

Independent Healthcare Inspection Report (Announced)

The Little Wren Beauty and Aesthetics Clinic, Caernarfon

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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 The Little Wren Beauty and Aesthetics Clinic, Caernarfon on 14 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 one response was 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 The Little Wren Beauty and Aesthetics Clinic 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.

Patients received comprehensive consultations and were provided with sufficient information to make informed decisions about their care. Arrangements were in place to ensure privacy, dignity and confidentiality throughout the patient journey.

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
- Patients received comprehensive face-to-face consultations before treatment, including discussion of risks, benefits and expected outcomes.
- Robust arrangements were in place to protect privacy and confidentiality during consultations and treatment.

Delivery of Safe and Effective Care

Overall summary:

The Little Wren Beauty and Aesthetics 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 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.

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.

Fire safety systems, health and safety arrangements and risk assessments were comprehensive and regularly reviewed.

The laser machine was appropriately serviced, calibrated and operated in accordance with approved treatment protocols and local rules.

The registered manager and staff were 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.

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

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

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. Recruitment practices supported patient safety, including the use of Disclosure and Barring Service (DBS) checks. Staffing levels were sufficient to meet service needs and relevant training had been completed.

Governance arrangements were effective, with regularly reviewed policies and procedures and appropriate quality monitoring processes in place.

This is what the service did well:

- We saw certificates showing that authorised users of the laser machines had completed the Core of Knowledge training and training on how to use the laser machines
- Patient information was kept securely
- The registered manager demonstrated strong commitment to the service and a good understanding of the treatments provided.

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 and again prior to subsequent treatments.

We confirmed medical histories were signed by the patient and were countersigned by the laser operator.

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

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.

There was evidence to indicate patients were provided with enough information to make an informed decision about their treatment.

We were told 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. We also saw evidence that patients provided an update to their medical history at every follow-up appointment.

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.

We were informed that both laser operators were fluent Welsh speakers, which helped to meet the needs of Welsh speaking patients.

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. However, no separate treatment register was being maintained. The registered manager developed and implemented a treatment register immediately following the inspection.

We reviewed a sample of patient records and found the standard of record keeping satisfactory, 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.

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, and we saw that these had been serviced within the last 12 months.

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 and health and safety. All risk assessments were up to date and subject to regular review. Records showed that fire alarm tests were undertaken routinely and fire drills were carried out every six months. However, we identified that the two laser operators had not completed fire awareness training. We received confirmation immediately following the inspection that both operators had completed the required training.

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 schedule for the treatment room, which involved cleaning the laser machine, treatment bed, equipment and eyewear prior to each use. We saw that both laser operators had received level two IPC 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 both laser operators had completed safeguarding level two training.

A policy was in place to safeguard vulnerable adults. We saw there were 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.

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 both laser operators.

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 was in use in order to prevent unauthorised access. We were told that the machine was 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 systems in place to regularly assess and monitor the quality of the service provided. In line with regulatory requirements, the registered manager routinely sought feedback from patients to help inform service delivery and carried out assessments of risks relating to health and safety, environment and fire. However, we identified that there was no formal programme of clinical audits in place. We recommended that a structured clinical audit programme be developed and implemented. We received evidence shortly after the inspection confirming that a programme of clinical audits had been developed and implemented at the clinic.

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 records were being maintained satisfactorily, 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 satisfactory quality.

Quality of Management and Leadership

Governance and accountability framework

The Little Wren Beauty and Aesthetics 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 record and manage formal complaints and concerns. At the point of inspection, no complaints had been received by the clinic.

Workforce recruitment and employment practices

The registered manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and undertaking DBS checks. We confirmed that all relevant staff had a valid DBS check in place to help protect and safeguard patients.

Workforce planning, training and organisational development

There were enough trained staff to cover the clinic's needs and to provide safe treatment for patients.

We saw evidence that both laser operators 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: The Little Wren Beauty and Aesthetics Clinic

Date of inspection: 14 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 Little Wren Beauty and Aesthetic Clinic

Date of inspection: 14 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: