

# Independent Healthcare Inspection Report (Announced)

Laser Clinics UK (Cardiff), Cardiff

Inspection date: 13 August 2024

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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:

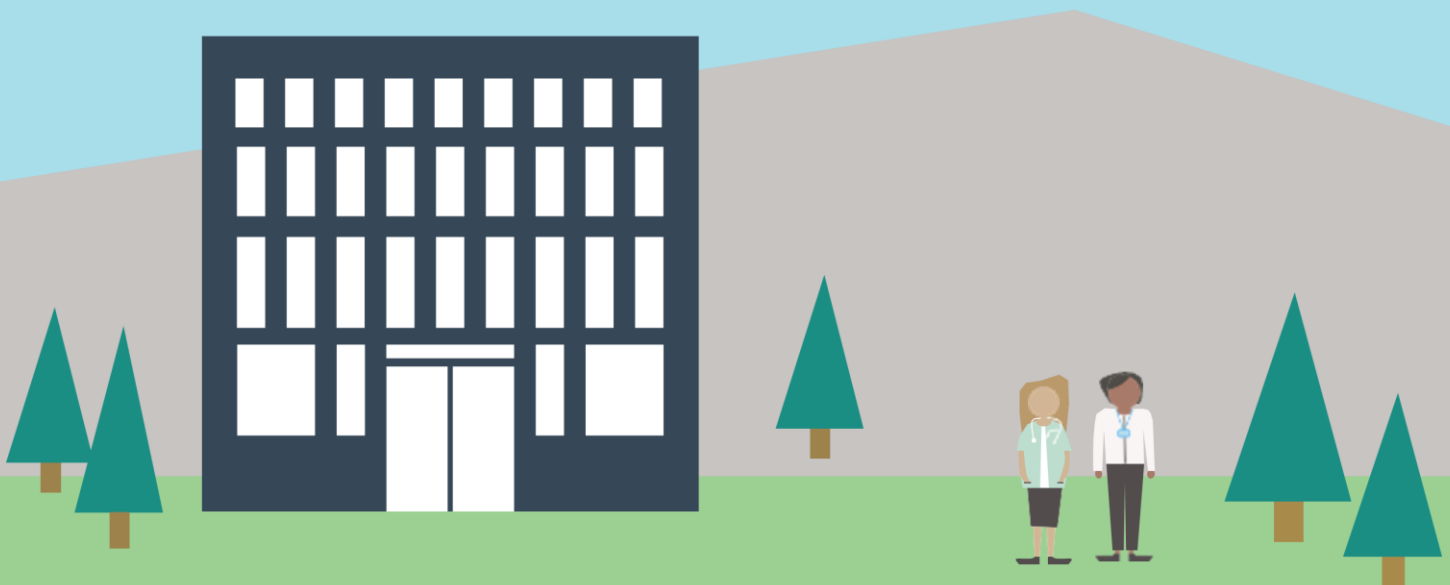
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Laser Clinics UK (Cardiff), Unit 26, St David's Shopping Centre, Cardiff, CF10 2EW on 13 August 2024.

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 20 were completed. Some questions were skipped by some respondents, meaning not all questions had 20 responses. 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:

We found Laser Clinics UK (Cardiff) was committed to providing a positive experience for their patients in a pleasant environment with friendly and professional staff.

We found systems and processes in place to ensure patients were being treated with dignity and professionalism. Access to the clinic was via the St David's Shopping centre which has level access and lifts available for patients with impaired mobility.

We found patients were given sufficient information to make an informed decision about their treatment and found consent was obtained prior to each treatment. Staff at the practice were fluent in several languages including Welsh.

All respondents who answered the question on the HIW questionnaire rated the service as 'good' or 'very good.'

Immediate assurances:

- All patient treatments are to be recorded fully and correctly including shot counts.

This is what we recommend the service can improve:

- To review the statement of purpose and patients' guide to ensure they are fully compliant with the regulations
- Maintain a register recording each occasion laser treatments are provided, which is specific to the machine
- Install a suggestions box to enable patients to leave anonymous feedback.

This is what the service did well:

- Conducted a full consultation prior to agreeing to any treatments which included a discussion of the risks and benefits of the treatment
- All patients were sent a customer satisfaction email following an appointment.

## Delivery of Safe and Effective Care

Overall summary:

We found that the clinical environment was very well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were very clean with evidence of regular Infection Prevention and Control (IPC) audits. However, we found cleaning schedules were not being retained.

We found good arrangements in place to ensure that the laser machines were used appropriately, with suitable eye protection available in each room.

Overall, we found good processes in place for safeguarding vulnerable adults and children, with an up-to-date policy in place and lead appointed. However, adult and child safeguarding training were missing for most staff members.

Immediate assurances:

- Child and adult safeguarding training to be completed by each member of staff.

This is what we recommend the service can improve:

- To ensure an appropriate number of staff are trained and appointed as first aid cover
- To retain cleaning schedules as evidence of continuous compliance with infection control processes
- To ensure daily laser checks are conducted and recorded when complete
- To put in place a procedure for ensuring continual evaluation and improvement.

This is what the service did well:

- Good compliance with fire safety requirements
- Up-to-date electronic medical records policy which covered all aspects of records management
- Patient records were kept securely.

## Quality of Management and Leadership

Overall summary:

Laser Clinics UK (Cardiff) has a dedicated team with good leadership and clear lines of accountability. The day-to-day management of the clinic was the responsibility of the registered manager, who we found to be very committed to providing high quality patient care.

We found a comprehensive range of policies and procedures which had been reviewed within the last year and saw evidence of regular staff meetings.

There was an appropriate complaints procedure in place with evidence of well documented responses completed in accordance with the clinic policy.

Immediate assurances:

- Criminal records certificate to be issued for each member of staff employed at the clinic.

This is what the service did well:

- A range of comprehensive well written policies with full version history
- In-depth monthly one-to-one meetings were conducted and well documented.



## 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 20 completed questionnaires. Overall, the responses and comments were positive.

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

*“I have been visiting the clinic for 12 months and have had no issues to date. The ladies providing the service are generally lovely. Some are more talkative than others. Some/most ask questions and ensure I 'm happy. There have been times it had felt rushed, and areas of the body missed but that has improved recently.”*

*“Heat rash post-treatment. Regular check ins through email, over phone and in clinic. Products given to resolve rash.”*

#### Dignity and respect

We saw that Laser Clinics UK (Cardiff) had two laser treatment rooms all located on the ground floor with no restrictions to wheelchair users. Access to the clinic was via St David's shopping centre which has level access and lifts available for patients with mobility impairment.

We found all patient areas to be very clean, tidy, and uncluttered. There was a separate consultation room to ensure discussions remained confidential. The treatment rooms had lockable doors enabling patients to change in privacy. Disposable paper roll was available to use during treatments to protect patient dignity.

All respondents who answered the HIW questionnaire said they were treated with dignity and respect and felt staff listened to them and answered their questions.

#### Communicating effectively

We reviewed the patients' guide and the statement of purpose provided to us by the registered manager. Whilst we found the patients' guide to be largely compliant with the regulations, it was lacking a summary of patient feedback.

The Statement of Purpose was missing several items of key information:

- the details relating to the number, relevant qualifications and experience of staff working at the clinic
- The organisational structure of the business
- The arrangements for respecting the privacy and dignity of patients.

**We recommend that the clinic review the statement of purpose and patients' guide to ensure they are fully compliant with the regulations.**

The registered manager was a Welsh speaker and could communicate in the medium of Welsh if a patient wished to do so. We were told that several members of staff spoke several languages Farsi, Urdu, Dari and several Indian dialects. We were told that Welsh language versions and other formats of documents, such as large print and easy read, could be arranged if requested.

We reviewed the clinic website and found a large amount of advice, information and guidance relating to the treatments provided, terms and conditions and other related matters. There was also a full price guide which included promotional offers.

Appointments for consultations could either be arranged online via the clinic website, by telephone or in person at reception.

#### **Patient information and consent**

We asked to see the laser treatment register as required by the regulations. The registered manager informed us that they did not have one as the information was contained within the individual patient records.

**We recommend that the registered manager maintains a register recording each occasion laser 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 and any changes to this were checked at each treatment. We saw that each patient was asked to provide signed consent before each treatment session. However, there were no shot counts recorded for any treatment provided. We also found one session of treatment where the notes were missing completely.

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**

We saw that patients had a full consultation prior to agreeing to any treatments which included a discussion of the risks and benefits of the treatment. We saw records in the notes for each patient that aftercare guidance was provided. We were assured that patients were being provided with enough information to make an informed decision about their treatment.

The records indicated all patients were given a patch test prior to commencing a course of treatment to help determine the likelihood of any adverse reactions.

All respondents who answered the HIW questionnaire said they had received enough information to understand the treatment options and the risks and benefits. All respondents also said that their medical history was checked before undertaking treatment and that they were given a patch test before receiving new treatment.

Most respondents (18/20) said they were given adequate aftercare instructions. However, one respondent strongly disagreed whilst the other skipped the question. Also, most (16/20) said they were given clear guidance on what to do and who to contact in the event of an infection/emergency. However, two disagreed whilst another two skipped this question.

**We recommend the registered manager reflects on the issues raised in this feedback to ensure every patient:**

- **Receives appropriate aftercare instructions**
- **Is informed of what action to take, and who to contact in the event of an emergency or infection.**

### **Equality, diversity and human rights**

We were assured that the clinic was an inclusive environment irrespective of any protected characteristic and that all staff and patients were treated fairly. The clinic had a comprehensive equality and diversity policy, and a bullying and harassment policy in place that all staff had read.

We saw evidence of reasonable adjustments including an extendable table attached to the reception desk at a suitable height for wheelchair users to complete documentation.

We were told that the human rights of transgender patients were actively upheld with preferred names and pronouns used as requested.

### **Citizen engagement and feedback**

We were told that all patients were sent a customer satisfaction email following an appointment. The registered manager told us that the clinic actively monitored social media and Google reviews. However, there was no facility for patients without digital access to leave anonymous feedback.

**We recommend the registered manager installs a suggestions box to enable patients to leave anonymous feedback.**

The registered manager advised that feedback is monitored and assessed on a continual basis. We discussed implementing a 'you said, we did' notice or display as there was no system in place to inform patients of any changes made as a result of their feedback.

# Delivery of Safe and Effective Care

## Managing risk and health and safety

We found the clinic to be visibly well maintained internally. As a unit within St David's shopping centre, we were unable to examine the external structure of the clinic. There was a combined reception and waiting room which was a spacious, comfortable, light and airy. Treatment rooms appeared modern and well equipped. All rooms within the clinic were clutter-free and well organised.

We found a comprehensive risk assessment had been recently conducted by the Laser Protection Advisor in July 2024. We saw that Portable Appliance Testing (PAT) had been conducted recently and that the premises had an up to date five yearly electrical system inspection in 2022, providing assurance that it was safe to use electrical appliances within the clinic.

We inspected the fire safety arrangements and found all to be satisfactory. All fire exits were clear and signposted with emergency lighting throughout the premises. We saw that checks of the fire alarm system were recorded weekly and that fire extinguishing equipment had been serviced within the last 12 months. We were told that fire drills were conducted regularly by the shopping centre facilities team.

We inspected the first aid kit and found all items available and in date. We were told these were checked weekly. We were told that first aid response was covered by the shopping centre staff as part of the unit rental agreement and therefore clinic staff had not been trained nor appointed as first aid responders. However, on reviewing the agreement, it stated that it was the clinics responsibility to provide their own appointed first aiders.

**The registered manager must ensure an appropriate number of staff are trained and appointed as first aid cover and provide evidence of this to HIW.**

## Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly very clean and tidy. Surfaces, equipment and fittings were of materials that were easy to wipe down. We saw suitable arrangements for hand hygiene in each treatment room.

We discussed the infection control arrangements with the registered manager and considered these to be appropriate to protect patients from cross infection. We saw all staff had received IPC training and that cleaning schedules were being maintained. However, the schedules were on wipeable boards and reused each week resulting in there being no historical records.

**The registered manager must retain cleaning schedules as evidence of continuous compliance with infection control processes.**

There was a comprehensive and up-to-date infection prevention and control policy in place and we found that a suitable contract was in place for the collection and disposal of clinical waste. We saw clinical waste was securely stored within the premises while awaiting collection.

Most respondents to the HIW questionnaire (18/20) felt that infection and prevention control measures were being followed, whilst two respondents said they did not know. All respondents rated the setting as very clean.

### **Safeguarding children and safeguarding vulnerable adults**

The service is registered to treat patients aged 18 years and over. The registered manager confirmed that this was complied with. The registered manager explained that whilst children were permitted on the premises, they were not permitted within the treatment rooms.

The clinic had a safeguarding lead who described how they would deal with any safeguarding issues. An up-to-date safeguarding policy was in place, with clear procedures for staff to follow in the event of any safeguarding concern. This included the contact details for the local safeguarding teams. The All Wales Safeguarding app was downloaded on the safeguarding lead's phone to ensure the clinic kept up to date with the latest guidance on the subject.

We reviewed training records and found that whilst the registered manager had completed safeguarding of adults training, we found that child or adult safeguarding training had not been completed by the staff.

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](#).

### **Medical devices, equipment and diagnostic systems**

We saw that the laser machines were the same as registered with HIW. Evidence of the annual service and calibration checks undertaken were provided. Additionally, we were told daily checks of the laser were carried out but not recorded. We discussed that all daily equipment checks be recorded and retained as evidence, prior to commencing any treatments.

**The registered manager must ensure daily laser checks are conducted and recorded when complete.**

There was a current contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of all laser machines had been reviewed in January 2024. We saw each set of local rules had been countersigned by the relevant operators.

There were treatment protocols in place for the use of the laser machines and these had been recently reviewed.

#### **Safe and clinically effective care**

Eye protection was available for patients and the laser operators. These were found to be clean, in good condition and consistent with the local rules.

There were signs on the outside of all treatment rooms to indicate the presence of the laser machines. Keys to activate the machines were locked away securely when they were not in use. We saw locks on treatment room doors and access to the treatment areas was controlled by the reception team preventing unauthorised entry when the machines were in use.

#### **Participating in quality improvement activities**

We asked the registered manager about how the clinic assesses and monitors the quality of the service provided. We were told that they did not conduct any clinical audits or reviews on a local level and were not aware if this was carried out centrally by their group head office. Furthermore, analysis of feedback and complaints was only on a patient by patient basis and therefore no common themes or trends had been identified.

**The registered manager must put 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 data protection and information technology (IT) security policies in place which ensured the patient records were kept securely at the clinic. Digital records were saved on the clinic data system which was password protected and archived to prevent data loss. We found retention periods and disposal arrangements to be appropriate.

# Quality of Management and Leadership

## **Governance and accountability framework**

Laser Clinics UK (Cardiff) is part of a multinational company with numerous clinics across the UK. The clinic is run by the registered manager supported by a dedicated team of staff. The clinic has access to a nationwide team of nurses and doctors as part of the wider group.

We found a comprehensive range of well written, up-to-date policies and procedures that evidenced version history, review dates and name of person responsible for the policy. The clinic IT system had recorded when staff had read all policy reviews and updates.

There was evidence of regular staff and management meetings. We saw minutes of the meetings were captured and distributed to staff.

We saw there was a current certificate of Employer's Liability Insurance on display.

## **Dealing with concerns and managing incidents**

There was an appropriate complaints procedure in place which included timescales for a response. A summary of the complaint procedure was also included within the statement of purpose and patients' guide.

We saw the complaints records files and found these were well documented and responses generally in accordance with the policy. We noted there were a few missing dates within these records which were discussed with the registered manager.

## **Workforce planning, training and organisational development**

We found enough trained staff to cover the clinic's needs and to provide safe treatment for patients. We saw up-to-date core of knowledge training and system machine specific training was completed by all staff.

To develop and maintain the skills and knowledge of the workforce the registered manager monitored training requirements and discussed with the staff members as necessary. We saw evidence of additional training that was relevant to staff roles.

## **Workforce recruitment and employment practices**

We saw that the clinic had a comprehensive documented recruitment process in place. This covered all stages of the recruitment and selection process which included an application form and interviews. However, we found that an enhanced criminal records certificate was not available for each member of staff employed



at the clinic. We were informed that the relevant Disclosure and Barring Service (DBS) checks had not been made prior to employing each staff member.

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](#).

We were told that new staff undergo an in-depth induction process followed by a probation period with appropriate supervision. Staff were issued with detailed job descriptions outlining their roles and responsibilities. We saw evidence that in-depth monthly one-to-one meetings were conducted and that these were well documented.

## 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
There were no immediate safety concerns resolved on the day of the inspection.			

## Appendix B - Immediate improvement plan

**Service:** Laser Clinics UK (Cardiff)

**Date of inspection:** 13 August 2024

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
The registered manager must immediately arrange for a criminal records certificate to be issued for each member of staff employed at the clinic.	Regulation 21(2) & Schedule 2, Para. 3, The Independent Health Care (Wales) Regulations 2011	Therapists have now applied for their DBS clearance. Copies will be supplied to HIW once received.	Hannah Parry-Evans	Immediate
The registered manager must immediately arrange for appropriate child and adult safeguarding training to be completed by each member of staff employed at the clinic.	Regulations 16(1) & 20(2)(a)	I, the Registered Manager have arranged for all staff to participate in comprehensive Safeguarding training, scheduled for Wednesday, 21st August, from 1:30 PM to 4:00 PM. The training, titled "Safeguarding for Children and Adults Awareness Level 2," will take place in person at the clinic and will be	Hannah Parry-Evans	Immediate and ongoing

In the interim period, the registered manager is required to provide assurance to HIW explaining what supervisory measures are being taken to promote and protect the welfare and safety of children and vulnerable adults who visit the clinic.

delivered by Caring for Care, a renowned provider in the field.

In the interim, I have taken decisive steps to ensure that safeguarding remains an absolute priority, with the safety and well-being of both patients and staff at the forefront:

**Enhanced Supervision:** I have significantly increased my presence on the clinic floor, dedicating additional hours to closely monitor interactions between staff and patients. This hands-on approach ensures that any potential issues are promptly identified and addressed.

**Daily Safety Briefings:** I have initiated daily safety briefings with the team to reinforce our safeguarding protocols, review any recent incidents, and clarify the roles and responsibilities of each team member. These briefings are designed to keep safeguarding at the top of everyone's mind, fostering a culture of vigilance and accountability.

**Safeguarding Lead - Course Refresh:** On 19th August 2024, I enrolled in an

		<p>intensive 7-hour Safeguarding Lead course. This refresher has been invaluable in sharpening my expertise, ensuring that I am fully equipped to lead our safeguarding efforts. The course has re-energized my focus on my responsibilities as a safeguarding lead, including recognizing and responding to potential risks.</p> <p>Regular One-on-One Check-ins: To further support our staff, I have been conducting regular one-on-one meetings with each team member. These sessions provide a platform to discuss observations, address any concerns, and ensure that every staff member is confident and vigilant in their role.</p> <p>These proactive measures underscore our unwavering commitment to safeguarding, ensuring that both patients and staff remain protected as we prepare for the upcoming formal training.</p>		
The registered manager must provide written assurance to HIW that all required entries on patient	Regulation 23(1)(a)	As a Registered Manager, to ensure that all patient records are completed fully and	Hannah Parry-Evans	Immediate and ongoing

<p>records are completed fully and correctly.</p>		<p>correctly, I will implement the following measures:</p> <ol style="list-style-type: none"> <li>1. Establish Clear Guidelines Create and Communicate Policies: Develop simple, clear templates for record-keeping and ensure all staff are well-informed.</li> <li>2. Provide Training Conduct Regular Training: Offer ongoing training on accurate documentation and the importance of complete records.</li> <li>3. Monitor and Review Perform Regular Audits: Regularly audit patient records for accuracy and completeness, and provide feedback based on these audits.</li> <li>4. Promote Accountability Set Expectations: Clearly communicate the importance of accurate record-keeping and hold staff accountable for their documentation.</li> <li>5. Support and Assist</li> </ol>		
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		<p>Provide Resources: Ensure staff have access to guidance and support for any questions about documentation.</p> <p>These measures will help ensure high standards in patient record-keeping and compliance with regulations</p>		
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## Appendix C - Improvement plan

**Service:** Laser Clinics UK (Cardiff)

**Date of inspection:** 13 August 2024

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
<p>We recommend that the clinic review the statement of purpose to include:</p> <ul style="list-style-type: none"><li>• The details relating to the number, relevant qualifications and experience of staff working at the clinic</li><li>• The organisational structure of the business</li><li>• The arrangements for respecting the privacy and dignity of patients.</li></ul>	<p>Regulation 6 &amp; Schedule 1 - Independent Health Care (Wales) Regulations 2011</p>	<p>We will update the statement of purpose to cover the information about staff qualifications and experience, the structure of the clinic's organization, and the measures in place to maintain patient privacy and dignity.</p>	<p>Hannah Parry-Evans</p>	<p>2 weeks - 29/10/2024</p>

<p>We recommend that the clinic review the patients' guide to include a summary of patient feedback.</p>	<p>Regulation 7</p>	<p>We will update the patients' guide to include a summary of patient feedback, either through capturing testimonials or by incorporating positive Google reviews, provided we obtain consent from the patients who submitted the reviews.</p>	<p>Hannah Parry-Evans</p>	<p>2 weeks - 29/10/2024</p>
<p>We recommend that the registered manager maintains a register recording each occasion laser treatments are provided, which is specific to the machine rather than being separated into individual patient files.</p>	<p>Regulation 45(2)</p>	<p>We will implement a logbook system next to each laser machine, ensuring that all client sessions are recorded. This logbook will capture essential details for each treatment, including the date, type of treatment, treating therapist, duration, and any observations made during the session. By maintaining comprehensive records for each machine, we will enhance our tracking and accountability for laser treatments provided.</p>	<p>Hannah Parry-Evans</p>	<p>Effective immediately - we will log treatments on register sheets for the time being and will switch to logbooks when received.</p>
<p>We recommend the registered manager reflects on the issues raised in this feedback to ensure every patient:</p>	<p>Regulation 15 (1)(a) &amp; (b)</p>	<p>We will ensure patients receive clear aftercare instructions and are fully informed about the appropriate steps to take. We have already made significant progress in this area by</p>	<p>Hannah Parry-Evans</p>	<p>Implemented</p>

<ul style="list-style-type: none"> <li>• Receives appropriate aftercare instructions</li> <li>• Is informed of what action to take, and who to contact in the event of an emergency or infection.</li> </ul>		<p>emphasizing the importance of aftercare. This has been communicated to all staff members during their regular one-on-one meetings and team discussions. Furthermore, we have ordered a substantial supply of aftercare pamphlets from our online marketing portal. Our therapists are trained to address aftercare thoroughly during both the consultation and the debrief following treatment.</p>		
<p>We recommend the registered manager installs a suggestions box to enable patients to leave anonymous feedback.</p>	<p>Regulation 19(e)</p>	<p>We will install a suggestion box to enable patients to leave anonymous feedback. This will provide an important avenue for patients to share their thoughts and experiences, and it will help us enhance our services based on their input.</p>	<p>Hannah Parry-Evans</p>	<p>A suggestion box has already been ordered so will be active within the next few days - 21/10/24</p>
<p>The registered manager must ensure an appropriate number of staff are trained and appointed as first aid cover and provide evidence of this to HIW.</p>	<p>Regulation 20(2)(a)</p>	<p>We acknowledge the importance of ensuring that an adequate number of staff are trained and designated as first aid responders. A one day in-person training course has been booked for 18/11/2024. We will provide evidence of the training to HIW.</p>	<p>Hannah Parry-Evans</p>	<p>18/11/2024</p>

<p>The registered manager must retain cleaning schedules as evidence of continuous compliance with infection control processes.</p>	<p>Regulation 15(8)(a)</p>	<p>We will ensure that cleaning schedules are maintained as evidence of our continuous compliance with infection control processes. This practice will help us uphold the highest standards of cleanliness and safety in our clinic.</p>	<p>Hannah Parry-Evans</p>	<p>Effective now and on-going</p>
<p>The registered manager must put in place a procedure for ensuring continual evaluation and improvement where necessary.</p>	<p>Regulation 19</p>	<p>We will continue to evaluate our processes and procedures, striving to streamline them wherever possible. Our goal is to ensure a consistently excellent customer experience every time.</p>	<p>Hannah Parry-Evans</p>	<p>Effective now and on-going</p>
<p>The registered manager must ensure daily laser checks are conducted and recorded when complete.</p>	<p>Regulation 15(2)</p>	<p>We currently conduct laser checks every morning, but we will implement a logbook to record these checks moving forward. This will help ensure proper documentation and accountability.</p>	<p>Hannah Parry-Evans</p>	<p>Effective now and on-going</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):**        **Hannah Parry-Evans**

**Job role:**

**Clinic Manager**

**Date:**

**15/10/2024**