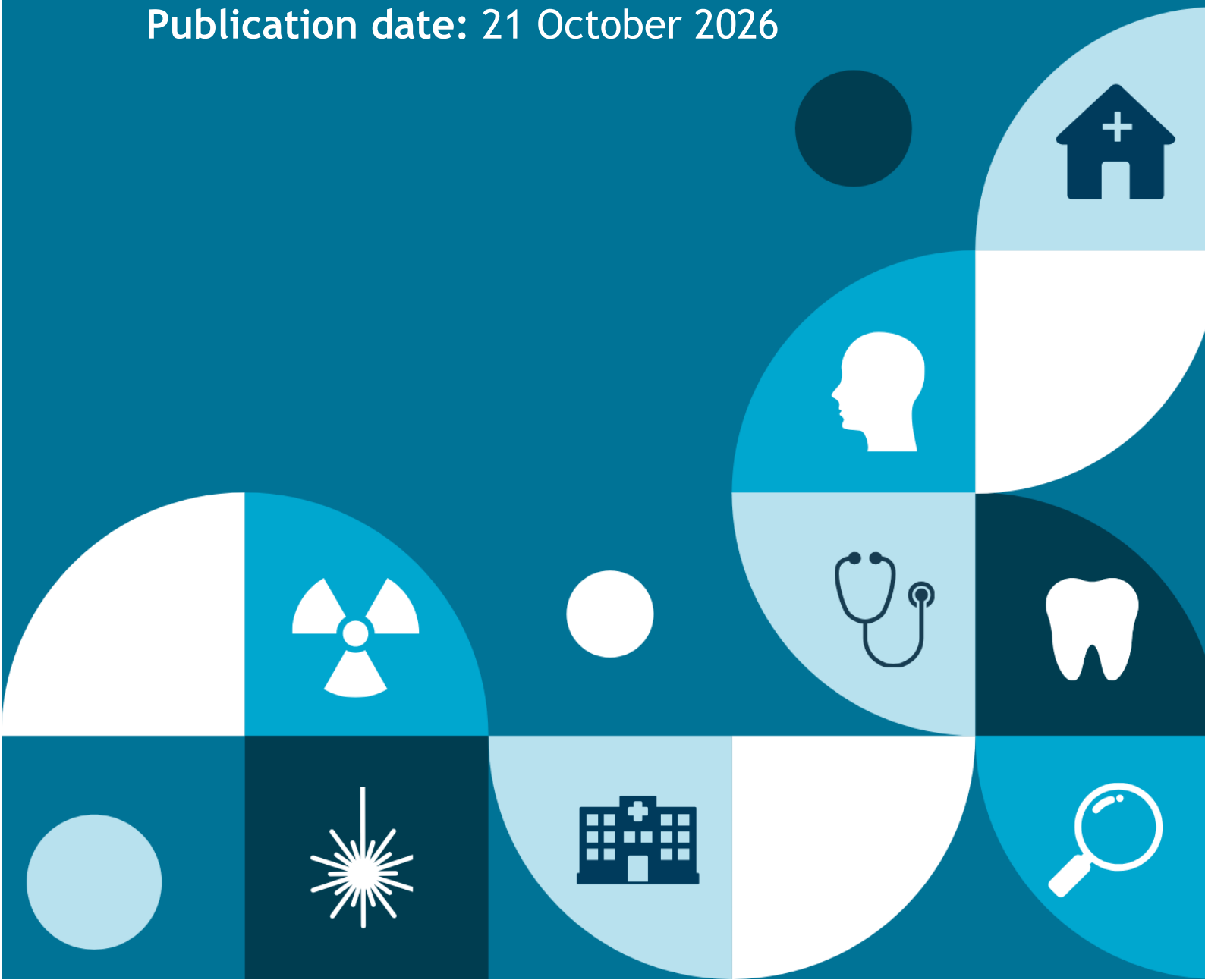


Independent Healthcare Inspection Report (Announced)

Home of Aesthetics and Beauty, Blackwood

Inspection date: 21 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.



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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 Home of Aesthetics and Beauty, Blackwood on 21 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. Only two responses were received and, as a result, the feedback has not been included in this report to preserve the respondent's anonymity.

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 Home of Aesthetics and Beauty was committed to providing a positive experience for patients in a pleasant environment with friendly and professional staff.

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. However, we found that a summary of patients' views had not been included in the Patient's Guide document.

Arrangements were in place to ensure privacy, dignity and confidentiality throughout the patient journey.

This is what we recommend the service can improve:

- The clinic should review and update the Patient's Guide to include a summary of patients' views.

This is what the service did well:

- The clinic was committed to providing a positive experience for patients
- The clinic had a system in place for seeking the views of patients
- Robust arrangements were in place to protect privacy and confidentiality during consultations and treatment.

Delivery of Safe and Effective Care

Overall summary:

The clinic was well maintained and equipped to provide the services and treatments they were 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 and operated in accordance with approved treatment protocols and local rules.

Fire safety systems and health and safety arrangements were regularly reviewed.

However, we found that the laser machine had not been serviced in accordance with the manufacturer's requirements. We also found that the service was not maintaining comprehensive patient records and a treatment register was not being maintained.

Where minor gaps were identified, the service took prompt action and provided evidence that these had been addressed immediately following the inspection.

Immediate assurances:

- The laser machine had not been serviced in accordance with the manufacturer's requirements
- Comprehensive patient records were not being maintained
- No treatment register was being maintained.

This is what we recommend the service can improve:

- The registered manager must undertake a fire safety awareness course
- The registered manager must undertake level 2 Infection Prevention and Control training
- The registered manager must develop and implement a safeguarding policy.

This is what the service did well:

- The clinic and treatment room had been designed and finished to a good standard
- The treatment room was clean, well equipped and fit for purpose.

Quality of Management and Leadership

Overall summary:

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 showing that the registered manager as the authorised user of the laser machine had completed the Core of Knowledge training and training on how to use the laser machine
- The registered manager demonstrated strong commitment to the service and a good understanding of the treatments provided.

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

3. What we found

Quality of Patient Experience

Health promotion, protection and improvement

We confirmed that patients provided comprehensive health and medical histories prior to their initial treatment, which were signed by the patient and countersigned by the laser operator. However, although medical histories were verbally reviewed prior to subsequent treatments, there was no documented evidence to confirm that these reviews had taken place. We advised the registered manager to ensure patients sign a declaration confirming there have been no changes to their medical history before each subsequent treatment which the registered manager agreed to do.

Dignity and respect

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.

Patient information and consent

We were told that 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 were informed that all patients were given a patch test prior to treatment to help determine the likelihood of any adverse reactions. Patients were asked to complete and sign a medical history form at the start of each treatment, prior to patch testing.

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. However, we found that a summary of patients' views had not been included in the patients' guide.

The registered manager must ensure that the patient's guide includes a summary of patients' views.

Comprehensive patient information was available for patients to read, to help them decide about their treatment options as well as details about the service.

Care planning and provision

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.

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.

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 through questionnaires at the end of each course of treatment and via 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 was in place.

Fire safety equipment was available at various locations around the practice. Emergency exits were visible and a Health and Safety poster was displayed.

The clinic had a range of policies and procedures in place, including those relating to fire safety and health and safety. Health and safety and environmental risk assessments were up to date. However, no fire risk assessments were available. We received confirmation immediately following the inspection that fire risk assessments had been developed. However, we identified that the registered manager had not completed fire awareness training.

The registered manager must ensure that fire awareness training is completed.

Infection prevention and control (IPC) and decontamination

We observed all areas of the service were visibly clean.

The registered manager described a range of IPC arrangements. These included a daily cleaning process for the treatment room, which involved cleaning the laser machine, treatment bed, equipment and eyewear prior to each use. However, we found that these arrangements were not documented in a cleaning schedule. We received confirmation immediately following the inspection that detailed cleaning schedules and checklists had been developed and implemented for the treatment room and the clinic as a whole.

We found that the registered manager had not completed level 2 IPC training.

The registered manager must complete level 2 infection prevention and control training.

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 how they would deal with any safeguarding issues. We saw that the registered manager had completed safeguarding level 2 training.

We found that there was no safeguarding adults' policy or procedures in place. We discussed the requirements to have clear procedures to follow in the event of any safeguarding concerns, along with flowcharts and contact details listing the actions required should a safeguarding issue arise.

The registered manager must ensure a safeguarding adults' policy and procedures are developed and implemented at the clinic.

Medical devices, equipment and diagnostic systems

We found that the laser machine had not been serviced in accordance with the manufacturer's requirements. The registered manager advised that they were unaware that the laser machine required routine servicing. Failure to ensure laser equipment is serviced and maintained in accordance with the manufacturer's recommendations means the service cannot demonstrate that the equipment is safe and fit for purpose. This placed people using the service at risk of receiving treatment from inadequately maintained equipment, which may result in ineffective treatment, equipment failure, or avoidable harm.

Our concerns regarding the servicing of the laser machine were dealt with as a non-compliance notice. This meant that we wrote to the clinic immediately following the inspection requiring that urgent remedial action was taken. **Detail of the non-compliance we identified is provided in Appendix B.**

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 operator. 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 was in use to prevent unauthorised access. We

were told that the machine was always kept secure 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 some systems in place to regularly assess and monitor the quality of the service provided. The registered manager routinely sought feedback from patients to help inform service delivery and carried out assessments of risks relating to health and safety and the environment. However, we identified that there was no formal programme of clinical audits in place. We recommend that a structured clinical audit programme be developed and implemented at the clinic.

The registered manager must implement a formal programme of clinical audits.

The registered manager informed us that they had not formally assessed and monitored the quality-of-service provision as required by The Independent Health Care (Wales) Regulations 2011. As a result, the service could not demonstrate that it was routinely evaluating the quality and safety of care provided, identifying areas for improvement, or ensuring ongoing compliance with regulatory requirements. This reduced assurance that governance arrangements were effective and that risks to patients were identified and addressed in a timely manner.

The registered manager must ensure that they assess and monitor the quality-of-service provision and provide HIW with a copy of the annual return.

Records management

We found that the clinic did not maintain a treatment register. Consequently, the clinic was unable to provide evidence of a central record of treatments undertaken, including details required by the regulations.

Failure to maintain a treatment register limited the service's ability to effectively monitor treatments provided, identify trends or concerns and investigate complaints or adverse incidents. This reduced assurance that people using the service received safe and effective care and that accurate records were available to support oversight and continuity of care.

We also found that the service was not maintaining comprehensive patient records.

The absence of a treatment register meant that the registered manager was unable to readily identify and locate patient records when requested. We requested five patient records for review. However, only three of the five patient records requested were available for review. Of these, we were only able to obtain assurance that consent to treatment had been obtained and that a medical history assessment had been undertaken. We did not see evidence that pre-treatment information, post-treatment

aftercare advice, or treatment outcomes had been recorded. In addition, records did not consistently document key treatment information, including the treatment undertaken, laser settings and other relevant treatment parameters, shot counts, or any adverse reactions or side effects experienced by the patient. As a result, the service was unable to demonstrate that accurate, complete and contemporaneous records were being maintained for individuals receiving treatment.

Our concerns regarding patient records were dealt with as a non-compliance notice. This meant that we wrote to the clinic immediately following the inspection requiring that urgent remedial action was taken. **Detail of the non-compliance we identified is provided in Appendix B.**

Quality of Management and Leadership

Governance and accountability framework

Home of Aesthetics and Beauty was run and owned by the registered manager who was the sole laser operator.

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 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 not been any 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 record and manage formal complaints and concerns. At the point of inspection, no complaints had been received by the clinic.

Workforce planning, training and organisational development

We saw evidence that the registered manager as the sole laser operator had completed Core of Knowledge training and laser system-specific training.

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: Home of Aesthetics and Beauty

Date of inspection: 21 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	We found that the laser machine had not been serviced in accordance with the manufacturer's requirements.		
Improvement needed		Standard / Regulation	
1.	The registered manager must ensure the laser machine is serviced and maintained in accordance with the manufacturer's recommendations and retains evidence of servicing for future inspection. The registered manager must also provide HIW with evidence that the laser machine has been serviced.		Regulation 15 (2) Quality of treatment and other service provision Regulation 19 (1) Assessing and monitoring the quality-of-service provision
Service Action:		Responsible officer	Timescale
To get the machine serviced every year and maintain it regularly.		Registered Manager	Completed / ongoing
Findings	We found that the clinic did not maintain a treatment register and was unable to demonstrate that accurate, complete and contemporaneous patient records were being maintained.		
Improvement needed		Standard / Regulation	

2.	The registered manager must ensure a treatment register is maintained for all laser treatments undertaken at the service. The register should include: • patient's name or unique identification number • date of treatment • treatment area • shot count and relevant treatment parameters • type of equipment used • operator's signature • details of any adverse effects or reactions. The registered manager must ensure accurate, complete and contemporaneous patient records are maintained and include consent, medical history, treatment details, treatment parameters, aftercare advice, treatment outcomes and any adverse effects or reactions.	Regulation 45 (2) Use of certain techniques or technology Regulation 23, Records	
Service Action:		Responsible officer	Timescale
Get new recorders to record patient details on register and client record, keeping these up to date for every client		Registered Manager	Completed / 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): Registered Manager

Job role: Registered Manager / Laser operator

Date: 28 July 2026

Appendix C – improvement plan

Service: Home of Aesthetics and Beauty

Date of inspection: 21 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.	We found that the Patient's Guide did not include a summary of patients' views.	The registered manager must ensure that the Patient's Guide includes a summary of patients' views.	Regulation 7 (1) (e) Patients guide	Patient guide will be updated with patient's reviews	Registered Manager	Next 3 months
2.	We found that the registered manager needed to complete fire awareness training.	The registered manager must ensure that fire awareness training is completed.	Regulation 26 (4) (c) Fitness of premises	Training is being looked into	Registered Manager	Next 3 months
3.	We found that the registered manager needed to complete infection prevention and control training.	The registered manager must complete level 2 infection prevention and control training.	Regulation 9 (1) (n) Policies and procedures	Training is being looked into	Registered Manager	Next 3 months

4.	We found no safeguarding vulnerable adults' policy and procedures were in place.	The registered manager must ensure a safeguarding vulnerable adults policy and procedures are developed and implemented at the clinic.	Regulation 16 Safeguarding patients from abuse	Safe guarding policy will be wrote up and filed and hiw sent a copy	Registered Manager	Next 3 months
5.	We found that there was no programme of clinical audits in place.	The registered manager must implement a formal programme of clinical audits.	Regulation 19 Assessing and monitoring the quality-of-service provision.	I will implement clinical audits on clients medical forms, consent forms, cleaning schedule etc	Registered Manager	This will be on going
6.	We found that the registered manager had not assessed and monitored the quality-of-service provision.	The registered manager must ensure that they assess and monitor the quality-of-service provision and provide HIW with a copy of the annual return.	Regulation 19 Assessing and monitoring the quality-of-service provision including annual returns	I will get clients to review my treatments by questionnaire	Registered Manager	This will be ongoing and completed every year

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): Registered Manager

Job role: Aesthetics and Laser Therapist

Date: 16/09/2026