

Independent Healthcare Inspection Report (Announced)

Wish Skin Clinic, Port Talbot

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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 Wish Skin Clinic, Port Talbot on 15 July 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 four 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:

Overall, we found that Wish Skin Clinic provided a positive patient experience with a commitment to providing a high standard of care.

Arrangements were in place to promote patients' dignity, privacy and informed choice. Patients were given detailed information about treatments, including the risks, benefits, costs and aftercare requirements, and consent was obtained at consultation and before each treatment.

The clinic also provided information in both English and Welsh, with access to translation support where needed.

The service actively sought and reviewed patient feedback and had made changes in response, such as introducing online booking and offering some evening and weekend appointments.

This is what the service did well:

- Good provision of information about the clinic and services provided
- Pleasant and welcoming environment.

Delivery of Safe and Effective Care

Overall summary:

We found that Wish Skin Clinic had suitable arrangements in place to support the delivery of safe and effective care.

The premises were visibly clean, tidy and well maintained. Appropriate systems were in place for managing health and safety, fire safety, infection prevention and control and the safeguarding of children and vulnerable adults.

We saw that laser equipment was clean, regularly serviced and well maintained. Comprehensive local rules and treatment protocols were in place to support the safe use of the laser equipment.

Staff had received appropriate training, including Core of Knowledge and device-specific training, and suitable eye protection was available for patients and operators.

Records were clear, detailed and securely managed, with regular audits undertaken to support quality improvement.

This is what the service did well:

- The clinic was visibly clean, tidy and well maintained
- Robust arrangements were in place for laser safety.

Quality of Management and Leadership

Overall summary:

We found that Wish Skin Clinic had effective management and leadership arrangements in place.

The registered manager provided clear oversight of the service and demonstrated strong governance through comprehensive record-keeping, policy management, training oversight and compliance with relevant requirements.

There were suitable systems in place for managing complaints, incidents, recruitment, staff training and development.

Policies and procedures were well organised, regularly reviewed and made available to staff, and mandatory training compliance was monitored effectively.

We also saw evidence of appropriate recruitment checks and annual appraisals.

This is what the service did well:

- Effective governance arrangements were in place, supported by comprehensive policies, clear version control and regular review
- Staff training, recruitment checks and annual appraisals were well managed and clearly documented.

3. What we found

Quality of Patient Experience

Patient feedback

Four patients completed a HIW questionnaire about the setting and the care they received. The responses received were very positive, with all four rating the service as 'very good'

Patient comments included:

"Excellent friendly and professional clinic. Immaculately clean. I receive regular maintenance and welcome suggestions from them for better skin care. Highly recommend to friends and family."

"The setting is very very clean and professional. I found all my treatments excellent and have been very happy with the results"

Dignity and respect

No patients attended the clinic during the inspection. However, we did hear staff speaking to clients on the telephone in a friendly and professional manner.

Both treatment rooms at the clinic had lockable doors and external windows were fitted with blinds to promote privacy.

The registered manager said that the doors to the treatment rooms were kept locked during treatment. If patients needed to change, the operator would step out of the room briefly and disposable coverings were available to help maintain patient dignity.

The clinic had a policy in place about the use of chaperones and offered the service to clients for both consultations and treatments.

All respondents to the HIW questionnaire strongly agreed that staff treated them with dignity and respect, and that measures were taken to protect their privacy.

Patient information and consent

A good range of leaflets were provided in the reception area in both English and Welsh about various treatments, including hair removal, red vein removal, tattoo removal, pigment removal, acne and skin rejuvenation. The leaflets detailed how the treatments worked, how they were carried out, suitability, potential side effects, what to expect afterwards and the typical number of treatments required.

Information about the treatments provided were also clearly detailed on the clinic website.

There was a policy in place about consent to treatment and patients were required to electronically sign a consent form at consultation and for every subsequent treatment.

We were assured through examples given that consent would be refused if there was doubt about the ability to provide informed consent.

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

All respondents to the HIW questionnaire said they were given enough information to understand all treatment options, their risk and benefits and the costs involved. All the respondents felt that staff listened to them and answered questions and explained what they were doing throughout the treatment.

The clinic website included a 3-dimensional 'walk through' gallery to enable patients to view the setting and treatment rooms prior to attending the clinic.

Communicating effectively

The clinic had an up-to-date statement of purpose and patient information guide, that were made readily available to patients both at the clinic and on the website.

Patients were able to contact the clinic in person by phone or could book appointments online.

Although staff members did not speak Welsh, a good range of information was provided and displayed in both English and Welsh. Staff had access to a translation service Wales Interpretation and Translation Service (WIST) and could accommodate clients that did not speak English or preferred to communicate in another language.

Care planning and provision

All patients underwent a face-to-face consultation and patch test prior to treatment, with the results documented as part of the patient treatment record. We were told that the consultation included assessing skin type, discussing expectations and the treatments available, the risks and benefits of treatment and potential costs.

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

The patients that responded to the HIW questionnaire all confirmed that their medical history was checked, a patch test was carried out and they signed a consent form prior to treatment.

Equality, diversity and human rights

The clinic had an Equality, Dignity and Human Rights Policy in place for both patients and staff. This included protected characteristics, referred to relevant legislation and directed staff to other policies such as the anti-bullying and harassment policy. All staff at the clinic had undertaken equality and diversity training.

The clinic was located on the ground floor, with level access throughout. Ramp access was available from the street to the front door and we were told that a portable ramp could be provided if additional support was needed to access the premises over the threshold. The ground floor patient toilet was spacious but not designed as an accessible toilet and the registered manager told us that clients were advised of this prior to attendance.

The registered manager described arrangements to assist clients with mobility difficulties, such as height adjustable treatment beds and staff providing assistance as required. A hearing loop was available to assist patients with hearing difficulties.

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

Citizen engagement and feedback

The clinic actively sought patient feedback. Patients were automatically sent an email after each treatment with a link inviting them to submit feedback via an online portal. A quick-response (QR) code was displayed at reception inviting patients to provide online reviews. In addition, a comments box was provided in the waiting area for those without digital access.

The registered manager described how feedback was regularly reviewed and patients contacted if they had any issues or concerns. We were given examples where changes had been made because of patient feedback, such as introducing an online booking system and providing some weekend and evening appointments.

Delivery of Safe and Effective Care

Environment

The premises were visibly clean, tidy and well maintained. The clinic was in a notably 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 and a sanitary disposal unit.

Managing risk and health and safety

The clinic had up-to-date policies and procedures to help maintain the health and safety of staff and patients at the clinic, including a detailed health and safety policy supported by a comprehensive risk assessment.

There was a Building Maintenance policy in place and the registered manager described regular checks to identify any issues and how these would be promptly addressed. We noted that the premises were in a good state of repair, tidy and free from clutter.

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

We reviewed fire safety arrangements and saw that appropriate measures had been put in place. A detailed and comprehensive fire risk assessment had been carried out and was reviewed annually. All staff had undertaken fire safety awareness training and we saw that fire extinguishers were available, with records showing they were serviced regularly. A 'no smoking' sign was clearly displayed.

There was good signage indicating the fire exits to the front and side of the clinic, and 'fire action' notices clearly showing what to do in the event of a fire.

We saw logs showing regular checks of the fire alarm, means of escape, fire extinguishers and signage. Fire drills were carried out every 3 months with records showing who took part and any issues identified.

A first aid kit was readily available with the contents being complete and up to date, and one member of staff had up-to-date training in first aid. In addition, all staff had up-to-date training in basic life support (resuscitation) which was notably good practice for a non-clinical setting.

Infection prevention and control (IPC) and decontamination

We observed all areas of the clinic to be visibly clean and the state of repair enabled effective cleaning. Each treatment room was equipped with hand washing facilities and disposable personal protective equipment (PPE).

There were up-to-date policies in place about Environmental Cleaning and about Infection Control and Sharps Injuries.

Detailed cleaning checklists were used to ensure various areas of the clinic were cleaned appropriately and regularly. The registered manager audited the cleaning checklists on a regular basis.

All staff had undertaken IPC training. We noted that two certificates were due for renewal and updated certificates were provided during the inspection and immediately afterwards.

There were appropriate and secure arrangements for the storage and disposal of clinical waste, including sharps disposal.

The four respondents to the HIW questionnaire rated the setting as 'very clean' and agreed that IPC measures were followed by staff.

Safeguarding children and safeguarding vulnerable adults

The clinic was registered and able to provide laser treatments to patients aged 16 and above but we were told they elected in practice to only treat those aged 18 and above. Staff told us that children were not allowed in the laser treatment room.

We saw that a detailed Child and Vulnerable Adult Protection policy was in place, supported by documents listing contacts for advice and referral and a 'whistleblowing' procedure. Staff had up-to-date training in safeguarding of both children and vulnerable adults, and the registered manager was the safeguarding lead.

Medical devices, equipment and diagnostic systems

The two laser units were in good condition, visibly clean and in line with the HIW registration.

Appropriate signage was displayed outside each treatment room warning against unauthorised access, that lasers were used and protective eyewear was required. The laser units had key switches and the keys were stored securely when the machines were not in use.

Both laser units were regularly serviced and maintained with appropriate records kept.

A contract was in place with a Laser Protection Advisor (LPA) and local rules were seen to be in place and regularly reviewed. Both laser operators had signed the local rules for each unit.

We saw an up-to-date risk assessment, signed by the LPA and reviewed regularly. Each treatment room had a daily checklist to ensure all equipment was in good condition and safe to use.

Suitable eye protection was available for both patients and operators. Different types were available, in line with the local rules and colour coded to aid identification. We were told eyewear was regularly checked for damage during daily cleaning.

Safe and clinically effective care

Both laser operators had appropriate and up to date training in the use of the specific laser units and Core of Knowledge training, in line with British Medical Laser Association (BMLA) guidelines.

Appropriate treatment protocols were in place, which included treatment techniques, parameters and permitted variations and actions to take in the event of an adverse incident. The protocols were regularly reviewed and signed by an appropriate medical practitioner.

Participating in quality improvement activities

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

The clinic had an Evidence-based Practice policy, with stated aims including:

- Maintaining up-to-date knowledge of changes from research and guidance through continuous professional development (CPD) and other means, such as regular reviews of journals
- Sharing information, skills, and clinical experience at regular practice meetings to support colleagues and provide high-quality care.

The registered manager conducted regular audits of the treatment registers and patient records, with the results being discussed as a standing agenda item during staff meetings.

Records management

We saw that a clear and detailed treatment registers were kept for each laser unit. These included patient identification, date and type of treatment, area treated, parameters used and operator details. Details of any expected or adverse effects were also recorded.

We reviewed a sample of patient records and saw evidence of comprehensive information being recorded electronically. Records included patient identification, medical history, consent and consultation forms and treatment history. The records included 'before and after' images of the patient and stored images of the laser machine parameters used (in addition to recording these as text).

The clinic had policies in place about confidentiality and the retention of records, to ensure patient information was stored securely and disposed of appropriately at the end of the retention period.

Quality of Management and Leadership

Governance and accountability framework

The clinic had a small number of staff working under the direction of the registered manager, working closely with the clinic owner.

We found the clinic manager to be very effective, providing a high standard of record keeping, compliance with legislation and staff management.

There was an extensive range of policies and procedures in place, with a colour coded log used to provide an overview showing version control and review dates. Staff were required to sign to confirm policies had been made available to them and that they understood any changes.

An effective electronic system was used to record and monitor staff compliance with mandatory training requirements.

The clinic had an up-to-date public liability and employers' insurance, with the certificate displayed in the waiting area.

We saw that HIW registration certificates were clearly displayed in both English and Welsh.

Dealing with concerns and managing incidents

There was a suitable complaints procedure in place that included a clear process, appropriate timescales for response and contact details to escalate concerns with external bodies. Copies in both English and Welsh were clearly displayed in the reception area, made available on the clinic website and printed copies were available at the reception desk.

Details of any complaints were recorded, including all correspondence. An 'events log' showing brief details was used to give a clear overview of progress and to help identify any recurring issues.

The treatment protocols for each laser unit gave clear instructions about dealing with safety incidents and notification requirements.

We were told that lessons learned from complaints or other incidents were discussed during staff meetings.

Workforce recruitment and employment practices

The clinic had a range of documents to assist with the recruitment of staff, including a recruitment policy, probation period policy, staff induction record and a new starter document checklist.

We saw that appropriate pre-employment checks were required and documented, including identification, right to work, references and checks carried out by the Disclosure and Barring Service (DBS).

We were told that DBS checks were updated every 3 years and staff were required to sign an annual declaration to ensure their continued fitness to work.

Workforce planning, training and organisational development

We reviewed staff training records and saw very good compliance with training requirements.

We saw evidence of annual staff appraisals, which included discussions about staff development and identifying training opportunities.

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: Wish Skin Clinic

Date of inspection: 15 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 identified on this inspection					
		Improvement needed		Standard / Regulation			
1.	Not applicable		Not applicable				
		Service Action:		Responsible officer		Timescale	
		Not applicable		Not applicable		Not applicable	

Appendix C – Improvement plan

Service: Wish Skin Clinic

Date of inspection: 15 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 the inspection. The service is not required to complete an improvement plan.					