Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Bodywise Beauty Salon, Barry

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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 Bodywise Beauty Salon, Barry on 16 June 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 three were completed. 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 patients were treated with dignity and respect and were provided with appropriate information to support informed decision-making about their treatment. Patient feedback was positive, with all respondents rating the service as very good overall. Patients told us they received clear information about treatments, risks and benefits, and felt involved in decisions about their care.

We found appropriate arrangements to protect patient privacy and confidentiality, and patient records demonstrated that consultations, medical history checks and consent processes were being completed.

However, we identified some areas requiring improvement. Treatment records were incomplete, as shot counts and treatment parameters had not been recorded in the treatment register as required by the regulations. We also found that the service had no Welsh-speaking staff and no formal access to translation services, which meant we were not assured that patients would always be able to fully understand information necessary to provide informed consent. In addition, the premises did not have an

accessible toilet for routine patient use. These matters were discussed with the registered manager during the inspection.

Immediate assurances:

- Treatment records did not contain all information required by the regulations, as shot counts and treatment parameters were missing from the treatment register. This matter was addressed through our non-compliance process.

This is what we recommend the service can improve:

- Consider how the communication needs of patients who wish to communicate in Welsh or other languages can be met to support informed consent and equitable access to services.
- Continue to ensure that information provided to patients accurately reflects the facilities available at the premises, including toilet access arrangements.

This is what the service did well:

- Patients provided positive feedback about the service, with all questionnaire respondents rating the service as very good overall.
- Comprehensive consultation processes were in place, including medical history checks, consent procedures, patch testing and aftercare advice.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

Delivery of Safe and Effective Care

Overall summary:

We found that the clinic had appropriate arrangements in place to support the safety and wellbeing of patients, staff and visitors. The premises were clean, maintained and fit for purpose, with appropriate fire safety, infection prevention and control and safeguarding arrangements in place. Staff had completed the training required for their roles.

However, we identified several areas where governance and quality assurance arrangements required strengthening. The clinic was unable to demonstrate that routine IPL equipment checks, and servicing had been recorded and completed, and the contract with the Laser Protection Adviser (LPA) had expired shortly before the inspection. In addition, there was no documented system in place to regularly assess and monitor the quality of the service. Some of these concerns had also been identified during the previous HIW inspection. Our concerns regarding the management of the IPL

equipment and quality assurance arrangements were addressed through our non-compliance process.

Immediate assurances:

- The clinic was unable to provide evidence that routine IPL equipment checks had been recorded and completed. This matter was addressed through our non-compliance process.
- The clinic was unable to provide evidence that a service of the IPL had been completed. This matter was addressed through our non-compliance process.
- The clinic did not have a documented system in place to regularly assess and monitor the quality of the service provided. This matter was addressed through our non-compliance process.

This is what we recommend the service can improve:

- Continue to strengthen governance arrangements to ensure that safety-critical documentation, contracts and monitoring processes remain current and are reviewed within required timescales.

This is what the service did well:

- The premises were clean, safe and well maintained, with appropriate fire safety arrangements and evidence of regular health and safety checks.
- Appropriate safeguarding arrangements were in place, supported by staff training, policies and a designated safeguarding lead.

Quality of Management and Leadership

Overall summary:

Appropriate insurance cover was in place, staff records were well maintained, and recruitment checks had been completed. Staff had access to policies and procedures relevant to their roles, and training records demonstrated that staff had completed the training required to support safe practice. Arrangements were also in place for the management of complaints and concerns.

However, we identified shortcomings in regulatory compliance. The HIW certificate of registration and conditions of registration were not displayed at the premises as required by the regulations. We noted that this issue had also been identified during the previous HIW inspection. As a result, our concerns were managed through the non-compliance process.

Immediate assurances:

- The HIW certificate of registration and associated conditions of registration were not displayed at the premises as required by the regulations. This matter was addressed through our non-compliance process.

This is what we recommend the service can improve:

- Strengthen governance arrangements to ensure regulatory requirements are routinely monitored and maintained.
- Review previous inspection findings to ensure identified issues are addressed and sustained improvements are embedded.

This is what the service did well:

- All required recruitment and employment checks had been completed, including Disclosure and Barring Service (DBS) checks, contracts, inductions and training records.
- Staff training records were up to date, and the registered manager was appropriately trained and qualified to operate the IPL equipment in use at the clinic.
- Appropriate insurance arrangements, policies and procedures were in place, and a clear complaints process was available should patients wish to raise concerns.

3. What we found

Quality of Patient Experience

Patient feedback

Three patient questionnaires were received, all from patients who had attended the service within the previous year for laser hair removal treatment. Feedback was positive, with all respondents rating the service as ‘very good’ overall.

Patients reported that the setting was very clean and that appropriate infection prevention and control measures were being followed. They stated that they had received sufficient information about their treatment options, risks and benefits, and that treatment costs, medical history checks, consent processes and patch testing had been completed before treatment.

Feedback indicated that staff treated patients with dignity and respect, protected their privacy, explained treatments clearly and involved them in decisions about their care. Patients also confirmed that they received appropriate aftercare information and clear guidance on what to do in the event of an emergency or infection. No respondents reported experiencing any adverse reactions following treatment, difficulties accessing healthcare, or discrimination when using the service.

Dignity and respect

The clinic had one IPL treatment room situated on the ground floor. We were told that patients could change in the treatment room. There was a lock on the treatment room door to allow patients to change in private.

Paper towels were available for patients to use during treatment to protect their dignity. Consultations with patients were carried out within the treatment rooms to ensure patient confidentiality.

Chaperones were not routinely provided by the clinic; however, patients were permitted to have their own chaperone present during consultations and treatments if they wished.

Patient information and consent

We asked to review the treatment register, as required by the regulations. Although a treatment register was in place and being used, we found that shot counts and treatment parameters had not been recorded in any of the records reviewed. This

meant that treatment records were incomplete and did not contain all of the information required by the regulations.

Our concerns regarding this were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in **Appendix B.**

We reviewed a sample of five patient records and saw that an initial consultation form had been completed along with a medical history check and signed consent obtained from each patient. Changes in medical history were checked at each subsequent appointment.

A consent policy was available at the time of the inspection.

Communicating effectively

We reviewed the patients' guide, and the statement of purpose provided to us by the registered manager and found both to be compliant with the regulations.

A separate price list was also available in the reception.

The clinic did not have any Welsh speaking staff and had no provision for translation services. We were not assured that this would sufficiently enable patients to understand their treatment or procedure to provide informed consent. We noted that this issue had also been identified during the previous HIW inspection.

The registered manager must consider how best to meet the individual needs of patients who may wish to communicate through the medium of Welsh or other languages.

Consultations and treatment appointments could be arranged in person at reception, via telephone or via the clinic's appointments management app.

Care planning and provision

We saw evidence that patients were given a full consultation prior to agreeing to any treatments which included the risks, benefits and the expected results. We were told aftercare guidance was provided to all patients. We were told that patients were being provided with enough information to make an informed decision about their treatment.

We were told that all patients were given a patch test, underwent skin grading assessment and had a visual check for skin damage prior to commencing a course of treatment to help determine the likelihood of any adverse reactions.

Equality, diversity and human rights

We were told that the clinic was an inclusive environment irrespective of any protected characteristic and that all staff and patients were treated fairly. We were told that the human rights of transgender patients would be actively upheld with preferred names and pronouns used as requested. An equality and diversity policy was in place at the time of the inspection, and all staff had completed training on the subject.

There was level access into the building from the street and level floors throughout to aid patients with impaired mobility. We were told that the toilet was for staff only, although could be used by patients in emergencies. However, we considered this to be non-accessible due to its lack of facilities and design. The registered manager subsequently updated the patient information leaflet, patient guide and statement of purpose to advise patients of the toilet situation at the premises.

Citizen engagement and feedback

We were told that the clinic actively sought patient feedback following every appointment through prompts issued by email or via the clinic's software system. Staff told us that patient feedback was generally positive and that negative feedback was rare. When concerns or negative comments were received, staff said they would respond directly to the patient to address the issues raised.

Staff explained that patient feedback and reviews could be shared through the service's social media platforms and that all staff had access to this information. This enabled the team to review patient comments and experiences.

Delivery of Safe and Effective Care

Environment

We found that the premises were safe, secure and fit for purpose. The treatment room door could be locked to maintain patient privacy, and the laser equipment was secured with a key-operated lock. The registered Manager told us that the key was stored in a locked cupboard within the corridor when not in use, helping to prevent unauthorised access to the laser unit.

During our inspection, we observed the premises to be clean, well maintained and free from obvious hazards such as clutter or trip risks. The environment appeared safe for patients, visitors and staff.

We reviewed documentation relating to the safety of the premises and found a current gas safety certificate confirming that gas appliances were safe to use. We also saw a current Electrical Installation Condition Report, confirming that the electrical installation had been inspected and tested and was safe.

Evidence was provided to demonstrate that Portable Appliance Testing (PAT) had been completed in May 2025. However, the report indicated that further testing was due within 12 months. An updated PAT testing report was subsequently submitted to HIW, providing assurance that the equipment had been appropriately tested.

Managing risk and health and safety

We found that the service had appropriate fire safety arrangements in place to help protect patients, visitors and staff. We reviewed a current fire risk assessment and saw evidence that fire safety precautions were reviewed at least annually.

Staff confirmed that all members of staff had completed fire safety training. Records showed that a fire drill had been conducted in January 2026, demonstrating that emergency procedures had been tested.

During our inspection, we observed that 'No Smoking' signs and clear fire action instructions were displayed throughout the premises. We also found that there were adequate means of escape in the event of a fire and that fire exits were clearly signposted.

Fire extinguishers were available throughout the premises and appeared appropriately located. We were also assured that fire safety equipment was maintained and serviced as required

Infection prevention and control (IPC) and decontamination

During the inspection, the environment was observed to be visibly clean, uncluttered and suitable for effective infection prevention and control. Fixtures, fittings and surfaces were found to be in a good state of repair, enabling effective cleaning to take place.

Appropriate arrangements were in place to support infection, including cleaning schedules. Staff compliance with infection prevention and control procedures was monitored through training, and records confirmed that all staff had completed the required level of infection prevention and control training.

Clinical waste was stored securely in a treatment room whilst awaiting collection by the waste contractor. A current waste disposal contract was in place, providing assurance that waste was managed appropriately.

The service had an infection prevention and control policy in place.

Safeguarding children and safeguarding vulnerable adults

The service had safeguarding arrangements in place, supported by a policy. An identified safeguarding lead was in place, providing staff with a clear point of contact should any safeguarding concerns arise.

Staff had completed safeguarding training at the required level, and training records were available to demonstrate compliance.

Appropriate measures were in place to protect children who attended the premises. Children were required to remain under the supervision of a parent or legal guardian whilst on site. Staff told us that laser treatments were not provided to children and appointments would be rebooked if a child attended for treatment.

Medical devices, equipment and diagnostic systems

We saw that the IPL machine was the same as registered with HIW. We were told routine daily IPL equipment, and systems diagnostics checks were carried out. However, we saw no evidence that these were recorded. The registered manager was also unable to provide evidence that routine service maintenance had been carried out on the IPL machine. We noted that these issues had also been identified during the previous HIW inspection.

Our concerns regarding these issues were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in **Appendix B**.

On reviewing the contract with the clinic's Laser Protection Adviser (LPA), we found that it had expired six days prior to the inspection and required renewal. This issue was rectified on the day of the inspection, and evidence was subsequently provided to HIW confirming that a current contract with an LPA was in place. We also received assurance that up-to-date local rules detailing the safe operation of the IPL machine were available.

Safe and clinically effective care

Suitable eye protection was available for both patients and operator, aligned with the local rules and the Registered Manager described regular checks to ensure fitness for use and decontamination.

There were signs on the outside of the treatment room to indicate the presence of the IPL machine and there were suitable arrangements to ensure the IPL machine was secure when not in use.

Participating in quality improvement activities

There was no documented system in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager must consider industry relevant information including complaints, clinical audits, expert advice and national reviews as part of the clinic's quality improvement activities.

We noted that this issue had also been identified during the previous HIW inspection.

Our concern regarding this issue was dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in **Appendix B.**

Records management

We found the patient records were kept securely at the service, and that suitable processes were in place to prevent the loss of personal data. We found the data retention periods and disposal arrangements to be appropriate.

Quality of Management and Leadership

Governance and accountability framework

Bodywise Beauty Salon is run by the registered manager with a small team of staff. Our observations of the clinic found that current employers and public liability insurance was in place and displayed as necessary. However, the HIW certificate of registration and associated conditions of registration were not on display as required by the regulations. We noted that this issue had also been identified during the previous HIW inspection.

Our concern regarding this issue was dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in **Appendix B**.

We looked at a sample of policies and procedures which in general, we found to be appropriate and subject to regular reviews.

Dealing with concerns and managing incidents

Patient complaints were overseen by the Registered Manger. 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 at team meetings 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 were told that the registered manager was the only operator of the IPL machine and saw evidence of training relevant to the IPL machine in use at the clinic. We reviewed staff records and found that they were up to date with training relevant to their roles.

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
On reviewing the contract with the clinic's Laser Protection Adviser (LPA), we found that it had expired six days prior to the inspection and required renewal.	Patient safety risk	Escalated to Registered Manager	This issue was rectified on the day of the inspection, and evidence was subsequently provided to HIW confirming that a current contract with an LPA was in place. We also received assurance that up-to-date local rules detailing the safe operation of the IPL machine were available.

Appendix B – Immediate improvement plan

Service: **Bodywise Beauty Salon**

Date of inspection: 16 June 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	The registered manager was unable to provide evidence that routine service and maintenance of the IPL machine had been carried out. Records indicated that the last service was completed in January 2025.		
Improvement needed		**Standard / Regulation**	
1.	The registered manager must immediately arrange for a service to be carried out on the IPL machine at the practice and provide HIW with evidence once completed.	The Independent Health Care (Wales) Regulations 2011, Regulation 15(2)	
Service Action:		**Responsible officer**	**Timescale**
Electrical Engineer to complete service on IPL Machine		Registered Manager	June ‘26

Findings	We requested to see the treatment register as required by the regulations. While a patient register had been implemented, shot counts and treatment parameters were absent from all records reviewed. At the previous inspection in June 2025, a template register was provided to HIW shortly after the inspection; however, this was not in use at the time of this inspection.

	Improvement needed	**Standard / Regulation**
2.	The registered manager must provide written assurance to HIW that all required entries on patient records are to be completed fully and correctly.	Regulation 23(1)(a)

Service Action:	**Responsible officer**	**Timescale**
Revised patient record updated to show shots	Registered Manager	June ‘26

Findings	We were informed that routine IPL equipment and system diagnostic checks were carried out each time the laser was used. However, no evidence was available to demonstrate that these checks were recorded. This issue was also identified during HIW’s previous inspection in June 2025.

	Improvement needed	**Standard / Regulation**
3.	The registered manager must ensure IPL machine checks are conducted and recorded.	Regulation 15(2)

Service Action:	**Responsible officer**	**Timescale**
Complete Calibration before each use and record action	Registered Manager	June ‘26

Findings	In accordance with the regulations, the registered manager must consider industry relevant information including complaints, clinical audits, expert advice and national reviews as part of the clinic's quality improvement activities. There was no documented system in place to regularly assess and monitor the quality of service provided. This issue was also identified during HIW's previous inspection in June 2025.		
Improvement needed		**Standard / Regulation**	
4.	The registered manager must put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.	Regulation 19	
Service Action:		**Responsible officer**	**Timescale**
Quality Improvement Documents Created		Registered Manager	June '26
Findings	The HIW certificate of registration and associated conditions of registration were not displayed as required by the regulations. This issue was also identified during HIW's previous inspection in June 2025.		
Improvement needed		**Standard / Regulation**	
5.	The registered manager must ensure the HIW certificate of registration and associated conditions are displayed where they can be easily seen.	Section 28, Care Standards Act 2000	

Service Action:	Responsible officer	Timescale
Requested twice by email to HIW Registration to send new copy of certificate but no response	Registered Manager	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:

Name (print): J Howells

Job role: **Date:** 08/07/26

Appendix C – Improvement plan

Service: **Bodywise Beauty Salon**

Date of inspection: 16 June 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 clinic did not have any Welsh speaking staff and had no provision for translation services. We were not assured that this would sufficiently enable patients to understand their treatment or procedure to provide informed consent. We advised the registered manager of the need to seek an appropriate translation service.	The registered manager must consider how best to meet the individual needs of patients who may wish to communicate through the medium of Welsh or other languages.	Regulation 15 (1)(a)			

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:**