

# Independent Healthcare Inspection Report (Announced)

The Langley Spa, Llandudno Junction

Inspection date: 27 March 2025

Publication date: 27 June 2025



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

Digital ISBN 978-1-80633-067-6

© Crown copyright 2025

# 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 .....	16
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 of The Langley Spa, Llandudno Junction on 27 March 2025. During the site visit, HIW identified some regulatory breaches and found areas of concern which could pose an immediate risk to the safety of patients. HIW determined that The Langley Spa was a Service of Concern and the clinic's registration was immediately suspended. HIW issued the clinic with a non-compliance notice on 31 March 2025 and details of the non compliances identified are provided in Appendix B. These issues were all rectified by the setting within the expected timescales and the suspension was lifted.

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 five 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.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found that The Langley Spa was committed to providing a positive experience for patients in a pleasant environment with friendly and professional laser operators.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

All patient records examined indicated that consent was obtained and a patch test was conducted prior to commencing a course of treatment.

We found patient feedback was automatically requested after treatment via the clinic's online booking system and online reviews were monitored and responded to in a timely manner.

All patients who completed a HIW questionnaire rated the service provided by the clinic as very good.

However, we found that the statement of purpose (SOP) and patients' guide (PG) had not been reviewed or updated as required under the regulations.

Immediate assurances:

- Review and update the statement of purpose
- Review and update the patient guide.

This is what we recommend the service can improve:

- Develop and implement a treatment register
- All staff to complete equality and diversity training.

This is what the service did well:

- Comfortable premises decorated to a high standard
- Fully documented consultation process recorded in patient notes
- Online reviews were actively monitored and the clinic made efforts to respond to each in a timely manner.

## Delivery of Safe and Effective Care

Overall summary:

The clinic was well maintained and well equipped. All areas were clean and free from any visible hazards.

The registered manager was very knowledgeable, professional and demonstrated their understanding of where and how to access advice and guidance to ensure that the laser machine was used appropriately and safely.

However, during the inspection, we discovered that the service was using a laser machine that had not been registered with HIW. The service was also providing treatments to patients that they were not registered to deliver. In addition, we also found that the clinic did not have a current Laser Protection Advisor (LPA) contract in place, local rules, laser risk assessments and medical protocols had not been reviewed.

We found that neither a fire maintenance report nor fire risk assessments had been carried out. Furthermore, we also found that safeguarding training and procedures were not in place.

We temporarily suspended the use of the laser machine because of these issues, and the other immediate assurances referenced below. These issues were all rectified within the expected timescales and the suspension was lifted.

Immediate assurances:

- Develop a safeguarding policy
- All staff to complete level 2 safeguarding training
- Provide HIW with updated local rules, risk assessments and LPA contract
- Provide HIW with updated treatment protocols
- Provide HIW with a fire maintenance contract and fire risk assessment.

This is what we recommend the service can improve:

- Undertake regular fire drills
- All staff to receive fire training
- First aid responder to renew training
- Develop cleaning schedules.

This is what the service did well:

- Premises very clean and well maintained
- Equipment appeared to be in very good condition
- Patient records were kept secure.

## Quality of Management and Leadership

Overall summary:

The Langley Spa was owned by the registered manager.

The day to day management of the clinic was the responsibility of the registered manager who we found to be committed and dedicated to providing high quality patient care.

We observed that both the registered manager and the laser operator worked very well together and were committed to providing a high standard of care for their patients.

We saw certificates showing that the registered manager and the laser operator had completed Core of Knowledge training. However, the registered manager's Core of Knowledge training was due for renewal.

We asked to review a sample of the clinic's key policies and procedures that were required to be in place under the regulation. The registered manager informed us that there were no policies and procedures in place as it was a small clinic.

We were also told that there was no complaint policy or procedures in place and no log to formally record and monitor complaints.

Immediate assurances:

- Ensure all policies and procedures listed in the regulations are in place
- Develop a complaint policy and procedure
- Implement a system to log any complaints or concerns.

This is what we recommend the service can improve:

- The registered manager should arrange to renew their Core of Knowledge training.

This is what the service did well:

- A current public liability insurance certificate was on display
- Staff had appropriate Disclosure and Barring Service (DBS) checks in place
- At the point of inspection, we were informed by the registered manager that no complaints had been received by the clinic.

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. In total, we received five responses. Some of the patients did not answer all of the questions. All patients who completed a questionnaire rated the service provided as very good.

#### **Dignity and respect**

All patients who completed a questionnaire confirmed that staff treated them with dignity and respect when visiting the clinic.

The door to the treatment room was lockable and the registered manager confirmed they locked the door during treatment to maintain privacy. Patients were provided with towels to protect their dignity if required and were left alone to undress if necessary.

Consultations were carried out in the treatment room, to ensure that confidential and personal information could be discussed without being overheard.

All patients who completed a questionnaire confirmed that staff explained what they were doing throughout the treatment and that they listened to them and answered any questions.

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

All patients who completed a questionnaire agreed that they had been given enough information about their treatment, including the risks, different treatment options and after care services.

Patients were provided with a thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment.

All patients who completed a questionnaire confirmed they had completed and signed a medical history, a consent form and received a patch test prior to commencement of any new treatment. We were told that all patients were given a

patch test prior to treatment starting to help determine the likelihood of any adverse reactions. All patients who completed a questionnaire confirmed they had not experienced any adverse reactions after their treatment.

We saw that patients were asked to complete and sign a medical history form at the start of each treatment, prior to patch testing. We also saw evidence that patients provided an update to their medical history at every follow-up appointment.

### **Communicating effectively**

A statement of purpose (SOP) and a patients' guide (PG) was available for patients to take away. However, the registered manager confirmed that neither document had been updated since the clinic was registered with HIW on 12 February 2019. We reviewed the SOP and PG and found that both documents were in need of updating. We also found that the patients' guide was lacking a summary of patient feedback and did not reference how patients could access the latest HIW inspection report.

Our concerns regarding the SOP and PG were dealt with as a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliances we identified were provided in Appendix B.

All patients who completed a questionnaire told us their preferred language was English.

We were told that appointments were made by telephone or in person at the reception. We found clinic information was only available in English.

### **Care planning and provision**

There were detailed individual patient notes available, with evidence of good record keeping processes. There was good documentation in place covering skin type, consent to treatment and medical history.

Treatment information was recorded within individual patient files. However, no separate treatment register was being maintained.

**The registered manager must develop and implement a treatment register.**

### **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. We were told that the human rights of transgender patients would be actively upheld

with preferred names and pronouns used as requested. However, there was no equality and diversity policy in place and staff had not received any training in this topic. We received evidence immediately following the inspection confirming that a policy had been developed and implemented at the clinic.

**The registered manager must ensure all staff complete equality and diversity training.**

All respondents who answered the HIW questionnaire confirmed they had not faced discrimination when accessing the service.

### **Citizen engagement and feedback**

We were told that patient feedback was requested after treatment via the clinic's online booking system and patients could provide feedback anonymously. Feedback was also obtained either through online reviews or in person at the clinic.

We noted that online reviews were actively monitored and that the clinic made efforts to respond to each in a timely manner, which we considered good practice.

# Delivery of Safe and Effective Care

## Managing risk and health and safety

We saw evidence that Portable Appliance Testing (PAT) had been conducted, to ensure that small electrical appliances were safe to use. We also saw that a building electrical wiring check had been undertaken within the last five years.

We looked at the arrangements for fire safety and found that the fire extinguishers had been serviced. However, during our inspection, we saw that there was limited fire exit signage on display. We also noted that there were no 'No Smoking' signs within the premises confirming that the clinic adhered to the smoke free premises legislation. The registered manager also confirmed that no fire drills had taken place and fire training had not been completed.

**The registered manager must ensure that:**

- **Regular fire drills are undertaken**
- **No smoking signs are displayed**
- **Adequate fire signage is displayed at the clinic**
- **All staff receive fire training.**

We asked the registered manager for copies of the fire maintenance report and a copy of the clinic's fire risk assessments. We were informed that there was no fire maintenance contract in place and no fire risk assessments had been completed. Our concerns regarding fire safety were dealt with as a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliances we identified were provided in Appendix B.

There was an emergency first aid kit available. However, we found several out-of-date items in the kit. We received evidence immediately following the inspection confirming that a replacement first aid kit had been purchased and received at the clinic.

The clinic used a general notebook to record any accidents. We recommended to the registered manager that they purchase an accident book which was Health and Safety (HSE) and General Data Protection Regulation (GDPR) compliant. We received evidence immediately following the inspection confirming that a new accident book had been purchased and received at the clinic.

The registered manager confirmed that they were the appointed first aid responder. However, the first aid training was due for renewal. We recommend that the registered manager renews their first aid training. We also recommend that the laser operator is trained in first aid to cover when the registered manager is away.

**The registered manager must ensure both laser operators receives first aid responder training.**

### **Infection prevention and control (IPC) and decontamination**

We saw that the clinic was visibly clean and tidy.

We discussed the infection control arrangements which included daily, weekly tasks and the cleaning arrangements between patients. We considered the arrangements in place to be appropriate to protect patients from cross infection. However, no cleaning schedules or checklists were being maintained.

**The registered manager must develop and implement cleaning schedules and checklists for staff to complete.**

We saw that the registered manager had completed level two training in IPC. However, one of the laser operators had not received this training.

**The registered manager must ensure all laser operators completes IPC training.**

There were no concerns expressed by patients over the cleanliness of the clinic. All patients who completed a questionnaire confirmed that IPC measures were being followed and that the setting was very clean.

Clinical waste was disposed of appropriately and there was a contract in place with an approved waste carrier.

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

During the inspection we requested evidence of safeguarding training for the laser operators. We were informed that safeguarding training had not been completed. We were also informed that there was no safeguarding policy or procedures in place.

Having no safeguarding policy and procedures in place and a failure to complete safeguarding training could mean that patients and visitors to the clinic were put at risk of serious and avoidable harm when visiting the establishment. This was because staff may not know how to identify the signs of abuse or respond appropriately to any safeguarding issue that may arise.

Our concerns regarding safeguarding were dealt with as a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliances we identified were provided in Appendix B.

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

During the inspection, we discovered that the service was using a laser machine that had not been registered with HIW. In addition, the service was also providing treatments to patients that they were not registered to deliver. Furthermore, we also noted that the local rules setting out the safe operation and management of the laser machine at the clinic had not been reviewed at least annually as required by the provider's conditions of registration.

We requested to see the medical treatment protocols in relation to the laser machine. We were provided with the relevant medical protocols produced and approved by an expert medical practitioner. However, these were due for review in August 2020.

We also requested to see the current laser protection advisor (LPA) contract and a copy of the laser risk assessments in relation to the laser machine. We were informed that the clinic did not have a current contract with an LPA and as such had not received any laser risk assessments from their LPA.

Our concerns regarding the laser machine, medical protocols, laser risk assessments and LPA contract were dealt with as a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliances we identified were provided in Appendix B.

Eye protection was available for patients and the laser operators. The eye protection appeared to be in a good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There were signs on the outside of the treatment room to indicate when the laser machine was in use. The registered manager also confirmed that the treatment room door was locked when the machine was used to prevent unauthorised access. We were told that the machine was always kept secure and could only be activated by a key, preventing unauthorised operation.

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

We requested evidence of quality improvement activities conducted by the clinic. Whilst we saw evidence of patient feedback, we saw no evidence that any fire prevention, health and safety, IPC processes or patient records had undergone any

clinical audits. These would help the clinic comply with the regulations requiring it to assess and monitor the service to ensure it meets the necessary standards.

**The registered manager must put in place a procedure for ensuring continual evaluation and improvement where necessary as set out in the regulations.**

### **Records management**

A sample of five patient records were reviewed. There was evidence that good records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. All the records we reviewed were individualised and contained appropriate patient identifiers, medical history, areas treated, relevant parameters, shot count and details of any adverse effects. Records were detailed, clear, legible and of good quality.

# Quality of Management and Leadership

## **Governance and accountability framework**

The Langley Spa was run and owned by the registered manager.

We saw a current public liability insurance certificate on display.

We asked to review a sample of the clinic's key policies and procedures that were required to be in place under the regulations. The registered manager informed us that there were no policies and procedures in place as it was a small clinic. Policies and procedures were important in keeping patients, visitors and staff safe.

Our concerns regarding policies and procedures were dealt with as a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliances we identified were provided in Appendix B.

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

At the point of inspection, we were informed by the registered manager that no complaints had been received by the clinic. However, the registered manager informed us that there was no complaints policy or procedure in place. Furthermore, there was no system in place to log any formal or informal complaints or concerns.

Our concerns regarding dealing with complaints were dealt with as a non-compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliances we identified were provided in Appendix B.

## **Workforce recruitment and employment practices**

We saw certificates showing that the registered manager and the laser operator, had completed Core of Knowledge training and manufacturer training in use of the registered laser machine. However, we found that the registered manager's Core of Knowledge training was due for renewal.

**The registered manager must arrange to renew their Core of Knowledge training.**

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

We saw evidence that the registered manager and the laser operator had an appropriate Disclosure and Barring Service (DBS) check in place to help protect and safeguard patients.



## 4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

## Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

## Appendix B - Immediate improvement plan

**Service:** The Langley Spa

**Date of inspection:** 27 March 2025

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
1. The registered manager must immediately arrange for a safeguarding policy and procedures to be developed and ensure level 2 training is completed by all laser operators and provide copies of certificates to HIW when complete.	Regulation 16(1) and 20(2)(a)	<ul style="list-style-type: none"><li>• Attending online course provided by Vitalskills.co.uk</li><li>• Develop safeguarding policy and make available to HIW</li></ul>	Donna Lane	0-1 month
2. The registered manager must immediately submit an application to HIW to vary their existing conditions of registration. The registered manager must provide HIW with up-to-date local rules for the laser machine. The registered manager must provide assurance	Care Standards Act, section 24	<ul style="list-style-type: none"><li>• Submit updated application</li><li>• Provide New up to date Local Rules</li><li>• Create a physical reminder to show next renewal date</li></ul>	Donna Lane	1-2 weeks

	that the local rules will be reviewed annually in line with their conditions of registration with HIW.				
3.	The registered manager must immediately provide HIW with up-to-date professional treatment protocols for the laser machine currently in use at the clinic.	Regulation 45(1)	<ul style="list-style-type: none"> <li>Request up to date protocols from Lynton Laser (machine provider)</li> </ul>	Donna Lane	Complete 28/03/2025
4.	The registered manager must immediately provide HIW with up-to-date laser risk assessments for the laser machine currently in use at the clinic.	Regulation 19(1)(b) (2) (a)(b) (iv)	<ul style="list-style-type: none"> <li>Request risk assessment from [REDACTED]</li> </ul>	Donna Lane	1-2 weeks
5.	The registered manager must immediately provide HIW with up-to-date statement of purpose and patients' guide.	Regulation 8	<ul style="list-style-type: none"> <li>Provide HIW with up-to-date statement of purpose and patients' guide.</li> </ul>	Donna Lane	1 week
6.	The registered manager must ensure all policies and procedures listed in the regulations are in place along with a register and a system developed to ensure these are reviewed every three years and signed by all laser operators.	Regulation 9	<ul style="list-style-type: none"> <li>Create policies &amp; Procedures as per regulations</li> <li>Implement treatment register</li> <li>create a controlled renewal schedule</li> </ul>	Donna Lane	0-1 month
7.	The registered manager must immediately provide HIW with a	Regulation 26 (4) (b)(c)(d)(f)	<ul style="list-style-type: none"> <li>Contacted Dragon Fire awaiting reply</li> </ul>	Donna Lane	1 week

	fire maintenance contract and a copy of the fire risk assessment report and action plan.				
8.	The registered manager must immediately provide HIW with a copy of the complaint procedures.	Regulation 24	<ul style="list-style-type: none"> <li>Provide HIW with a copy of the complaint procedures.</li> </ul>	Donna Lane	1 week

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):** Donna Lane

**Job role:** Owner/Therapist

**Date:** 31/03/25

## Appendix C - Improvement plan

**Service:** The Langley Spa

**Date of inspection:** 27 March 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. We found that no treatment register was being maintained.	The registered manager must develop and implement a treatment register.	Regulation 23 (1) (3) Regulation 45 (2)	Already implemented.	Donna Lane	Completed
2. We found that staff had not completed any equality and diversity training.	The registered manager must ensure all staff complete equality and diversity training.	Regulation 18	Donna Lane has completed; [REDACTED] has booked course.	Donna Lane	Donna Lane Completed [REDACTED] [REDACTED] 2/3 weeks
3. We found that the clinic had not undertaken any fire drills and limited fire signage on display. We also found that staff	The registered manager must ensure: <ul style="list-style-type: none"> <li>regular fire drills are undertaken</li> <li>No smoking signs are displayed</li> </ul>	Regulation 26	Already implemented.	Donna Lane	Donna Lane completed [REDACTED] [REDACTED] 2/3 weeks

	had not received fire training.	<ul style="list-style-type: none"> <li>adequate fire signage is displayed at the clinic</li> <li>all staff to receive fire training.</li> </ul>				
4.	We found that the first aid responder was due to renew their training.	The registered manager must ensure both laser operators receives first aid responder training.	NMS - Emergency Planning	Donna Lane Completed.	Donna Lane	Donna Lane completed [REDACTED] [REDACTED] 2/3 weeks
5.	We found that the clinic did not have any cleaning schedules or checklists maintained.	The registered manager must develop and implement cleaning schedules and checklists for staff to complete.	NMS 13 - Infection Prevention and Control	Donna Lane Completed.	Donna lane	Donna Lane Completed
6.	We found that one of the laser operators needed to complete IPC training.	The registered manager must ensure all laser operators completes IPC training.	NMS 13 - Infection Prevention and Control	Donna Lane Completed.	Donna Lane	Donna Lane Completed [REDACTED] [REDACTED] 2/3 weeks
7.	We found that the clinic had not undertaken any audits.	The registered manager must put in place a procedure for ensuring continual evaluation and improvement where necessary as set out in the regulations.	NMS 13 - Infection Prevention and Control	Designing policy.	Donna Lane	1 week

8.	We found that the registered manager needed to renew their Core of Knowledge training.	The registered manager should arrange to renew their Core of Knowledge training.	NMS 16 - Medical Devices, Equipment and Diagnostic Systems	Donna Lane has booked this training.	Donna lane	Awaiting dates for training 2/3 weeks
----	--	--	--	--------------------------------------	------------	--

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):** Donna Lane

**Job role:** Owner

**Date:** 8<sup>th</sup> May 2025