Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

# Independent Healthcare Inspection Report (Announced)

## The SKN Studio

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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 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.

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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 SKN Studio on 21 May 2026.

The inspection was conducted by a HIW healthcare inspector.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. A total of six 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 the SKN Studio. Patients told us staff at the setting provided clear and concise information to patients prior to, during and post-treatment. Patients also said they were treated in a dignified and respectful manner throughout their patient journey. Robust arrangements were in place to fully support the privacy and dignity of patients, giving due regard to their equality and rights. The systems in place to record and respond to patient feedback were satisfactory and care planning was managed well at the setting.

This is what the service did well:

- All patient feedback we received was positive
- Medical histories and changes in circumstances were discussed prior to every treatment with patients.

## Delivery of Safe and Effective Care

### Overall summary:

We found robust 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 patients told us staff used Personal Protective Equipment, and the setting was ‘very clean’. We found areas to improve around the formal recording of some areas of fire safety and the peer review of treatments as part of the settings quality improvement activities. These matters were resolved by the setting immediately following the inspection. The setting had an effective relationship with their Laser Protection Advisor, to the benefit of both patients and staff. We saw patient records were completed correctly and stored in a secure digital system.

This is what the service did well:

- Safe arrangements were in place for the operation of the laser equipment
- Patient records were comprehensive and managed appropriately.

## 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, training and whistleblowing. The processes for employment checks and continued professional development were found to be appropriate.

This is what the service did well:

- The setting was well-managed which helped enable safe and effective treatments be delivered to patients
- 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

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

> *"Just a lovely setting, calm and caring. Very happy."*

> *"I was made to feel very welcome and comfortable, [staff member] is brilliant at what she does and genuinely cares about every step of the treatment process."*

> *"I felt comfortable, it is a nice place. My sessions were very thorough."*

### Dignity and respect

We were informed how consultations and treatments took place in a designated room at the setting. We saw this room had a solid door, which was locked during treatments and the windows of this room had the blinds drawn. The setting only had one patient in the building at any one time so confidential information could not be overheard. In addition, patients were left to undress in a changing room and provided with modesty towels. All these measures helped ensure patient privacy was maintained during their patient journey.

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

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

### Patient information and consent

Healthy lifestyles were promoted to patients using service, including discussions at consultation regarding exercise, healthy eating and ultra-violet light protection pre- and post-treatment. We saw aftercare leaflets were provided to patients, along with links to the settings website for an online package of aftercare information.

We noted the setting statement of purpose and patient information leaflets were available for patients at the setting and on their website.

On review of a sample of five patient records, we saw comprehensive arrangements for the collection and recording of informed consent at every stage of the patient journey. We found that all treatment records reviewed had been appropriately counter-signed by operators. Patients were also required to complete an online form prior to each session, confirming their understanding of and consent to the risks and benefits associated with treatment. Any changes to medical history were discussed at every treatment appointment along with checks of patient medications. All patients responding to the HIW questionnaire told us that before receiving a treatment their medical history was checked and the costs were made clear to them prior to treatment. Patients said they signed a consent prior to every treatment, they were involved as much as they wanted to be in their treatment and that staff listened to them and answered their questions.

All patients who completed a questionnaire agreed that they had been given enough information about their treatment, including information on the risks and benefits.

## Communicating effectively, care planning and provision

We found that information within the setting was available in both English and Welsh wherever possible. We also saw the practice website was available bilingually. Staff told us patients would utilise the support of an interpreter if they were unable to communicate in English with an operator and online translation tools would also be used. All respondents to the HIW patient questionnaire confirmed their preferred language was English.

We saw patients generally made appointments online or via email; while arranging an appointment via telephone was rare this was an option open to patients.

We saw patch tests took place prior to any course of treatment. All patients who responded to the HIW questionnaire said they were given a patch test before receiving treatment. Patients also confirmed they were given clear aftercare instructions and who to contact in the event of an emergency.

## Equality, diversity and human rights

The setting had an equality and diversity policy in place, alongside a suitable means to protect staff and patients from discrimination. The registered manager outlined satisfactory examples of how the setting treated patients equally and upheld their rights. This included the introduction of custom forms following feedback from transgender patients. Patients could choose their preferred pronouns, titles and names on their records.

### Citizen engagement and feedback

We found the systems in place to request and respond to patient feedback were robust. Patients were automatically contacted to complete online feedback following their appointment and verbal feedback was also collected and recorded. All patient feedback was reviewed by staff when it was received, and an overview was conducted annually to spot key trends or themes. Patient feedback was published online for general awareness. We were informed that any feedback about a service improvement would be responded to online for patient awareness.

## Delivery of Safe and Effective Care

### Environment, managing risk and health and safety

We found a secure environment was maintained at the setting. The setting had appropriate levels of security to prevent unauthorised entry to the laser room. The premises was alarmed and the laser room was locked when not in use and the keys for machines stored securely.

All areas of the setting appeared to be maintained to a good standard for staff and patients. We reviewed suitable certification for annual Portable Appliance Testing, alongside written risk assessments for fire safety and health and safety.

Safety signage was displayed, including instructions to follow in the event of fire and no smoking. A fire extinguisher was available and was within its servicing date. However, we did not see evidence which recorded fire drills nor fire alarm testing. Fire drills are an annual requirement and are designed to ensure staff know their escape routes and responsibilities during a fire. Alarm testing should take place weekly and are designed so that alarm systems are at a state of readiness in the event of a fire. Not holding drills or testing alarms increases the likelihood of injury should a fire occur and systems have not been tested nor drills completed. It was positive to note the setting took immediate action to add alarm testing to their weekly checklist to record and the setting had planned in a set of fire evacuation drills.

The staff we spoke with demonstrated a good understanding of what to do in the event of an emergency. The first aid kit for the setting was fit for purpose, and all items were within their expiry dates. The setting was run by the registered manager and one other operator. Both had received emergency first aid at work qualifications within the last 12 months.

## Infection prevention and control (IPC) and decontamination

We found appropriate processes in place to enable the effective cleaning and decontamination of treatment areas and reusable equipment. Cleaning checklists were used, and audits were completed by managers on a routine basis. We saw suitable personal protective equipment was provided to staff and used during treatments. We were informed hand washing, equipment disinfecting and bed wipe downs were routine pre-and-post treatment. IPC and decontamination processes were suitably outlined in the infection control policy for the setting. Clinical waste was handled correctly and disposed of through a waste handling contract.

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

## Safeguarding children and safeguarding vulnerable adults

The setting had a suitable safeguarding policy in place, which was up-to

-date and contained details of the local authority safeguarding team. The policy

clearly outlined the procedures to follow in the event of a safeguarding concern and the means for recording the incident comprehensively. We confirmed no one under the age of 18 was permitted on site and we saw all staff had completed safeguarding training to a suitable level.

## Medical devices, equipment and diagnostic systems

We found the devices at the setting were being used safely and in line with manufacturer guidelines. A suitable contract was in place with a certified Laser Protection Advisor (LPA and we saw records of annual reviews by the LPA of the local rules and the laser risk assessment. The local rules for the setting were up to date and contained all the required information relating to each machine. All staff had signed to agree to the local rules and the laser risk assessment contained all the relevant information to promote the safety of practitioners and patients.

On review of the documentation for two of the laser machines, we saw there were individualised treatment protocols in place for the use of the laser machines, which had been created and approved by a medical practitioner. The records for servicing and daily calibration checks for the two laser machines were satisfactory. Calibration also took place prior to every treatment.

## Safe and clinically effective care

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

The laser room was lockable and displayed appropriate safety signage was in place. Protective eyewear was readily available, appeared to be in good condition and consistent with the local rules.

We saw evidence in the sample of five patient records we reviewed of every patient in our sample receiving patch-testing and skin typing prior to their course of treatments. All patients responding to the HW questionnaire confirmed they received no adverse reactions following their treatment.

## Participating in quality improvement activities

Patient feedback was regularly reviewed and discussed within the setting to drive continuous improvement. Cleaning and hygiene audits took place throughout the setting alongside patient record audits. While we were told informal peer review of records took place, we did not see any formal process in place to record this during the inspection. It was positive to note the setting put processes in place immediately following the inspection to resolve this. The registered manager confirmed the setting had the means to provide an annual return to HIW upon request.

## Records management

We found evidence of good record keeping in the sample of five we reviewed. All the records we reviewed were fully complete and comprehensive. Records were all digital and stored securely in line with data protection regulations. We saw appropriate measures in place for the secure disposal of records.

# Quality of Management and Leadership

## Governance and accountability framework

Lines of responsibility at the setting were clear and both staff members understood their responsibilities. We found the setting was well-managed which helped enable safe and effective treatments to be delivered to patients.

We saw all the policies and procedures for the setting were clear and comprehensive, including version control and annual review. Any changes were agreed and signed by both authorised operators. The public liability insurance, medical liability and HIW registration certificates were appropriately displayed in the laser room.

## Dealing with concerns and managing incidents

The complaints procedure we reviewed was up to date and referenced HIW as a means to raise concerns. We saw information on the complaints process was included in both the patient information guide and the statement of purpose. Complaints were overseen by the registered manager with the settings other authorised operator involved in the investigation process. We reviewed the one complaint the setting had received and noted it had been handled in line with the settings policy. We were told that any verbal complaints would be noted within the complaints log.

## Workforce recruitment and employment practices

We found Enhanced Disclosure and Barring Service checks in place for both employees, with a satisfactory procedure in place for checks to be undertaken prior to employment.

## Workforce planning, training and organisational development

The setting was a family owned and operated business with two members of staff. We found appropriate systems in place for onboarding new staff, ongoing supervision and for monitoring compliance with training. Both staff members had received the training for their roles and routine development activities were attended by both employees. We saw the setting had a suitable whistleblowing policy and included the contact details for HIW.

# 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 SKN Studio**

**Date of inspection:** **21 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 concerns were identified on this inspection. |

# Appendix C – Improvement plan

**Service:** **The SKN Studio**

**Date of inspection:** **21 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. | No improvements were required as part of this inspection. | | | | | |