Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Anja Gosha, Cardiff

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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 Anja Gosha on 18 August 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 11 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 evidence that patients received care in a supportive and respectful environment. Patients who completed the HIW questionnaire were positive, with all respondents rating the service as very good and praising the professionalism and knowledge of staff.

Patients were provided with information about treatments, risks, benefits and aftercare, and we found appropriate consent processes and record keeping arrangements in place. The setting promoted health and wellbeing through personalised advice and signposting.

Arrangements supported privacy, dignity and equality, and patient feedback was gained and reviewed on a regular basis.

This is what the service did well:

- Obtained and documented consent appropriately for all records reviewed
- Provided clear information on treatment options, risks, benefits and aftercare.

Delivery of Safe and Effective Care

Overall summary:

Overall, we found the service had appropriate arrangements in place to support the delivery of safe and effective care. The environment was clean, well maintained and supported the safety and privacy of patients. We found suitable health and safety, fire safety, infection prevention and control, safeguarding and laser safety arrangements were in place.

Equipment had been serviced and maintained appropriately, and patient records demonstrated relevant pre-treatment checks had been undertaken. However, improvements were required to strengthen documentation processes, including recording laser and eyewear checks and implementing a treatment register.

This is what we recommend the service can improve:

- Documented checks on eyewear and the laser machine must be completed prior to treatment
- The setting must implement a treatment register including all the required information.

This is what the service did well:

- Ensured laser equipment was serviced, calibrated and supported by current risk assessments and local rules.
- Maintained secure and comprehensive electronic patient records.

Quality of Management and Leadership

Overall summary:

Overall, we found appropriate management and governance arrangements were in place to support the safe delivery of laser treatments. The service was operated by the registered manager, who demonstrated oversight of the day-to-day running of the setting and maintained a range of policies and procedures that were reviewed regularly.

A suitable complaints process was in place, and evidence was seen of appropriate professional qualifications, DBS clearance and laser training. Although some policies and training records were not available during the inspection, they were provided promptly following the inspection.

This is what the service did well:

- Had a clear and accessible complaints procedure in place
- Maintained appropriate governance arrangements for a single-handed service.

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection we invited the setting to hand out HIW questionnaires to patients to obtain their views on the services provided at the setting. In total, we received 11 completed questionnaires. All respondents to the HIW questionnaire rated the service as 'very good'.

Patient comments included:

> "*Very comfortable setting and is very approachable. Have recommended to friends and family because I am so pleased with the service and have chosen multiple services by her.*"
>
> "*Very knowledgeable and professional, I have been seeing her for years and never had any issues*."

Health promotion, protection and improvement

The setting promoted healthy lifestyles during consultations and as part of aftercare advice provided to patients. Staff discussed Sun Protection Factor (SPF) use following laser treatment and provided advice on alcohol consumption and exercise where appropriate. Patients were also signposted to other services if additional support was considered beneficial. Health promotion information was tailored to individual needs and included advice on suitable treatment options to support the overall health and wellbeing of patients.

Dignity and respect

We were told patients were treated with kindness and respect throughout their care. Although no patients were present during the inspection, staff described how they aimed to provide a welcoming and supportive service. We were told confidential discussions took place within the treatment room, and treatment room doors were kept closed during consultations and treatments. We found the environment supported patient privacy, as conversations could not be overheard from outside the room. Patients who needed to change were able to do so in private within the treatment room before treatment commenced. We were told that chaperones could attend consultations and discussions if requested; however, they were not permitted to be present during laser treatments.

Patient information and consent

We saw the setting had a suitable patient information and consent policy available. We were told at the consultation stage, treatments were explained fully and written consent to treatment was documented with signatures from patients at every visit.

During the inspection we reviewed a selection of five patient records. Signed consent was available for all five patients and evidence was seen of medical histories documented with further checks being completed at each treatment visit. We were told the risks and benefits of treatment were discussed with patients during the consultation process, with further information being provided via email.

All patients who responded to the questionnaire said they had signed a consent form before treatment.

Communicating effectively

We found the setting had a Statement of Purpose (SoP) and patient guide in place, which were available to patients electronically via an iPad at reception. We were told the patient guide was also sent to patients as part of the consultation process and could be provided in paper format on request. Both documents contained the information required by The Independent Health Care (Wales) Regulations 2011.

We were told information could be made available in different formats to meet the communication needs of patients, and translation services could be arranged if required, including for patients wishing to communicate in Welsh.

Patients were encouraged to provide feedback following consultations through the online booking system. We noted there was currently no option for paper feedback available for patients. The registered manager created a paper feedback form whilst on inspection.

Patients without digital access were able to make appointments by telephone and request information in paper format if required.

Care planning and provision

We were told patients underwent a full face-to-face consultation. We were told treatment options, costs, risks, benefits and aftercare requirements were discussed with patients during consultations. Post-treatment advice was provided following each treatment, with aftercare information also sent electronically. Treatment prices were available on the setting's website and discussed before treatment commenced. We

were told patch tests were undertaken before treatment and patient medical history was documented.

All respondents to the questionnaire said they were given a patch test prior to new treatment, and that they were given enough information to understand all the treatment options with risks and benefits.

Equality, diversity and human rights

We found all patients were treated equally and with respect. The setting had a code of professionalism policy and a non-discrimination policy in place, which outlined expectations for treating patients fairly and without judgement. Staff told us discrimination was not tolerated, and patients were protected from discrimination through the setting's non-discrimination arrangements.

We were told reasonable adjustments could be made to support patients accessing the service. For example, the treatment couch could be adjusted to assist patients with mobility needs. We were informed that a lift was available within the premises; however, it was not operational at the time of inspection, and patients would be advised of this in advance of their appointment.

Transgender patients were treated equally and that preferred names and pronouns were discussed and used in accordance with the wishes of the patient.

We noted there was no specific equality and diversity policy in place at the time of inspection, although equality and non-discrimination information was included within other policies used by the setting.

Citizen engagement and feedback

Patient feedback was collected through the setting's online booking system. Feedback was reviewed regularly and used to help inform service improvements. We were given examples of changes made in response to patient feedback, including allowing longer appointment times for certain treatments, scheduling some treatments at the end of the day, and offering weekend appointments where possible to improve accessibility and meet patient's needs.

Information on feedback from patients was made available through the setting's website and social media platforms, allowing patients to view comments about the service.

Delivery of Safe and Effective Care

Environment

We found the premises were clean, well maintained and suitable for the services provided. Furniture, fixtures and fittings were in a good state of repair, and we did not identify any obvious hazards that could affect the safety of patients or staff. The premises were secured against unauthorised access through the building's security arrangements, including controlled entry systems and lockable treatment rooms.

We reviewed documentation relating to the safety of the premises and found evidence that electrical installations had been inspected and tested within the required timescales. Portable Appliance Testing (PAT) had also been carried out to confirm electrical equipment was safe to use. We were told there was no gas supply within the building and therefore a gas safety certificate was not required.

We found appropriate fire safety arrangements were in place. A fire risk assessment had been completed and was subject to regular review by the landlord. Fire detection equipment and fire extinguishers had been serviced and maintained, and records demonstrated that fire drills had been undertaken for the building. Fire safety information was clearly displayed throughout the premises, including fire action notices and fire exit signage. We also found there were adequate means of escape in the event of a fire.

We noted that fire safety training had not been completed by all staff at the time of the inspection. However, evidence was provided shortly after the inspection to confirm this training had been completed.

Managing risk and health and safety

A workplace health and safety risk assessment had been completed and was up to date, helping to identify and manage potential risks within the service.

We were told the registered manager understood their responsibilities in responding to emergencies, including fire and medical emergencies. A first aid kit was available and accessible within the reception area. Records showed that first aid training had been completed, ensuring appropriate knowledge and skills were available to respond to an emergency if required.

Infection prevention and control (IPC) and decontamination

We found the treatment environment was visibly clean, tidy and free from clutter. Furniture, fixtures and fittings were in a good state of repair, which supported effective cleaning and infection prevention and control measures.

We saw personal protective equipment (PPE), including gloves, masks and aprons, were readily available. Hand hygiene facilities were provided within the treatment room, including a sink, liquid soap and paper towels. We were told the treatment room and equipment were cleaned between patients using appropriate cleaning products.

Cleaning schedules were available and had been completed, providing evidence that routine cleaning activities were being undertaken. We reviewed an up-to-date infection prevention and control policy and found appropriate arrangements were in place for the safe disposal of waste. A specialist waste contractor collected clinical sharps waste, while other waste management arrangements were provided through the building landlord.

We noted that evidence of infection prevention and control training was not available during the inspection. However, the registered manager provided this information shortly after the inspection, demonstrating that the required training had been completed.

Safeguarding children and safeguarding vulnerable adults

We found arrangements were in place to help safeguard vulnerable adults using the service. The registered manager, who was the sole practitioner working at the setting, acted as the safeguarding lead and demonstrated an understanding of their responsibilities should a safeguarding concern arise. We were told safeguarding policies were reviewed and updated in response to changes in local and national safeguarding guidance and procedures.

We reviewed an up-to-date safeguarding policy and found it was available to support safeguarding practice. We noted that safeguarding training was not up to date at the time of the inspection. However, evidence was provided shortly after the inspection to confirm the required safeguarding training had been completed.

We were told the service did not provide treatments to children and children were not permitted within the treatment areas. Arrangements were in place to rearrange appointments if a patient attended with a child, helping to maintain a safe environment for all service users.

Medical devices, equipment and diagnostic systems

We found the laser machine at the setting was the same as registered with HIW, and calibration and servicing of the machine was completed in line with manufacturer's instructions. The registered manager had access to a Laser Protection Adviser (LPA) and a current laser risk assessment was available. The risk assessment had been completed in May 2026 and was reviewed annually. Local rules were also in place and

had been reviewed in May 2026. These included details of the laser equipment and treatment room in use, contingency arrangements for incidents or injuries, and evidence that the authorised operator had read and signed the local rules.

We reviewed the documentation available and found no actions had been identified within the most recent risk assessment. Although the LPA had not visited the premises in person, advice had been provided remotely through a review of evidence and photographs of the treatment environment.

Safe and clinically effective care

We found appropriate control measures were in place when the laser was in use, including warning signage on the treatment room door and the use of protective eyewear for both patients and the operator. Due to there being only one staff member, the premises was secured to limit access during treatments.

We requested to see the eyewear used by the operators and patients when providing laser treatments. We were shown eyewear which was available to be used by the operator, and blackout eye covers for the patient. We noted one pair of operator safety glasses were damaged. This was raised to the registered manager, and they were removed from use and disposed of appropriately. An alternative pair of suitable protective glasses was available and in use at the time of the inspection. We were told eyewear was checked prior to treatment; however, there was no documentation available to show this.

The registered manager must document checks being completed on eyewear prior to treatment.

We were told quality assurance checks were being undertaken of the laser machine prior to each treatment such as checking the lens before use. However, this was not documented.

The registered manager must document checks being completed on the laser machine prior to treatment.

The registered manager who operated the laser machine had training in place for the specific machine. We saw evidence in patient records of pre-treatment checks being performed such as patch testing 48 hours before treatment.

Participating in quality improvement activities

We were told the quality of the service was monitored through patient feedback and the review of any concerns raised by patients. Feedback was considered on an ongoing basis and used to identify opportunities to improve the service and respond to the needs of patients.

Records management

All patient records were maintained electronically on the setting's system called 'Fresha' which was a password protected system. This ensured personal information was stored securely and could only be accessed by authorised individuals.

We reviewed a sample of five patient records and found entries were legible and easy to follow. The records included the patient's name, medical history, date of treatment, area treated, shot count, signature of authorising person and adverse effects.

However, we found whilst the setting has information recorded in individual patient files, the setting did not have a treatment register in place for the laser machine.

The registered manager must implement a treatment register and include all information required.

The service had not been operating long enough for records to reach their retention period, but we found the registered manager was able to describe the process for the disposal of records including data retention periods. The registered manager also outlined plans to review records in the future to ensure retention requirements would be met.

Quality of Management and Leadership

Governance and accountability framework

The setting was owned and operated by the registered manager with no other staff members. The registered manager was the sole operator of the laser machine.

We saw the setting's public liability insurance and HIW registration certificates were on display in an area easily seen by patients.

We saw suitable policies and procedures which were reviewed annually. We found some policies were not available on the day of the inspection; however, these were provided to HIW shortly following the inspection.

Dealing with concerns and managing incidents

We saw a suitable complaints procedure in place which included details of the responsible person and timeframes for acknowledgement. Contact details for HIW were also available if a patient felt a resolution could not be found. If a patient wanted to raise a concern, the complaints procedure was available within the setting's patient guide and could be provided on request. We were told by the registered manager that no formal complaints had been received.

Workforce recruitment and employment practices

Due to the registered manager being the owner and only staff member for the laser setting, there was no recruitment policy in place. We were told the registered manager had no plans to hire any staff in the future. We saw evidence of a disclosure and barring service (DBS) being completed for the registered manager and evidence of relevant qualifications for the role.

Workforce planning, training and organisational development

We were told the registered manager managed her own diary and working hours. If appointments needed to be cancelled or rearranged, the registered manager would make contact with patients as soon as possible and explain that their treatment could not go ahead on that day.

On the day of the inspection, we reviewed the registered manager's training records. Although the training records were not available on the day, evidence was sent to HIW the following day of up-to-date training in Core of Knowledge, specific laser equipment training, infection prevention and control, fire safety awareness, health and safety, data protection and safeguarding at the required level. However, there was no system in

place to monitor when training was due to expire. We advised the registered manager to introduce a training matrix to help ensure training remains up to date.

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

Appendix B – Immediate improvement plan

Service: **Anja Gosha**

Date of inspection: **18 August 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	There were no immediate non-compliance issues identified on this inspection.	
Improvement needed		**Standard / Regulation**
1.		
Service Action:	**Responsible officer**	**Timescale**

Appendix C –improvement plan

Service: **Anja Gosha**

Date of inspection: **18 August 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 were told eyewear was checked prior to treatment; however, there was no documentation available to show this.	The registered manager must document checks being completed on eyewear prior to treatment.	The Independent Health Care (Wales) Regulations Regulation 45 (3)	Protective eyewear is checked prior to every laser treatment as a part of pre-treatment safety checks. From the date of improvement plan, this check will also be documented every time the laser is used. The record will be completed within treatment record, alongside the post-treatment reaction section, confirming that the protective eyewear was checked prior to treatment.	Sole Practitioner, Registered Laser Manager	Already implemented-effective immediately from the date of improvement plan

2.	We were told quality assurance checks were being undertaken of the laser machine prior to each treatment such as checking the lens before use. However, this was not documented.	The registered manager must document checks being completed on the laser machine prior to treatment.	The Independent Health Care (Wales) Regulations Regulation 45 (3)	Laser quality assurance checks, including inspection of the treatment lens before use, will be carried out and documented each time laser is used.	Sole Practitioner, Registered Laser Manager	Already implemented
3.	We found whilst the setting has information recorded in individual patient files, the setting did not have a treatment register in place for the laser machine.	The registered manager must implement a treatment register and include all information required.	The Independent Health Care (Wales) Regulations Regulation 45 (2)	A laser treatment register has been implemented to record each occasion on which the laser machine is used. The register records the patient, date of the treatment, operator and treatment area and relevant treatment information. The register is searchable by date, individual patient and treatment type, allowing records of laser use to be readily identified and reviewed.	Sole Practitioner, Registered Laser Manager	Already Implemented

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): Anna Kowalczyk

Job role: Owner, Registered Manager **Date: 5th October 2026**