

Independent Healthcare Inspection Report (Announced)

La Belle Skin & Beauty, Cwmbran

Inspection date: 06 September 2023

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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:

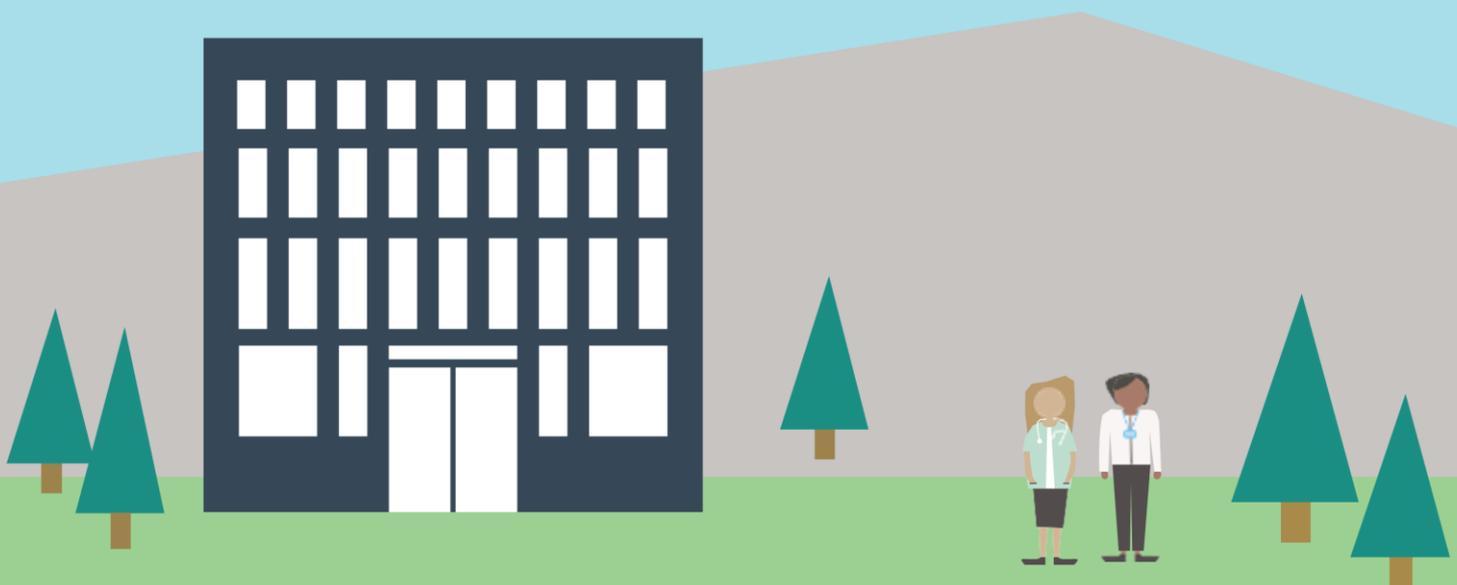
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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.



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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 La Belle Skin & Beauty, 47 Llandowlais Street, Cwmbran, NP44 7HE on 06 September 2023.

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

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 six were completed. 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.

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 La Belle Skin & Beauty was committed to providing a positive experience for patients in a pleasant environment. The treatment room was tidy and ensured that the privacy and dignity of patients 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 from some patient records.

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

Facilities were not accessible to patients with mobility access requirements.

Immediate assurances:

- Comprehensive health care records to be maintained in relation to each patient.

This is what we recommend the service can improve

- Review and update the patients' guide to ensure compliance with the regulations and make this readily available to patients within the clinic
- Implement a register recording each occasion Intense Pulsed Light (IPL) treatments are provided, which is specific to the IPL machine
- To provide patients with written aftercare guidance as standard practice.

This is what the service did well:

- Treating patients with dignity and respect
- Enthusiastic, friendly and experienced operator.

Delivery of Safe and Effective Care

Overall summary:

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

We found the fire extinguishers had been serviced within the last year and fire alarms were checked and logged monthly. Fire risks were identified and recorded however a more effective fire risk assessment was required.

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, up to date medical treatment protocols were not readily available.

Immediate assurances:

- Registered manager to complete up to date first aid training course
- Update of Infection Prevention and Control (IPC) policy requiring greater detail
- Service to commence the use of a cleaning schedules
- Up-to-date medical protocols required and to be read and understood by the IPL operator.

This is what we recommend the service can improve

- Fire drills to be scheduled, conducted, and recorded
- Daily IPL machine checks to be recorded
- Replace damaged IPL machine handpiece
- Operator to take training specific to IPL machine used
- Clinic to put in place procedures for continual evaluation and improvement as set out in the regulations.

Quality of Management and Leadership

Overall summary:

La Belle Skin & Beauty is owned by the registered manager who is also the authorised IPL operator. There are no other persons employed at the service.

Although enthusiastic and experienced about the work and engaging and friendly towards clients, the registered manager did not demonstrate a good understanding of the governance requirements, in particular regarding the regulations or the importance of comprehensive record keeping.

There was a complaints procedure within the statement of purpose and the patients' guide, however all policies required greater detail.

Immediate assurances:

- Prepare and implement written policies and procedures in accordance with the regulations.

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 clinic to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received six completed questionnaires.

Some of the comments provided by patients on the questionnaires included:

"The most professional service provided."

Dignity and respect

We saw that La Belle Skin & Beauty had one treatment room situated on the first floor. The stairs were narrow and steep and likely to present a significant challenge to patients with mobility issues. We found the room had blinds fitted and a lockable door where patients could change in privacy. Towels were provided for patients to use throughout treatments to protect dignity.

Chaperones were not offered by the service however they were permitted to attend on request.

Communicating effectively

The registered manager provided 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 patient feedback, there were no contact details for the office of the registration authority, nor details of how the latest HIW report can be obtained. Additionally, the patients' guide was missing terms and conditions in respect of services to be provided including clear guidelines for payment for treatments. There was, however, a separate price list printed and available in the reception area and treatment room, which could be signposted within the guide. An alternative copy of the patients' guide was provided which did contain the HIW contact details however these details were outdated and no longer valid.

The registered manager must review and update the patients' guide to ensure compliance with the regulations and make this readily available to patients within the clinic.

The clinic did not have any Welsh speaking staff and had no provision for translation services if requested. However, they did state that, to date, they had not been asked for services in the medium of Welsh by any patient.

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

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 records.

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.

During the inspection we reviewed a sample of five patient records. There were individual patient notes available which recorded patient medical history, test patch agreement and treatment details. However, there were no entries made recording the shot counts administered with the IPL machine, and one record had no IPL settings recorded at all.

A signature was obtained at each treatment, but it was unclear if this related to patient consent, or to changes in patient medical condition. It was pointed out that any question regarding changes in medical condition would also require a written response, and not just a signature. We considered the detail in the patient records to be insufficient and required improvement.

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 patients were provided with detailed information about their treatment during the initial consultation to ensure they could make an informed decision. We were told that aftercare guidance would be given verbally, and that written guidance would be provided if requested. We found no record of this within the patient records, but the registered manager advised that finding the guidance notes within the patients file served as confirmation that the patient had been given the information.

We recommend the registered manager provides patients with written aftercare guidance as standard practice.

Equality, diversity and human rights

We were assured that the clinic was an inclusive environment irrespective of any protected characteristic. We were told that the human rights of transgender patients would be upheld and that they try to arrange appointments on quieter days to avoid patient crossover, if required. This ensures the privacy of the patient on arrival and departure.

Citizen engagement and feedback

We were told that patient feedback was obtained verbally, via Google reviews, and through their online booking system prompts, and that this was analysed to identify points for improvement. We were advised that the clinic uses a feedback box at Christmas time as that was their busy period.

We recommend that the registered manager always 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

We found that the wiring in the premises had been inspected within the last five years. Portable Appliance Testing (PAT) stickers were visible on all relevant appliances within the treatment room, however electrical appliances in the kitchen and downstairs salon had not been tested. Significantly, these rooms were along the designated fire escape route which we considered to be a clear risk to patient safety. We required the registered manager to arrange for PAT testing to be conducted on all relevant appliances. We received confirmation that the PAT testing had been conducted the following day.

We saw a list of potential fire hazards had been identified, however, these had not been appropriately considered and mitigated to formulate an effective fire risk assessment. We were not assured that appropriate actions had been taken to protect patients from potential fire hazards. We required the registered manager to arrange for an up-to-date fire risk assessment to be conducted. We received confirmation that a fire risk assessment had been completed the following day.

We found a contract in place for servicing the fire extinguishers, with the next inspection due in 2024. However, we were told that neither the clinic, nor the co-tenants conducted fire drills at the premises.

We recommend the registered manager implements a system for fire drills to be scheduled, conducted, and recorded to ensure occupants are aware of the procedure to follow in the event of a fire.

We were shown a logbook which evidenced that fire alarms were checked monthly. However, the registered manager told us that she had not completed fire safety awareness training. We requested that the registered manager complete this training as a matter of urgency to acquire suitable fire prevention knowledge. We received confirmation that fire safety awareness training had been completed on the day of the inspection.

We saw that a first aid kit was available with all contents present and in date. The registered manager confirmed that they had undertaken first aid training ‘a long time ago.’ As the first aid training was not recent, we required the registered manager to undertake a first aid refresher course.

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](#).

Infection prevention and control (IPC) and decontamination

The registered manager verbally explained suitable clinical cleaning processes for herself, the equipment and treatment room. However, our observations of the clinic found the environment to require some additional attention. Dust and small debris was found, especially on the floor near the chimney breast in the treatment room and protective eyewear was contaminated with fingerprints and unidentified liquid droplets. For the same reason, a rug was removed from the treatment room during our inspection.

We also saw that the clinic had an IPC policy in place, however this was extremely brief with insufficient detail to cover, for example, hand hygiene expectations, safe handling of clinical waste, areas to be cleaned, frequency, and training. Additionally, there were no cleaning schedules used to document that these activities were being carried out as necessary.

Our concerns regarding these 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](#).

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 aged 18 years and over. Our conversations with the registered manager and review of patient records indicated that this condition was complied with.

Children were only permitted in the downstairs salon area whilst treatment was being carried out upstairs, provided adult supervision was available, otherwise treatment would be refused and the appointment re-scheduled.

We found compliance with training in the safeguarding of vulnerable adults with training completed in January 2022, however, as children were permitted to attend the premises, we suggested that the registered manager undergo additional training in the safeguarding of children. We received confirmation that safeguarding of children training had been completed on the day of the inspection.

We were told that vulnerable adults were assessed at consultation stage and 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

We saw that the IPL machine was the same as registered with HIW. We were told daily IPL machine checks, including systems diagnostics were carried out, however, these were not recorded.

We recommend the registered manager ensures daily IPL machine checks are recorded and provide HIW with evidence of this.

We found that the annual IPL service and calibration check was in date however we saw the handpiece was taped together which was not recorded on the servicing documentation. We received immediate assurance from the servicing engineer that this was a preventative measure and that it would have no effect on the safe operation of the IPL machine itself, however we noted the handle of the handset did appear to be coming apart and that the tape was possibly holding it together at the time of the inspection.

We recommend the registered manager replaces the IPL machine handpiece and provide HIW with evidence of this.

There was a current contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the IPL machine had been reviewed within the last year.

There were treatment protocols in place for the use of the IPL machine and these had been approved by an expert medical practitioner, however they had a review date for August 2022. Therefore, we were not assured that the IPL operator was suitably aware of correct procedures in event of an emergency.

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](#).

Safe and clinically effective care

Eye protection was available for patients and the IPL operators. These were found to be in a good condition and consistent with the requirements specified in the local rules.

There were signs on the outside of the treatment room to indicate the presence of the IPL machine and a cabin hook and latch used to prevent unauthorised entry when the machine is in use. We were told that the machine is kept secure when not in use with keys locked away and a PIN known only to the operator.

We saw the operator had completed up-to-date core of knowledge and a City and Guilds qualification for IPL operation and safety. However, we found the registered manager had not completed any device specific training.

We recommend the registered manager undertakes additional training specific to the IPL machine used and provide HIW with evidence this has been completed.

Participating in quality improvement activities

We found no documented systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager must regularly seek the views of patients as a way of informing care, conduct audits of records to ensure consistency of information and assess risks in relation to health and safety.

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.

Records management

We found the paper patient records were kept in lockable metal box files. However, these were located close to the entrance of the premises and were easily removable, and therefore not secure.

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](#).

Quality of Management and Leadership

Governance and accountability framework

La Belle Skin & Beauty 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 on display as required by the regulations. We found public liability insurance was in place.

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. The document provided entitled 'Policies and Procedures' lacked sufficient scope and detail to provide effective guidance to users of the clinic, contrary to Regulation 9 of the Independent Health Care (Wales) Regulations 2011.

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](#).

Dealing with concerns and managing incidents

The clinic had a written complaints procedure available which was summarised in the statement of purpose and patients' guide. This indicated that all complaints would be acknowledged and completed within specified time frames. All complaints were to be recorded in a complaint log however we saw there were none recorded. We were told that to date, no complaints had been received.

Workforce recruitment and employment practices

We were provided with a current and clear Disclosure and Barring Service (DBS) certificate 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
Potential fire hazards had been identified but not appropriately considered and mitigated to formulate an effective fire risk assessment.	We were not assured that appropriate actions had been taken to protect patients from potential fire hazards.	We required the registered manager to arrange for an up-to-date fire risk assessment to be conducted.	New fire risk assessment booked during inspection and completed the following day.
Electrical appliances in the kitchen and downstairs salon had not been PAT tested.	The rooms were along the designated fire escape route which we considered to be a clear risk to patient safety in event of a fire.	We required the registered manager to arrange for PAT testing to be conducted on all relevant appliances.	PAT testing booked during inspection and completed the following day.
The registered manager had not completed fire safety awareness	Patients were potentially at risk acquire suitable	We requested that the registered manager	Training completed on day of inspection.

training. We requested that the registered manager complete this training as a matter of urgency to acquire suitable fire prevention knowledge.	fire prevention knowledge.	complete fire safety awareness training.	
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Appendix B - Immediate improvement plan

Service: La Belle Skin & Beauty

Date of inspection: 06 September 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"> 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. 	<p>Regulation 23(1)(a) of The Independent Health Care (Wales) Regulations 2011</p>	<p>Clients forms have been updates and now show each question that the client signs to confirm no medical change, clients consent for treatment, they are happy for changes in treatment settings and clients satisfaction of treatment. Laser operators also signs per treatment.</p>	<p>Rebekah Hennah</p>	<p>In place and ongoing</p>
<p>The registered manager must provide immediate assurance to HIW that:</p>	<p>Regulation 23(2)</p>	<p>All patients health care records are kept on a secure location within the premises in lockable filing cabinets away from public.</p>	<p>Rebekah Hennah</p>	<p>Completed</p>

<ul style="list-style-type: none"> All patient healthcare records are kept in a secure location within the premises. 		<p>Only Rebekah Hennah has access to them.</p>		
<p>The registered manager must provide written assurance to HIW that:</p> <ul style="list-style-type: none"> A copy of the most current up-to-date medical treatment protocol for the IPL machine will be available at the clinic all times. They have read and understood this up-to-date medical treatment protocol prior to conducting further treatments to patients. 	<p>Regulation 45(1)</p>	<p>I have and up to date treatment protocol from Lynton and is available at the clinic at all times. This is stored in the treatment room. Up to date treatment Protocols are fully read and understood.</p>	<p>Rebekah Hennah</p>	<p>Completed</p>
<p>The registered manager must provide written assurance that they will attend up-to date first aid training as soon as possible.</p>	<p>Regulation 20 (1)(a)</p>	<p>I have carried out a First Aid training course with High Speed Training. Certificate available</p>	<p>Rebekah Hennah</p>	<p>Completed</p>

<p>The registered manager must provide:</p> <ul style="list-style-type: none"> Revised written infection control policy to ensure it complies fully with the regulations. <p>N.B. It is recommended that it contains greater detail to include hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training and advice.</p>	<p>Regulation 9 (1)(n)</p>	<p>All policies have been updates to show all cleaning policies in greater details. Hand washing signs have been put around sinks.</p>	<p>Rebekah Hennah</p>	<p>Completed</p>
<p>The registered manager must provide written assurance that:</p> <ul style="list-style-type: none"> Cleaning schedules will be used detailing items, areas, frequency etc and be signed as completed. 	<p>Regulation 15(8)</p>	<p>A cleaning management document book is now available at the clinic where it is recording of all cleaning.</p> <p>The date, time, location/area, product used, cleaned by who and signed off that it has been checked off is recorded. Daily cleans and weekly deep cleans are logged.</p>	<p>Rebekah Hennah</p>	<p>In place and ongoing</p>

The registered manager must prepare and implement written policies and procedures in accordance with the regulations.	Regulation 9	All policies and procedures have been updated and checked alongside with Legislation.gov.uk	Rebekah Hennah	Completed
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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): Rebekah Hennah

Job role: Owner/ Manager

Date: 14.09.2023

Appendix C - Improvement plan

Service: La Belle Skin & Beauty

Date of inspection: 06 September 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
We recommend that the registered manager review and update the patients' guide to ensure compliance with the regulations and make this readily available to patients within the clinic.	Regulation 7 of The Independent Health Care (Wales) Regulations 2011	Completed- all clients can access paper and email copies . Patient guide is updated and emailed evidence to Huw.	Rebekah Hennah	Completed
We recommend that the registered manager considers how it would best meet the individual needs of patients who may wish to communicate through the medium of Welsh.	Regulation 9(1)(g)	All clients are told that I do not speak Welsh during appointment booking and I can offer Google translate if needed.	Rebekah Hennah	Completed

<p>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.</p>	<p>Regulation 45(2)</p>	<p>I have put together a separate IPL list of clients which is recorded each time IPL is used. All clients will still have individual files .</p>	<p>Rebekah Hennah</p>	<p>Completed</p>
<p>We recommend the registered manager provides patients with written aftercare guidance as standard practice.</p>	<p>Regulation 15(1)(a)&(b)</p>	<p>All clients did and still do take a aftercare information with them and sign after each treatment confirming aftercare was given.</p>	<p>Rebekah Hennah</p>	<p>Completed</p>
<p>We recommend that the registered manager always make anonymous feedback forms available within the treatment room and/ or reception area.</p>	<p>Regulation 19(2)(e)</p>	<p>There are 2 anonymous feedback boxes available. 1 in treatment room and 1 in reception</p>	<p>Rebekah Hennan</p>	<p>Completed</p>
<p>We recommend the registered manager implements a system for fire drills to be scheduled, conducted, and recorded to ensure occupants are aware of the procedure to follow in the event of a fire.</p>	<p>Regulation 26(4)(d)</p>	<p>I have put in place fire drill practices and they will be recorded in the fire safety check book.</p>	<p>Rebekah Hennah</p>	<p>Completed</p>

We recommend the registered manager ensures daily IPL device checks are recorded and provide HIW with evidence of this.	Regulation 15(2)	Daily IPL device checks are recorded and I have given evidence of this to Huw	Rebekah Hennah	Completed
We recommend the registered manager replaces the IPL device handpiece and provide HIW with evidence of this.	Regulation 15(2)	New handset has been purchased and evidence provided.	Rebekah Hennah	Completed
We recommend the registered manager undertakes additional training specific to the IPL device used and provide HIW with evidence this has been completed.	Regulation 45(3)	Training with Lynton Lasers for machine has been completed. Evidence provided.	Rebekah Hennah	Completed
We recommend that the registered manager puts in place a procedure for ensuring continual evaluation and improvement where necessary.	Regulation 19	Completed.	Rebekah Hennah	Completed

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): Rebekah Hennah

Job role: Owner/ Manager

Date: 26.10.2023