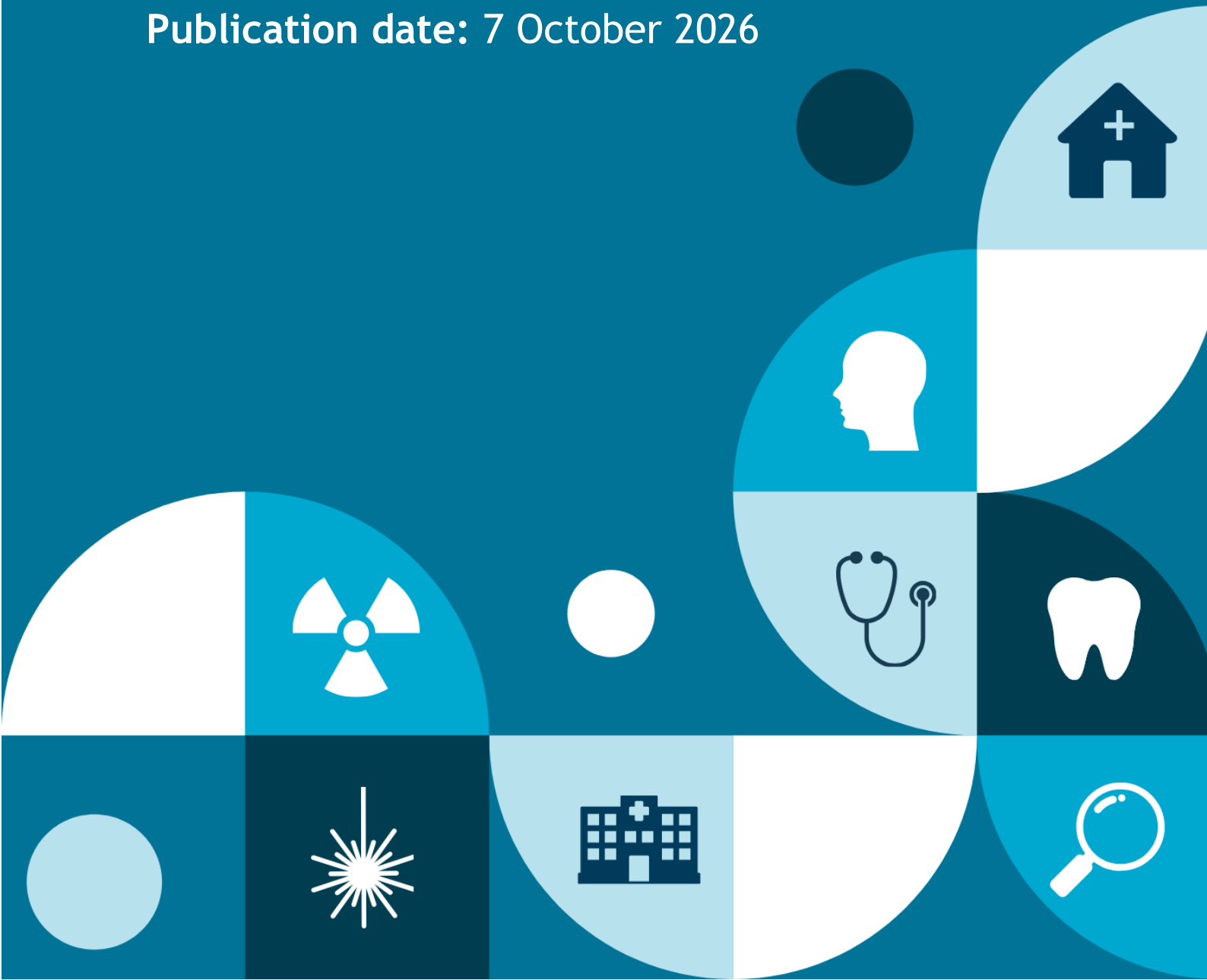


Independent Healthcare Inspection Report (Announced)

The Strata Clinic Abergavenny

Inspection date: 7 July 2026

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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	5
2. Summary of inspection	6
3. What we found	9
Quality of Patient Experience	9
Delivery of Safe and Effective Care	12
Quality of Management and Leadership	15
4. Next steps	16
Appendix A – Summary of concerns resolved during the inspection ..	17
Appendix B – Immediate improvement plan	18
Appendix C – Improvement plan	19



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 Strata Clinic on 7 July 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 nine 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 The Strata Clinic was committed to providing a positive experience for patients in a pleasant environment.

All patients who completed a HIW questionnaire rated the service provided by the clinic as very good.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

The clinic had effective arrangements in place to collect patient feedback through multiple channels, including anonymous options.

This is what the service did well:

- The clinic is committed to providing a positive experience for patients
- The clinic was very clean and tidy
- The clinic had a system in place for seeking the views of patients.

Delivery of Safe and Effective Care

Overall summary:

We found that The Strata Clinic was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The clinic was well maintained and equipped to provide the services and treatments they are registered to deliver. All areas were clean and free from any visible hazards.

There were good arrangements in place to ensure that the laser machine was used appropriately and safely.

Infection prevention and control (IPC) measures were in place, including an IPC policy. Cleaning schedules were followed, and personal protective equipment and hand sanitisers were readily available.

The registered manager was very knowledgeable, professional and demonstrated their understanding of where and how to access advice and guidance.

We found evidence that patients were provided with safe and effective care.

This is what the service did well:

- The clinic and treatment room had been designed and finished to a good standard
- Treatment room was clean, well equipped and fit for purpose
- Patients were provided with enough information to make an informed decision about their treatment
- Patient notes were of a good standard.

Quality of Management and Leadership

Overall summary:

The Strata Clinic demonstrated effective governance arrangements. The service was managed by a committed registered manager, with appropriate registration and insurance documentation in place.

There were no reported incidents or complaints at the time of inspection, and appropriate systems were in place to manage concerns.

This is what the service did well:

- We saw certificates confirming that the registered manager, as the sole laser operator, had completed the Core of Knowledge training and machine-specific training for the safe use of the laser equipment
- Patient information was kept securely.

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection, we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received nine responses.

All patients who completed a questionnaire rated the service provided as very good. Some of the patients did not answer all of the questions.

Patient comments included:

“I have consistently found the clinic to be very clean, well presented, and welcoming. When I first considered laser hair removal, I was quite nervous. However, (staff member) took the time to thoroughly explain the procedure, ensuring I fully understood the process and that it was suitable for me / my skin type. This helped build my confidence and trust from the outset. During each treatment, I have felt safe, comfortable, and well cared for. (Staff member) maintains a high level of professionalism throughout and is always attentive to my comfort and safety. After every session, she provides clear and detailed aftercare advice, including what I should and should not do following treatment. I particularly appreciate that she continues to go through this information at each appointment, even though I have had multiple sessions, which demonstrates her commitment to maintaining high standards of care and client safety. Overall, I believe (staff member) operates to an exceptionally high standard, and I have been very satisfied with the care and service I have received.”

“(Staff member) is really informative of the procedures offered and offers fantastic support for everything. The clinic is immaculate too - genuinely can't emphasise how good it is.”

“Exceptional care. Could not ask for a better service.”

“The Strata clinic is very well organised, clean and safe. I have full confidence in (staff member) and the treatments and procedures that she provides.”

Health promotion, protection and improvement

We confirmed that patients provided a comprehensive health and medical history prior to their initial treatment and that this information was reviewed and updated before subsequent treatments. We confirmed medical histories were signed by the patient and were countersigned by the laser operator. All patients told us they had their medical histories taken prior to treatment.

Dignity and respect

All patients who completed a questionnaire strongly agreed that the laser operator treated them with dignity and respect when visiting the clinic.

The door to the treatment room was lockable and the registered manager confirmed they locked the door during treatment to maintain privacy.

Patients were provided with towels to protect their dignity if required and were left alone to undress if necessary.

Consultations were carried out in the treatment room, to ensure that confidential and personal information could be discussed without being overheard.

All patients who completed a questionnaire confirmed that the laser operator explained what they were doing throughout the treatment and that they listened to them and answered any questions.

Patient information and consent

All patients who completed a questionnaire agreed that they had been given enough information about their treatment, including the risks, different treatment options and aftercare services.

Patients were provided with a thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered.

We found evidence to indicate patients were provided with enough information to make an informed decision about their treatment. Two patients told us:

“Very happy with the service received and the information and after care provided. Feel safe and confident with the procedures.”

“I had never had any beauty treatments prior to having laser hair removal. (Staff member) took time to explain the procedure and answer all of my questions. She also followed up appropriately. I had slight erythema after the first session. She provided the appropriate advice and checked in on me the next day. She also checked to see if any thing had changed in between treatments and address any new concerns that I had.”

All patients who completed a questionnaire confirmed they had completed and signed a medical history form, they had signed a consent form and received a patch test prior to commencement of any new treatment. We were told that all patients were given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions.

We saw that patients completed and signed a medical history form prior to treatment and that their medical history was reviewed and updated at subsequent appointments.

Communicating effectively

A statement of purpose and a patients' guide was available for patients to take away. The statement of purpose included relevant information about the services being offered.

Comprehensive patient information was available for patients to read to help them decide about their treatment options and details about the service. We found evidence of this in the records we reviewed. All patients agreed that the laser operator explained what they were doing throughout the treatment and that they felt listened to.

Care planning and provision

We saw evidence to confirm that all patients received a face-to-face consultation prior to the start of any treatment. As part of this consultation, patient medical histories were collected to ensure suitability of the chosen treatment.

Treatment information was recorded within individual patient files, and a treatment register was being maintained.

We reviewed a sample of patient records and found a good standard of record keeping, which covered all areas of the patient journey, pre and post treatment.

Equality, diversity and human rights

There was an equal opportunities policy in place. This meant that the clinic was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

Citizen engagement and feedback

We found that the clinic had a system in place for obtaining patient feedback to monitor the quality of the service provided. Patients were able to provide feedback at the end of each course of treatment via a questionnaire and through social media. Feedback and comments could also be submitted anonymously.

Delivery of Safe and Effective Care

Environment

The premises were visibly clean, tidy and well maintained. The clinic was in a 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

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

We saw evidence that portable appliance testing (PAT) had been conducted, to ensure that small electrical appliances were safe to use. We also saw that a building electrical wiring check had been undertaken within the last five years.

Fire safety equipment was available throughout the practice, and we saw evidence that it had been serviced within the previous 12 months. However, we found that the laser operator needed to renew their fire safety awareness and first aid training. Evidence received immediately following the inspection confirmed that both training requirements had been completed.

Emergency exits were visible, and a Health and Safety poster was displayed.

The clinic had a range of policies, procedures and risk assessments in place, including those relating to fire safety. However, there were no health and safety risk assessments in place at the time of the inspection. Evidence received immediately following the inspection confirmed that the health and safety risk assessments had since been completed and implemented.

We saw evidence that fire alarm tests were being carried out regularly and that fire drills were conducted every six months.

Infection prevention and control (IPC) and decontamination

We observed all areas of the service were visibly clean. There were no concerns expressed by patients over the cleanliness of the clinic. All patients who completed a questionnaire confirmed that IPC measures were being followed and that the setting was very clean. One patient told us:

“Clinic is exceptionally clean with very high standards of care.”

The registered manager described a range of infection prevention and control arrangements. These included a daily cleaning schedule for the treatment room, which involved cleaning the laser machine, treatment bed, equipment, and eyewear prior to

each use. However, we found that the registered manager needed to complete Level 2 infection prevention and control training. Evidence received immediately following the inspection confirmed that infection prevention and control training had been completed.

There were appropriate arrangements in place for the disposal and collection of clinical waste, including sharps.

Safeguarding children and safeguarding vulnerable adults

The registered manager described the arrangements in place for dealing with safeguarding concerns. However, we found that these arrangements were not documented within a safeguarding policy. We also found that the registered manager's Level 2 safeguarding training required renewal. Evidence received immediately following the inspection confirmed that training had been renewed and that a safeguarding policy had been developed and implemented within the clinic.

Medical devices, equipment and diagnostic systems

The laser machine had an annual service and calibration certificate which were in date. There were treatment protocols in place for the use of the laser machine, and these had been approved by an expert medical practitioner.

There was a contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machine. The local rules had been regularly reviewed by the LPA and signed by the laser operator.

Safe and clinically effective care

Eye protection was available for patients and the laser operators. The eye protection appeared in good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There were signs on the outside of the treatment room to indicate when the laser machine was in use. The registered manager also confirmed that the treatment room door was locked when the machine is in use in order to prevent unauthorised access.

We were told that the machine is kept secure at all times and could only be activated by a key, preventing unauthorised operation.

The environmental risk assessments had recently been reviewed by the LPA.

Participating in quality improvement activities

There were suitable systems in place to regularly assess and monitor the quality of the service provided. In accordance with the regulations, the registered manager regularly sought the views of patients to help inform care and assessed risks relating to the environment, fire safety, equipment, and health and safety.

We recommended that the registered manager undertake audits of patient records, which they agreed to implement. Evidence received immediately following the inspection confirmed that a patient record audit template had been developed. In addition, a patient record audit had also been completed and submitted, along with an associated action plan.

The registered manager demonstrated a good knowledge and understanding of the treatments provided. The registered manager also described the importance of post treatment observations and follow up with patients to help provide improved individualised care throughout a course of treatment.

Records management

A sample of five patient records were reviewed. There was evidence that good records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. All the records we reviewed were individualised and contained appropriate patient identifiers, medical history, areas treated, relevant parameters, shot count and details of any adverse effects. Records were detailed, clear, legible and of good quality. Records were kept in a well organised manner and were kept secure when not in use.

Quality of Management and Leadership

Governance and accountability framework

The Strata Clinic was run and owned by the registered manager who we found to be very committed and dedicated to their role.

We saw a current HIW certificate of registration and public liability insurance certificate on display.

A review of a sample of policies and procedures found these were subject to regular review and included clear version control and/or review dates. This demonstrated that the service had appropriate systems in place to maintain and update key governance documents in line with relevant standards.

Dealing with concerns and managing incidents

We confirmed with the registered manager there had been no HIW reportable incidents.

There was a complaints policy in place, which included the contact details for HIW. The complaint procedure was also included within the statement of purpose.

The clinic had a system in place to log formal complaints and concerns. At the point of inspection, no complaints had been received by the clinic.

Workforce planning, training and organisational development

We found enough staff to cover the clinic's needs and to provide safe treatment for patients.

We saw evidence that the laser operator had completed Core of Knowledge training and machine-specific training for the laser system in use.

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 Strata Clinic

Date of inspection: 7 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		
Improvement needed		Standard / Regulation
1.	No immediate non-compliance issues were identified on this inspection.	
Service Action:		Responsible officer
		Timescale

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: The Strata Clinic

Date of inspection: 7 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.	No areas for improvement were identified during this inspection.					

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: