

Independent Healthcare Inspection Report (Announced)

Azira Aesthetics, Newport

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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.



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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 Azira Aesthetics on 01 July 2026.

The inspection was conducted by a HIW healthcare inspector.

During the inspection we invited patients to complete a questionnaire to tell us their views on the service. Unfortunately no questionnaires were completed. However, feedback collected by the service has been considered as part of the inspection. We also spoke to staff working at the service during our inspection.

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:

A person-centred, outcomes-focused approach to clinical practice underpinned the patient experience and delivery of safe and effective care. Patients were provided with comprehensive information about treatment options, risks, benefits and costs, and robust assessment processes supported care planning. Clinical staff demonstrated thorough understanding of issues that could affect consent and were confident to decline to treat if they felt a treatment was not suitable for the individual patient.

The environment promoted privacy and dignity with reference to Equality, Diversity and Inclusion incorporated throughout clinic policies, procedures and literature. The clinic was actively involved in signposting or referring patients onto other relevant health services for further assessment of suspicious skin lesions.

Patients could contact the clinic and make appointments through digital platforms, in person or over the phone and were reminded of upcoming appointments and key terms and conditions via a messaging service. Arrangements were in place for gathering patient feedback.

This is what we recommend the service can improve:

- Consider making key clinic documents available in Welsh to improve accessibility for Welsh-speaking patients.

This is what the service did well:

- Developed a chaperone policy following inspection discussions.

Delivery of Safe and Effective Care

Overall summary:

Staff demonstrated a good understanding of infection prevention and control, safeguarding and emergency response procedures, as well as medicines management and safe laser/IPL practice where relevant to role. Appropriate security measures and equipment maintenance were in place.

Patient information was securely managed and records reviewed were comprehensive and well maintained. We discussed maintaining a key of any abbreviations used at the front of each treatment register book.

Two items within the first aid kit required removal or replacement and a small number of areas requiring improvement to underpin the delivery of safe and effective care more generally were identified.

This is what we recommend the service can improve:

- Update the fire risk assessment to cover all generic and bespoke risks
- Ensure that cleaning is completed to a consistently high standard and suitably documented to support and evidence infection prevention and control practices
- Implement a programme of audit on an ongoing basis. This may include cleaning and IPC, hand hygiene and adherence to core training and professional requirements.

This is what the service did well:

- Maintained membership of relevant professional groups and social media subscriptions also enabled clinicians to receive regular safety alerts and updates regarding best practice in aesthetic care, including laser and IPL treatments.

Quality of Management and Leadership

Overall summary:

Overall the service appeared well led and managed with staff being clear on their areas of responsibility and lines of reporting. Healthcare treatments were delivered by registered healthcare professionals and staff demonstrated a strong commitment to patient safety, with clinical decision-making prioritised over customer retention.

A clear understanding of incident reporting and the role of HIW and other regulatory bodies was evident. Suitable insurance policies were in place. We discussed that HIW would require formal notification should potential plans for clinic expansion within the building be progressed.

This is what the service did well:

- Operated suitable recruitment, induction, training, supervision and appraisal processes to support staff competence and development
- Considered their reputation was important but that this must be underpinned by safety, professionalism and expertise.

3. What we found

Quality of Patient Experience

Health promotion, protection and improvement

Healthcare treatments offered at the clinic were provided by two registered nurses who told us that person-centred, outcomes-focused care underpinned their provision of care to patients. Ways the clinic could support patients with health concerns relevant to skin and hair treatments they attended the clinic for had been considered and the clinic was actively involved in signposting or referring patients onto other relevant health services for further assessment of suspicious skin lesions.

Nursing assistance had also been provided to members of the public within the local area in response to medical emergency and in line with the Nursing and Midwifery Council code.

Dignity and respect

Laser and Intense Pulsed Light (IPL) treatments were administered for the removal of hair and skin pigmentation treatments from one treatment room which was central to the clinic premises. The treatment room had a lockable door and an additional blind to protect patient privacy. Protocols and the provision of suitable cover-up garments also promoted patient dignity while preparing for and undergoing treatment.

A suitable chaperone policy was developed following inspection discussions.

Members of the public making enquiries in person or over the phone and contractors who attended the premises were observed to be treated in a respectful and professional manner. The clinic was closed to patients on the day of inspection.

Patient information and consent

Information regarding treatments and benefits were available on the website. Consultation discussions and additional written information ensured patients were fully informed of treatment options, risks, benefits, individual suitability and costs. Initial consenting conversations took place alongside skin patch testing at least 24 hours prior to the commencement of any further treatment and consent was then confirmed at the beginning of each treatment session. Clinic nurses demonstrated a thorough understanding of issues that may affect a patient's mental capacity to make an informed decision regarding their care. They also provided examples of having declined to treat potential patients when they did not believe treatment would achieve the desired outcomes. Patients requiring support to communicate were welcome to be accompanied by a person of their choosing. However, clinic nurses were clear that if they did not consider that the patient could understand all relevant information to

provide informed consent that they would decline to treat.

Communicating effectively

Information regarding the clinic was available on their website, social media channels and on an individual basis in response to enquiries. Patients could contact the clinic and make appointments through digital platforms, in person or over the phone and were reminded of upcoming appointments and key terms and conditions via a messaging service. The patient's guide providing full patient information regarding the clinic was available and was highlighted to patients on the clinic website shortly after our inspection. Patients were also provided with a consultation card at the end of appointments to remind them of key discussions and treatments received. We discussed making key clinic documents available in Welsh.

Care planning and provision

Visual skin assessment charts and up to date medical protocols were available to inform safe and effective care planning. Patient medical history was considered through robust discussion between the patient and a clinic nurse and confirmed by a signed electronic medical declaration and consent form on initial and subsequent contacts. Clinic nurses demonstrated a thorough understanding of the treatments they offered and contraindications.

Equality, diversity and human rights

Reference to Equality, Diversity and Inclusion was incorporated throughout clinic policies, procedures and literature. The registered manager described how the clinic's city centre location could be easily reached from a number of transport and parking options. Access into the premises was via a ramp from street level. Consideration was given to swapping the disused towel rail in the toilet for a grab rail. However, the fabric of the wall would not safely support this.

Citizen engagement and feedback

A comprehensive complaints procedure was in place and patients would routinely receive a text message following each appointment to invite them to provide a digital review. Clinic staff would be notified of any reviews left and would follow up with any negative comments on an individual basis. No mechanism for collating reviews or complaints or providing an annual return to HIW had previously been in place but clinic managers demonstrated how this could be done using the software in place and stated they would implement this on a monthly basis going forward from the inspection.

Delivery of Safe and Effective Care

Environment

The registered manager highlighted that reinforced glass and built in shutters installed for the previous business were beneficial to clinic security. CCTV had also been installed and weekly welfare checks from the local police supported the city centre business and wider community.

Clinical equipment and assets were kept within a locked room and start-up of the laser and IPL machine was password protected.

A current five yearly electrical installation inspection and test report and evidence of Portable Appliance Testing were available.

Managing risk and health and safety

A fire risk assessment completed by the registered manager was available to view. This considered generic risks. However, required updating to ensure that window display materials had been fully considered and mitigated for.

The registered manager must update the fire risk assessment to cover all generic and bespoke risks.

Fire escape route and action plan signs were visible to patients and staff in the event of an emergency. Staff were clear on where the assembly point was and why this had been chosen as a visible location distanced away from the building. No smoking signs were displayed.

Evidence of fire detection equipment testing was available. A suitable fire extinguisher was available in a central location within the clinic premises and evidence of a servicing contract for this equipment.

Generic health and Safety risk assessments were in place and a Health and Safety Executive poster was displayed to remind staff of their responsibilities within the workplace. In general the premises appeared well-maintained and free of clutter. Flooring was secure and walkways were clear.

Infection prevention and control (IPC) and decontamination

Suitable cleaning materials and Infection Prevention and Control (IPC) policies were available and staff comprehensively described IPC and cleaning procedures to follow before and after patient contacts. A cleaning schedule had been completed within the toilet. However, this had not similarly been completed within the clinical area and upon close inspection the protective glasses used for IPL treatments, the back of the laser/IPL machine and the toilet environment were identified as requiring more robust cleaning.

The registered manager must ensure that cleaning is completed to a consistently high standard and suitably documented to support and evidence infection prevention and control practices.

During the inspection hand hygiene audits were discussed and within 48 hours of the inspection confirmation was provided that a suitable template had been procured for implementation.

Suitable waste bins and a contract with a waste carrier were in place. However, it was agreed that a written procedure or additional signage would be produced to direct staff to dispose of waste into correct bins.

Completion of Infection Prevention and Control training was confirmed for all relevant staff.

Medicines management

First aid kit items were checked on a monthly basis. However, within the first aid kit the foil blanket had expired and required replacing and an oxygen administration mask was removed due to not having an expiry date and this equipment not being relevant to care as clinic staff confirmed there were no oxygen cylinders on site. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

The registered manager had been considering whether to obtain a defibrillator as others they were aware of in the locality were for private use within their permanent location only.

Clinical staff confirmed they had undertaken emergency resuscitation, anaphylaxis and first aid training updates. Non-clinical staff were aware of their role expectations within an emergency to summon ambulance assistance. The team had role-played what they would do in the event of an emergency and had implemented their skills in relation to an emergency which had occurred in the street near the clinic location.

Safeguarding children and safeguarding vulnerable adults

All staff were clear on the actions they would take should they identify a safeguarding concern. Formal safeguarding policies and procedures were in place and were updated within 48 hours of our inspection to ensure they reflected the Wales Safeguarding Procedures and consistently provided the correct local authority contact details. The clinic had subscribed to the Disclosure and Barring Service renewal scheme and the nurses delivering laser and IPL treatments had to confirm their good character to maintain their nursing registration. Safeguarding training had also been completed.

Medical devices, equipment and diagnostic systems

Laser and IPL treatments were delivered via a multi-functional aesthetic machine.

Calibration and safety checks were automatically completed on machine start-up and any faults detected would generate an error message and prevent use until the fault had been resolved. Evidence of annual servicing and calibration was also available.

A contract was in place with a suitable Laser Protection Advisor (LPA) who had completed laser and IPL risk assessments and provided local rules. However, the machine serial number on these documents and the HIW registration certification required updating as the originally registered machine had been faulty and replaced like-for-like by the manufacturer. The risk assessment and local rules also required updating to ensure they provided guidance relevant to skin pigmentation treatments as well as hair removal, in accordance with the HIW registration and machine use. These issues are being resolved through the registration team.

Safe and clinically effective care

Evidence of recent laser and Core of Knowledge training was available for both laser operators. Membership of the Aesthetic Complications Expert Group and Complications in Medical Aesthetics Collaborative and following the Medicines and Healthcare products Regulatory Agency on social media also enabled clinicians to receive regular safety alerts and updates regarding best practice in aesthetic care, which includes laser and IPL treatments.

Participating in quality improvement activities

Clinic staff indicated that informal quality monitoring and improvement took place on a continuous basis, with any learning or updates shared through a weekly meeting. No formal audit or research was undertaken by the clinic.

The registered manager must implement a programme of audit on an ongoing basis. This may include cleaning and IPC, hand hygiene and adherence to core training and professional requirements.

Information management and communications technology

Clinic staff demonstrated high regard for the protection of patient information. Patient records were maintained within a secure electronic system and paper based treatment registers protected from unauthorised access. Relevant information governance policies were in place.

Records management

A sample of patient records reviewed provided clear written evidence of treatment parameters and body area treated. Medical history and consent forms were completed and signed by both the patient and treating clinician. Photographic evidence of laser / IPL settings used were maintained within the electronic system. Paper treatment register books collated all patient treatments, laser / IPL uses and any immediate results or reactions to treatments provided. We discussed maintaining a key of any

abbreviations used at the front of each treatment register book.

Quality of Management and Leadership

Governance and accountability framework

Azira Aesthetics is a small business overseen by the Registered Manager, who is also the Responsible Individual and a registered nurse delivering healthcare treatments, including by laser and IPL. A business decision had been made that healthcare treatments would only be delivered by registered healthcare professionals. A clinic manager and weekend receptionist supported the operational oversight and administration of the business. Beauticians working from the clinic were contractors, expected to uphold clinic values, policies and procedures but responsible for maintaining their professional skills and integrity. Overall the service appeared well led and managed with staff being clear on their areas of responsibility and lines of reporting.

Suitable insurance policies were in place.

Dealing with concerns and managing incidents

The complaints policy indicated the clinic would aim to listen and respond to any concerns before these escalated to formal complaints. Through discussion it was evident that while the clinic wished to please patients they consistently worked to their policies and procedures to ensure patient safety was prioritized over customer retention. The clinic website indicated that reputation was considered important but must be underpinned by safety, professionalism and expertise.

Clear understanding of incident reporting and the role of HIW and other regulatory bodies was demonstrated through the complaints policy and relevant contact details were provided should patients or staff wish to formally report any concerns.

Workforce recruitment and employment practices

A recruitment policy was in place. Full work and training history was gathered prior to employment and any professional registrations and Disclosure and Barring Service checks required were confirmed on an ongoing basis.

A comprehensive induction process for new employees was described whereby time would be spent viewing policies and procedures, being present at the clinic in a supernumerary capacity and completing essential training prior to beginning to deliver treatments. An essential training cycle defined the regular maintenance of staff knowledge and skills regarding key safety topics relevant to role. Informal supervision provided ongoing support and appraisals were completed on an annual basis to as a mechanism for providing formal feedback and agreeing ongoing training in line with

business needs and personal professional aspirations.

Workforce planning, training and organisational development

During our inspection potential future plans for clinic expansion within the building were indicated. Formal notification to HIW will be required should these plans progress.

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
Within the first aid kit the foil blanket had expired and an oxygen administration mask did not have an expiry date.	Potential for expired equipment to fail, impacting patient safety.	Discussed with registered manager and clinical staff.	Foil blanket agreed for replacement. Oxygen administration mask removed from first aid kit as clinic staff confirmed there were no oxygen cylinders on site.

Appendix B – Immediate improvement plan

Service: Azira Aesthetics

Date of inspection: 01 July 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 were found on this inspection.
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Azira Aesthetics

Date of inspection: 01 July 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.	A fire risk assessment considered generic risks. However, bespoke considerations such as window display materials required further consideration.	Fire risk assessment to be updated to cover all generic and bespoke risks.	Regulatory Reform (Fire Safety) Order 2005 Article 9(1)	The clinic has updated the Fire Risk assessment to include the window display. We have also purchased a water fire extinguisher to keep on site with our current cO2 extinguisher. Water extinguishers are most affective for cooling the material and stopping the flames safely.	Registered Manager/Clinic Director	Immediate effect. Water Fire Extinguisher purchased 05/08/2026. Evidenced to HIW on 05/08/2026.

2.	Upon close inspection the protective glasses used for IPL treatments, the back of the laser/IPL machine and the toilet environment were identified as requiring more robust cleaning.	Cleaning to be completed to a consistently high standard and suitably documented to support and evidence infection prevention and control practices.	Independent Healthcare (Wales) Regulations 2011 26(2)(a) & 15(8)(c)	Following inspection, the clinic has conducted thorough cleaning of the protective glasses for the IPL/Laser machine with Clinisept. This task has also been added to the daily treatment room cleaning checklist sheet which has been submitted to HIW as evidence. The toilet environment now has a duster for the out of reach areas and the daily toilet cleaning checklist has been updated to include “dusting” in the daily cleaning tasks to account for the higher areas. This has also been submitted to HIW for evidence.	Registered Manager/Clinic Director	Implemented with immediate effect. Evidenced to HIW on 05/08/2026.
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3.	No regular programme of audit in place for quality assurance and improvement.	Programme of audit to be implemented, for example, to include cleaning and IPC, hand hygiene and adherence to core training and professional requirements.	Independent Healthcare (Wales) Regulations 2011 19(1)(a)	Following the inspection, the clinic developed a staff training programme including a training matrix that monitors all staff training including IP&C & core training. This includes the last completed date and the next review/completion date. It also includes a training frequency table for reference. This has been submitted to HIW as evidence. The clinic has also obtained an IP&C Hand hygiene audit template that is completed randomly. This has also been submitted to HIW as evidence.	Registered Manager/Clinic Director	Training programme implemented 09/07/2026 & evidenced to HIW 24/07/2026. IP&C Hand Hygiene audits implemented 03/07/2026 & evidenced to HIW on 07/07/2026. First Hand Hygiene completed 29/07/2026 & evidenced to HIW on 05/08/2026.
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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: Grace Cobner

Name (print): Grace Cobner

Job role: Registered Manager & Clinic Director Date: 05/08/2026