must ensure treatment protocols are put in place in line with BMLA standards.	The Independent Health Care (Wales) Regulations 2011: Regulation 45	All treatment protocols have been reviewed against current BMLA guidance and updated where required. A process has been implemented to review protocols annually and whenever new guidance is issued. Staff have been informed of the updated protocols and their responsibilities for compliance.	Sara Cheeney	Completed within 30 days with annual review thereafter
5.	The registered manager was unable to provide a treatment register for the registered laser unit.	The registered manager must ensure that a treatment register is put in place for the existing and proposed laser units.	The Independent Health Care (Wales) Regulations 2011: Regulation 45	A comprehensive treatment register has been implemented for the existing laser unit and will be maintained for any future laser units introduced into the service. The register records all treatments carried out, including relevant patient and treatment information. Staff have been trained on its use, and regular audits will be undertaken to ensure it is completed accurately and consistently.	Sara Cheeney	Completed within 30 days with ongoing monitoring

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): **Sara Cheeney**

Job role: **Owner** **Date: 08/06/2026**