

Independent Healthcare Inspection Report (Announced)

Alida Laser, Barry

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In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

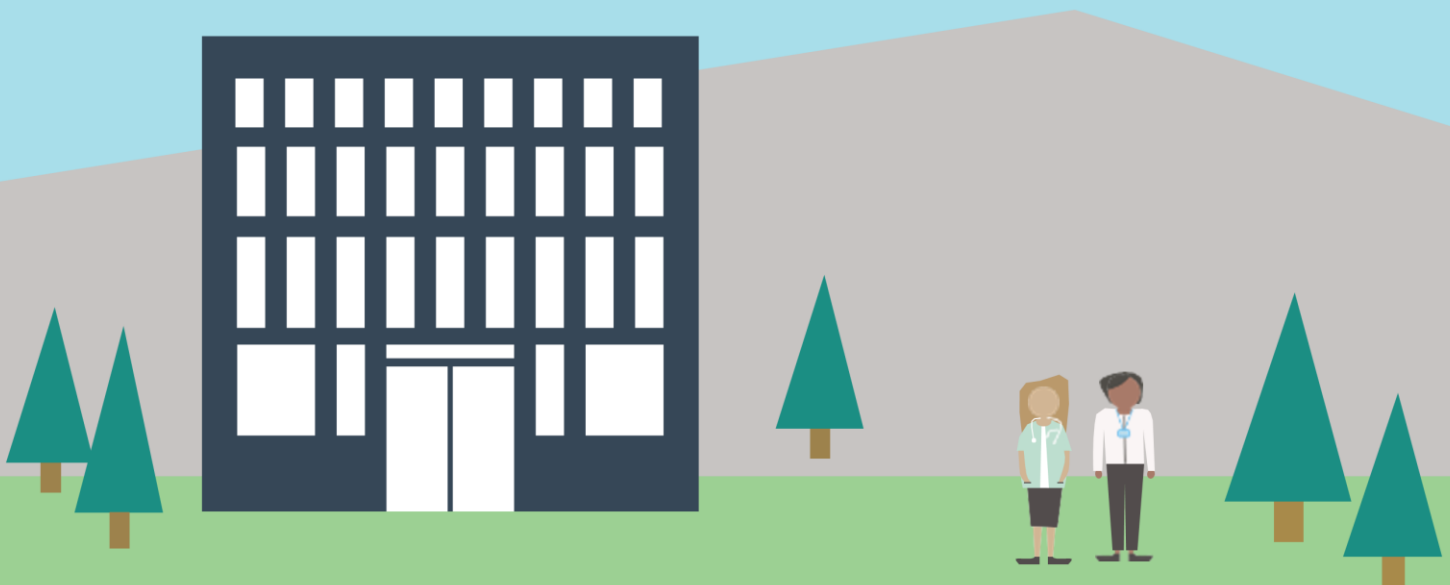
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	9
• Quality of Patient Experience	9
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership	15
4. Next steps	17
Appendix A - Summary of concerns resolved during the inspection.....	18
Appendix B - Immediate improvement plan	19
Appendix C - Improvement plan	22

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 at Alida Laser, Windsor Lofts, Romilly Road, Barry, CF62 6FG on 13 June 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors.

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

This (full) report 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.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Alida Laser was committed to providing a positive experience for patients in a pleasant environment. The treatment room was clean and tidy and ensured that patient's privacy and dignity was always maintained.

Patients were provided with adequate information both pre and post treatment to enable them to make an informed decision. However, recording that this advice was given was missing in some records.

Aside from posting online and social media reviews there were no provisions for obtaining, reviewing and analysing anonymous patient feedback.

Facilities were not accessible to patients with mobility access requirements.

Immediate assurances:

- Comprehensive patient records were not being kept; pre-treatment check lists and changes to patient medical circumstances were left blank, dates were incomplete and patient consent to follow-up treatments were not countersigned as required.

This is what we recommend the service can improve:

- Advise prospective patients that access to clinic involves steep stairs with no lifts available therefore not suitable for people with mobility issues
- Provide a copy of the patients' guide to all patients at initial consultation stage
- Amend patients' guide section to clarify treatment pricing structure and availability of offers
- Actively seek, record and review patient feedback by providing anonymised forms in the clinic.

This is what the service did well:

- Treating patients with dignity and respect
- Premises clean and tidy with comfortable reception area.

Delivery of Safe and Effective Care

Overall summary:

Suitable arrangements and policies were in place for safeguarding of vulnerable children and adults and chaperones were permitted to attend where necessary.

The clinic was clean and tidy however there were no cleaning schedules and only a rudimentary infection control policy in place.

The IPL machine had been recently serviced by the manufacturer, the clinic had up-to-date Local Rules and there was a current Laser Protection Advisor (LPA) contract in place. However, medical treatment protocols were not available. Additionally, whilst the building was well maintained, the annual fire extinguisher service inspection had not been conducted, up to date first aid training had not been completed and some first aid equipment was out of date.

Immediate assurances:

- Medical treatment protocols required for the use of lasers was not available during the inspection
- Fire extinguishers had not been subject to the required annual maintenance inspection by a competent person.

This is what we recommend the service can improve:

- Regular checks of first aid kit to be implemented with missing and/or out-of-date items replaced
- Separate IPL register recording all treatments provided using the machine instead of being logged in individual patient files
- Infection control policy requires more detail, including hand hygiene, housekeeping and cleaning regimes
- Cleaning schedules to be kept detailing items, areas, frequency and be signed as confirmation
- Records storage cupboard to be kept locked and keys removed when unattended by registered manager.

This is what the service did well:

- Premises appeared well maintained with fire risk assessment in place, five yearly electrical wire testing and Portable Appliance Testing (PAT) recently conducted and valid
- Treatment room and reception area appeared clean and tidy

Quality of Management and Leadership

Overall summary:

Although enthusiastic and knowledgeable about the work and towards clients, the registered manager did not have a good understanding of the regulations or the importance of comprehensive record keeping.

Policies had been reviewed and signed by the registered manager but some required greater detail having regard to the size of the establishment, the statement of purpose and the needs of the patients.

There was a complaints procedure within the statement of purpose and the patient guide but this was not readily visible to patients and there were no complaint forms available if required.

This is what we recommend the service can improve:

- Produce a separate complaints procedure to be made available for patients within the treatment room. To include greater detail of process and timeframes following acknowledgement of receipt.

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

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received only two completed questionnaires.

Comments provided by patients on the questionnaires included:

"Amazing service, fully informed about procedure."

"...an absolute pleasure to visit..."

Dignity and respect

We saw that Alida Laser had just one treatment room situated on the first floor. We found the room to be clean, tidy, and uncluttered. The room had a lockable door where patients could change in privacy. Towels were provided for patients to use throughout treatments to protect dignity.

Chaperones were not typically offered by the service, however chaperones were permitted to attend for patients with cultural sensitivities or language issues.

Communicating effectively

The registered manager provided us with hard copies of the clinic statement of purpose and patients' guide. The statement of purpose was compliant with the regulations. The patients' guide did not contain all the necessary information as required by the regulations and therefore required review. Notably, the patients' guide did not contain a summary of an appropriate complaint procedure, nor a summary of patient views. Additionally, the guide did not reference clear guidelines for payments for treatments. There was, however, a separate price list printed and available in the reception area and treatment room.

We recommend that the service update the patients' guide to ensure compliance with the regulations and make this readily available to patients within the clinic.

We were told by the registered manager that any patient queries could be sent via email or telephone.

The clinic did not have any Welsh speaking staff but suggested if there was any need for Welsh medium services, translation could be provided. However, there was no offer of this provision within their documentation.

We recommend that the service considers how it would best meet the individual needs of patients who may wish to communicate through the medium of Welsh.

Patient information and consent

The registered manager informed us that patients were provided with detailed verbal information both pre and post treatment to ensure they could make an informed decision about their treatment.

The clinic used patient treatment forms supplied by their IPL supplier which recorded medical history, test patch agreement, treatment details and to obtain consent. Whilst the initial consultation was signed by the patient giving consent, subsequent follow-up treatments were not. Space was available within these patient treatment records to note any changes to medical condition or adverse effects suffered since the previous treatment although were not completed.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

Care planning and provision

The registered manager informed us that all patients undergo a face-to-face consultation and patch test prior to agreeing to treatment. This is undertaken at the consultation appointment and is documented in the patient treatment record along with the patient's medical history.

During the inspection, we reviewed a sample of five patient records. These were available in hard copy but were not completed fully. Furthermore, ongoing consent by way of a signature was not completed.

We asked to see the IPL treatment register as required by the regulations. The registered manager informed us that they did not have one as it was contained within the individual patient's records, as supplied by their IPL supplier. It was noted these entries had not been signed by the IPL operator. We instructed the registered manager that the operator signatures must be recorded to confirm the IPL parameters were correct and who had applied them.

We recommend that the registered manager maintains a register recording each occasion IPL treatments are provided, which is specific to the machine rather than being separated into individual patient files.

Equality, diversity and human rights

We were assured that the clinic was an inclusive environment irrespective of any protected characteristic. We were assured that the human rights of transgender patients would be actively upheld.

The clinic lacked any level wheelchair access from the street and the treatment room was on the first floor with no lift provided. There is no reference to either access issue within the clinic's literature.

We recommend that the clinic ensure the access issue is included in the statement of purpose and patients' guide and be communicated to patients with mobility issues on initial contact.

Citizen engagement and feedback

We were told by the registered manager that patient feedback would be noted on the patient's treatment record at the time of treatment as a way of monitoring the quality of service provided. As an alternative patients could provide feedback about the service via online reviews and social media. There was no provision at the time of the inspection for patients to give reviews anonymously.

We recommend that the clinic make anonymous feedback forms available within the treatment room and/ or reception area.

Delivery of Safe and Effective Care

Managing risk and health and safety

The clinic had a number of up-to-date policies and procedures in place to help maintain the health and safety of patients at the clinic.

Portable Appliance Testing (PAT) stickers were visible on all relevant appliances and had been recently tested.

The clinic had an up-to-date fire risk assessment, and we were advised that a fire safety inspection had recently been conducted. However we saw that fire extinguishers present had not been serviced within the last 12 months and were not affixed to the wall.

Our concerns regarding this were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

We were told that the clinic did not have a gas supply. The most recent Electrical Installation Condition Report (EICR) was last been carried out in September 2020 and will therefore require retesting in September 2025.

We saw a current medical emergency action policy.

The registered manager described suitable procedures to follow in the event of an emergency and confirmed that they had undertaken first aid training. However, as the first aid training was not recent, we advise the registered manager to consider undertaking a first aid refresher course.

We saw that a first aid kit was available but found that some of its contents had exceeded their expiry dates and were therefore not fit for purpose.

We recommend the out-of-date materials in the first aid kit are replaced and that a system is put in place to regularly check for out of date first aid materials in future.

Infection prevention and control (IPC) and decontamination

Our observations of the clinic found the environment to be visibly clean and tidy. The registered manager verbally explained the clinical cleaning processes for herself, the equipment and treatment room. We also saw that the clinic had an IPC policy in place, however this was extremely brief and did not contain sufficient detail to indicate hand hygiene expectations, areas to be cleaned and frequency,

for example. Additionally, there were no cleaning schedules used to document that these activities were being carried out as necessary.

We recommend that the service update their IPC policy to include greater detail including standards expected, the processes and frequency. Also, we recommend the service implement a cleaning schedule to evidence that the cleaning policy is complied with.

A suitable waste disposal contract was in place for the removal of clinical waste.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 18 years old. Our conversations with the registered manager and review of patient records indicated that this condition was complied with.

Children were only permitted in reception area and had to be accompanied by another adult whilst treatment was being carried out.

We found compliance with training in the safeguarding of children and vulnerable adults with training completed in February 2022 and that a safeguarding policy was in place and had been reviewed in February 2022.

Vulnerable adults were assessed at consultation stage via in-depth questioning and review of declared medication. Any concerns would be deferred pending receipt of a doctor's letter and require the patient to be accompanied by a responsible adult.

Medical devices, equipment, and diagnostic systems

The service was registered to provide hair removal and skin rejuvenation treatment using a Lynton Excelight IPL machine.

The registered manager produced evidence of device-specific operator training and up-to-date Core of Knowledge training.

The registered manager provided evidence of a continuous contract with a Laser Protection Advisor (LPA) as required under the Independent Health Care (Wales) Regulations 2011, to provide expert safety advice on the day-to-day operational use of the IPL machine at the clinic. The Local Rules had been reviewed in December 2022.

The clinic did not have valid medical protocols available as required by the regulations but instead crib sheets were tendered as indicating compliance. We observed that the Local Rules indicated protocols had been drawn up however the registered manager was unable to provide a copy. Therefore, we were not assured that the IPL operator was suitably aware of correct procedures in event of

an emergency. A digital copy was subsequently obtained following contact with the provider.

Our concerns regarding this were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

We saw evidence on the day of inspection of a recently completed full service and calibration of the IPL machine present at the clinic along with past servicing records.

Safe and clinically effective care

The eyewear in place at the clinic on the day of inspection was as recommended in the Local Rules and appeared in good condition.

The treatment room had a lockable door to which a laminated sign was fixed indicating that the room contained an IPL machine.

There is only one named operator of the IPL machine at the clinic. We saw that the keys to the IPL equipment were kept in the possession of the registered manager when not in use.

Participating in quality improvement activities

The registered manager indicated that as part of her own continuous professional development she was undertaking a course in anatomy, physiology and pathology. It is anticipated that this may improve knowledge about the functions of the human body.

Records management

Patient records were being stored securely however the registered manager admitted the keys were often left in the lock. This meant there was a risk that unattended patients could gain access to confidential information.

We recommend that the service ensure that the records storage is locked, and keys removed when unattended by staff.

Quality of Management and Leadership

Governance and accountability framework

Alida Laser is owned by the registered manager who is also the authorised IPL operator. There are no other persons employed by the clinic. Our observations of the clinic found that the current HIW registration certificate and associated schedule containing the conditions of registration were not on display as required by the regulations.

We recommend that the service affix both these documents in a conspicuous place within the clinic.

The registered manager informed us that they did monitor and assess the clinic on a continual and ad hoc basis. This was undocumented and therefore we were not provided with evidence of any annual audits undertaken as required by the Independent Health Care (Wales) Regulations 2011.

We recommend that the clinic puts in place a procedure for ensuring continual evaluation and improvement where necessary as set out in regulation 19 of the Independent Health Care (Wales) Regulations 2011.

Although enthusiastic and knowledgeable about her work and towards patients, the registered manager did not demonstrate a full understanding of the governance requirements, in particular regarding robust structured policy documents, an effective feedback and complaints process and a quality evaluation and improvement procedure as indicated above.

Given these areas for improvement, consideration should be given to putting effective arrangements in place to ensure compliance with relevant regulations and standards. HIW would expect to see evidence of a notable improvement in these matters at the next inspection.

Dealing with concerns and managing incidents

The clinic had a rudimentary written complaints procedure available within the statement of purpose and patients' guide. These indicated that there will be a documented complaint procedure available for patients to read and follow and that complaints forms are available. However, neither were visible on our inspection. Additionally, it stated 'the complaint procedure will outline the other avenues [of complaint] such as the HIW.' The registered manager was unable to clarify, what other avenues of complaint were available other than those stated.

To assist patients in making a complaint, we recommend making a separate complaints procedure and appropriate forms available in the clinic. We also recommend removing the ambiguity of 'other avenues available' if it cannot be stipulated what they are.

We were told that complaints can be raised by email or in writing and would be dealt with promptly by the registered manager in the first instance, including an acknowledgement of receipt within 48 hours. It was indicated that issues would be resolved by changing the equipment settings or offering discounts on further treatments, neither of which are set out in the procedures. We were told that complaints would be recorded within the patient's records and logged in a complaints book. The registered manager also proposed to introduce a complaint register for verbal complaints. However, as no complaints had been received to date, we were unable to assess and verify the complaints documentation process at the time of the inspection.

Workforce recruitment and employment practices

We were provided with a current and clear Disclosure and Barring Service (DBS) check for the registered manager. As the only person employed at the clinic is the registered manager there were no workforce recruitment or employment practices in relation to employees.

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 summaries 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: Alida Laser

Date of inspection: 13 June 2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The registered manager must provide written assurance to HIW that:</p> <ul style="list-style-type: none"> In the future, all required entries on patient records, including ongoing medical history checks and patient consent, are completed fully and correctly, and are signed by the patient and IPL operator as correct. 	Regulation 23(1)(a) of the Independent Health Care (Wales) Regulations 2011	As of 14/06/23 All client record cards will be fully complete, this will include Client signature that there have been no changes in medical history and are happy to consent to treatment. I, as sole operator will also sign each record card.	Kim Macey	With effect from 14/06/23 and ongoing.
<p>The registered manager must provide written assurance to HIW that:</p> <ul style="list-style-type: none"> They have read and understood the current medical treatment protocol 	Regulation 45(1) of the Independent Health Care (Wales) Regulations 2011	The current treatment protocol received by my Laser Protection Advisor on 13/06/23 has been read by Me. There are no changes	Kim Macey	Electronically version available 13/06/23. Printed version available by 27/06/23 Read and reviewed and confirmed NO changes to

<p>prior to conducting further treatments to patients.</p> <p>A copy of the most current up-to-date medical treatment protocol for the laser machine will be available at the clinic all times.</p>		<p>in these protocols to those of which I have been using. I have saved an electronic version which can be reviewed by anyone as required.</p> <p>A printed version will be available in the clinic by 27/06/23.</p>		<p>existing protocols by 14/06/23.</p>
<p>The registered manager must immediately arrange for:</p> <ul style="list-style-type: none"> All fire extinguishers in the building to be serviced and relevant inspection labels put in place before conducting further treatments to patients. 	<p>Regulation 26(4)(a) of the Independent Health Care (Wales) Regulations 2011</p>	<p>A fire extinguisher inspection has been arranged for 28/06/23.</p> <p>Emailed evidence has been provided.</p>	<p>Kim Macey</p>	<p>28/06/23</p>

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): Kim Macey

Job role: Registered manager

Date: 20 June 2023

Appendix C - Improvement plan

Service: Alida Laser

Date of inspection: 13 June 2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must provide a copy of the patients' guide to all patients.	Regulation 7(2) of the Independent Health Care (Wales) Regulations 2011	The Clinic does not have any patients however a "Patients" guide will be handed out at the initial consultation stage.	Kim Macey for all improvement areas	Completed and ongoing
The registered manager must ensure patients guide contains all necessary information as set out in the regulations. Particular attention must be paid to: <ul style="list-style-type: none"> • Cost of courses of treatment. 	Regulation 7(1)(b) of the Independent Health Care (Wales) Regulations 2011	The Client guide will be updated to reflect costs, these fluctuate and so the Client guide will refer Clients to the website for the		Completed

<ul style="list-style-type: none"> • Availability of offers. • As minimum, guide should signpost patients to the separate price list available in clinic. 		<p>most up to date costs and offers with a link provided.</p> <p>Also printed costs are freely available at the reception desk and in the clinic room and were at the time of inspection.</p>		
<p>The registered manager must ensure that patients individual needs and accessibility requirements are considered and, wherever possible, reasonable adjustments are put in place. This should include:</p> <ul style="list-style-type: none"> • Information contained within the patients guide to notify patients of the access requirements including inside the clinic. 	<p>Regulation 15(1a) The Independent Health Care (Wales) Regulations 2011</p>	<p>The statement of purpose will be updated to reflect accessibility at the clinic. There are no additional accessibility options available within this clinic. There are stairs into and out of the building, there is also a lane access, however stairs lead up to the clinic room. As the IPL machine cannot be used anywhere else it will be the managers responsibility to try and ensure accessibility is mentioned at the time of bookings.</p>		<p>Completed</p>
<p>The registered manager must produce a separate complaints procedure to be made available for</p>	<p>Regulation 24 of the Independent Health Care</p>	<p>The Client guide will refer them to the accessibility of a full complaints procedure guide</p>		<p>Completed</p>

<p>patients within treatment room. To include full detail of complete process.</p>	<p>(Wales) Regulations 2011</p>	<p>available within the clinic. A new and separate complaints procedure will be written up, printed and kept available in clinic for Clients. The existing complaints procedure will be updated with more detail, printed, and kept in the clinic room and mentioned in the Client guide at initial consultation.</p>		
<p>The registered manager must actively seek, record and review customer feedback by providing anonymised forms in the clinic.</p>	<p>Regulation 19(e) of the Independent Health Care (Wales) Regulations 2011</p>	<p>Forms will be created and kept at reception for use by all. There are also google reviews which can be viewed at any time by HIW and the clinic, these are reviewed instantly they are recorded as notifications of one being written is automatically sent to the clinic. There have been no negative feedback to date or areas where it should be considered to change current procedures at clinic.</p> <p>A process will be written clearly indicating the process of</p>		<p>Already in progress however a form will be set up to note when reviews are completed.</p>

		reviewing feedback and regularity and next steps based on that feedback.		
The registered manager must replace any out-of-date materials in the first aid kit and implement a system to ensure the first aid kit always has all contents within their expiry date.	National Minimum Standards for Independent Health Care Services in Wales, Standard 22 Health and Safety (First Aid) Regulations 1981	A totally new first aid kit has been purchased and is at clinic.		Completed
The registered manager to consider completing an up to date first aid training course (refresher training)	National Minimum Standards for Independent Health Care Services in Wales, Standard 22	There is another person in Clinic that has first aid training and so whilst the registered manager looks into making arrangements to attend a course at some point in the future, will endeavour to conduct treatments when that person is on site.		11/08/23

	Health and Safety (First Aid) Regulations 1981			
<p>The registered manager must maintain a register recording each occasion IPL treatments are provided:</p> <ul style="list-style-type: none"> It is recommended that the register be specific to the device rather than being separated into individual patient files. 	Regulation 45 (2) of the Independent Health Care (Wales) Regulations 2011	This has been kept on a spreadsheet since 29/06/23 and is updated weekly as a minimum.		Already in progress
<p>The registered manager must review the infection control policy to ensure it complies fully with the regulations:</p> <ul style="list-style-type: none"> It is recommended that it contains more detail to include hand hygiene, cleaning regimes, frequency, how and with what, 	Regulation 9 (1)(n) of the Independent Health Care (Wales) Regulations 2011	This is relevant to one room where the IPL device is used. The surface cleaning is conducted after every single Client visit. This includes wiping all surfaces and machine parts with Clinell wipes. In addition, the room is thoroughly cleaned to include floor weekly, or more often if required. A schedule will be documented with full details		11/08/23

recorded with schedules kept etc.		of areas and items cleaned and updated and completed every working day.		
The registered manager must ensure cleaning schedules are kept detailing items, areas, frequency and be signed as confirmation	Reg 15 (8) of the Independent Health Care (Wales) Regulations 2011	Please see above		11/08/23
The registered manager must implement put in place a procedure for ensuring continual evaluation and improvement where necessary	Reg 19 of the Independent Health Care (Wales) Regulations 2011	A process will be written detailing the review of anonymous feedback forms, the notes written at every visit on the record cards and google reviews to update and improve any area of the clients' experience if necessary, and complaints. This can be sent to HIW annually		11/08/23
The registered manager must ensure that the records storage is locked, and keys removed when unattended by staff.	Regulation 23 (2) of the Independent Health Care (Wales)	Completed and ongoing		Completed and ongoing

	Regulations 2011			
The registered manager must ensure that they have in place a policy to provide information in Welsh to patients.	Regulation 9(1) (g) of the Independent Health Care (Wales) Regulations 2011	It is considered by the Clinic that if there is a lack of understanding of any language then it is a risk to perform any treatments. The registered Manager will, however, update the policy to reflect this.		11/08/23
The registered manager must ensure HIW certificate of registration and associated schedules are affixed in a conspicuous place.	Regulation 28, Care Standards Act 2000	This will be completed		11/08/23

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): Kim Macey

Job role: Manager

Date: 09/08/2023