

Inspection Summary Report

LaserWise Skin & Beauty, Cardiff

Inspection date: 1 December 2022

Publication date: 3 March 2023



This summary document provides an overview of the outcome of the inspection



Overall, we found that LaserWise Skin & Beauty was committed to providing a positive experience for their patients.

We found that staff worked hard to ensure safe and effective care.

We identified regulatory breaches during this inspection regarding the updating of statement of purpose to include full details of laser machines in use. We found that DBS checks for staff were not routinely conducted. Further details can be found in Appendix B. These resulted in the issue of a non-compliance notice.

Note the inspection findings relate to the point in time that the inspection was undertaken.



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 at LaserWise Skin & Beauty Clinic, Cardiff on 1 December 2022.

Our team, for the inspection comprised of two HIW Inspectors

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



Quality of Patient Experience



Overall Summary

We found LaserWise Skin & Beauty Clinic was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the clinic as very good or good.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

Where the service could improve

- The registered manager was required to update the statement of purpose and content of the patient guide to reflect the addition of a new laser machine
- The registered manager was required to notify HIW of changes in laser equipment in writing.

What we found this service did well

- We saw evidence that patients were treated with dignity and respect
- We saw that all reviews and feedback were responded to and acted upon when appropriate.

Patients provided us with the following comments:

“Absolutely brilliant clinic - no complaints at all. Always looked after so well, and thoroughly informed about everything pre and post treatment”

“No improvements needed as the services provided are excellent”

“No improvements to recommend - very pleased with the service received and the environment in which the treatment is undertaken”

Delivery of Safe and Effective Care



Overall Summary

We found that some arrangements were in place to protect the safety of staff and visitors to the premises. We noted that there were some improvements required in this area to minimise risk of harm to staff and patients.

We found the practice to be clean, tidy and clutter free with treatments taking place in rooms that protect dignity and privacy. Staff members were well trained to deliver laser treatments and training records were updated regularly.

Where the service could improve

- The registered manager must complete an updated environmental risk assessment that reflects changes and extension of the practice
- The registered manager must complete an updated fire risk assessment that reflects changes and extension of the practice.

What we found this service did well

- Patient records, medical history and consent was securely stored, updated at every treatment and information shared with patients
- Lasers machines in use at the practice were serviced and maintained appropriately to ensure safe treatment.

Quality of Management and Leadership



Overall Summary

We found the registered manager was patient focused and had appropriate skills and knowledge to deliver safe treatments to patients.

We saw evidence of regular, minuted team meetings. We saw that appraisals were undertaken once per year and staff were encouraged to undertake further relevant training to develop their careers. However, we noted that some improvements were required.

Where the service could improve

- All staff had not received an enhanced DBS check prior to appointment. This meant that the setting was at risk of employing unsuitable individuals to work with vulnerable groups.
- All policies regularly reviewed and updated
- Writing an annual report relating to assessing and monitoring the quality of the service provision would ensure compliance with regulation 19 (3) of the Independent Healthcare Regulations (Wales) 2011.

What we found this service did well

- Team meetings were held regularly and notes shared
- Concerns and feedback information was documented and acted on to drive improvement.

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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition, we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

