

Independent Healthcare Inspection Report (Announced)

Rejuva, Rhuddlan

Inspection date: 10 April 2025

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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 Rejuva, Rhuddlan on 10 April 2025.

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 11 were completed. We also spoke to staff working at the service during our inspection. 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 Rejuva was committed to providing a positive experience for patients in a pleasant environment with friendly and professional Intense Pulsed Light (IPL) operators.

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

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

This is what the service did well:

- Pleasant and welcoming environment
- The clinic was clean and tidy
- Staff were polite, caring and listened to patients
- Patients were treated in a caring and friendly manner within treatment rooms that preserved their dignity.

Delivery of Safe and Effective Care

Overall summary:

We found that Rejuva was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The clinic was well maintained and well equipped to provide the services and treatments they were registered to deliver. All areas were clean and free from any visible hazards.

There were good arrangements in place to ensure that the IPL machine was used appropriately and safely.

The registered manager was very knowledgeable, professional and demonstrated their understanding of where and how to access advice and guidance.

We found evidence that patients were provided with safe and effective care.

This is what we recommend the service can improve:

- Both IPL operators to complete fire safety training
- First aid responder to renew their training
- The registered manager to renew infection prevention and control training (IPC)
- Ensure the IPL machine is serviced.

This is what the service did well:

- The clinic and treatment room had been designed and finished to a high standard
- Treatment room was clean, well equipped and fit for purpose
- Patients were provided with detailed information to make an informed decision about their treatment
- Patients were very satisfied with their treatments and services provided
- Patient notes were of a good standard.

Quality of Management and Leadership

Overall summary:

We found that Rejuva had very 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 extremely committed and dedicated to providing high quality patient care.

We observed that the staff team worked very well together and were committed to providing a high standard of care for patients.

Staff had access to appropriate training opportunities in order to fulfil their roles.

This is what we recommend the service can improve:

- Both IPL operators to complete data protection and information governance training.

This is what the service did well:

- All authorised users of the IPL machine had completed the core of knowledge training and training on how to use the IPL machine
- Patient information was kept securely
- Very well-maintained staff files.

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 11 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.

Some of the comments provided by patients included:

“Professional, friendly, safe.”

“Everyone always helpful, nothing too much trouble (even when you have a lot of questions!).”

“The therapist made me feel very comfortable and the treatment was done very well!”

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. One patient told us:

“I was a bit apprehensive regarding any pain caused by the laser treatment, however [laser therapist] put my mind at ease by explaining the process fully and explaining exactly what to do should I wish her to stop at any point.”

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.

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 and a patients' guide was available for patients to take away. The statement of purpose included relevant information about the services being offered.

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

The registered manager is proficient in communicating in Welsh and communicated with patients bilingually.

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 and a treatment register was being maintained.

Equality, diversity and human rights

There was an equal opportunities policy in place. This meant that the clinic was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided.

We discussed the mechanism for actively seeking patient feedback, which the clinic did by emailing patients a survey at the end of their treatment. Patients were also able to give feedback in person or anonymously via social media.

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, and fire exits were clearly signposted.

Fire risk assessments were in place, and we saw that these had been regularly reviewed. Fire alarm tests and annual fire drills were taking place. However, we found that both IPL operators were required to renew their fire safety training and health and safety at work. We received evidence immediately following the inspection confirming that both IPL operators had completed the health and safety at work training.

The registered manager must ensure both IPL operators renews their fire safety training.

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 registered manager confirmed that they were the appointed first aid responder along with the receptionist. However, the first aid training for the registered manager was due for renewal. We recommend that the registered manager renews their first aid training.

The registered manager must ensure they renew their 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, the registered manager confirmed there was no infection control policy in place and no cleaning schedules or checklists were being maintained. We received evidence immediately following the inspection confirming that an infection control policy had been developed along with cleaning schedules and checklists that had been implemented at the clinic.

We saw that IPC training for the registered manager and the IPL operator was due for renewal. We received evidence immediately following the inspection confirming that the IPL operator had renewed their training.

The registered manager must ensure they renew their 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

The registered manager described how they would deal with any safeguarding issues. We saw evidence that both the registered manager and the IPL operator had completed safeguarding level two training. However, we found that the training was due for renewal. We received evidence immediately following the inspection confirming that the registered manager and the IPL operator had renewed their training.

A policy was in place to safeguard vulnerable adults and children. There were clear procedures to follow in the event of any safeguarding concerns, along with flowcharts and contact details listing the actions required should a safeguarding issue arise.

Safe and clinically effective care

Eye protection was available for patients and the IPL operators. The eye protection appeared in 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 IPL 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 passcode, preventing unauthorised operation. However, the registered manager informed us that the IPL machine was due to be serviced.

The registered manager must ensure the IPL machine is serviced and evidence submitted to HIW.

The environmental risk assessments had recently been reviewed by the Laser Protection Advisor (LPA).

Participating in quality improvement activities

The registered manager demonstrated a good knowledge and understanding of the treatments provided. The registered manager also described the importance of post treatment observations and follow up with patients to help provide improved individualised care throughout a course of treatment.

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

Rejuva was run and owned by the registered manager who we found to be very committed and dedicated to their roles.

We saw a current HIW certificate of registration and public liability insurance certificate on display.

We looked at a sample of policies and procedures and saw that these had been reviewed regularly and contained version and / or review dates.

Dealing with concerns and managing incidents

There was a complaints policy in place, which included the contact details for HIW. The complaint procedure was also included within the statement of purpose.

The clinic had a system in place to log formal complaints and concerns. At the point of inspection, no complaints had been received by the clinic.

Workforce recruitment and employment practices

We saw that the clinic had a recruitment process in place. We were told that any new staff underwent 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.

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 that core of knowledge training and system machine specific training was completed by all staff. However, we found that the core of knowledge training needed renewal. The Medicines and Healthcare products Regulatory Agency (MHRA) guidance recommends that this training is renewed at least every five years. We received evidence immediately following the inspection confirming that the registered manager and the IPL operator had renewed their core of knowledge training. We also recommend that all staff completes training in data protection and information governance.

The registered manager must ensure all staff completes training in data protection and information governance.

The registered manager confirmed that there was no recent Disclosure and Barring Service (DBS) check undertaken on the IPL operator. We discussed the requirement under the regulations for checking a person remains suitable to work for the clinic. The registered manager informed us that regular supervision does takes place. In

addition, the registered manager will also arrange to receive a self declaration from the staff member to confirm no change to their DBS status. We received evidence immediately following the inspection confirming that the operator had completed a self declaration and that this will be reviewed annually.

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. | | | |
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Appendix B - Immediate improvement plan

Service: Rejuva, Rhuddlan

Date of inspection: 10 April 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.

| Risk/finding/issue | | Improvement needed | Standard / Regulation | Service action | Responsible officer | Timescale |
|--------------------|---|--------------------|-----------------------|----------------|---------------------|-----------|
| 1. | No immediate improvement plan was required for this inspection. | | | | | |

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):

Job role:

Date:

Appendix C - Improvement plan

Service: Rejuva, Rhuddlan

Date of inspection: 10 April 2025

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 staff were required to renew their fire safety training. | The registered manager must ensure both IPL operators renew their fire safety training. | Standard 12 Environment / Regulation 26, 40 Standard 22 Managing Risk and Health and Safety / Regulation 9, 19, 26 | Fire Safety Training Completed 22.05.2025 | Jackie Burnham | Completed |
| 2. | We found that the first aid responder was due to renew their training. | The registered manager must ensure they renew their first aid responder training. | Standard 4 Emergency Planning Arrangements / Regulation 15, 26 | First Aid Training currently being done | Jackie Burnham | 20 th June 2025 |

| | | | | | | |
|----|---|---|---|-------------------------|----------------|-----------|
| 3. | We found that the registered manager needed to renew their IPC training. | The registered manager must ensure they renew their IPC training. | Standard 13 Infection Prevention and Control (IPC) and Decontamination / Regulation 9, 15 | Completed 21.04.2025 | Jackie Burnham | Completed |
| 4. | We found that the IPL machine is due to be serviced. | The registered manager must ensure the IPL machine is serviced and evidence submitted to HIW. | Standard 16 Medical Devices, Equipment and Diagnostic Systems / Regulation 15, 23 and Schedule 3 | Completed 10.6.25 | Jackie Burnham | Completed |
| 5. | 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. | Standard 6 Participating in Quality Improvement Activities / Regulation 9, 19, 28, 30, 31, 32, 33, 34, 35 | Currently being drafted | Jackie Burnham | 20.6.25 |
| 6. | We found that staff were required to complete training in data protection and information governance. | The registered manager must ensure all staff completes training in data protection and information governance. | Standard 25 Workforce Planning, Training and Organisational Development / Regulation 20, 21, 22 | Completed 27.5.2025 | Jackie Burnham | 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): Jackie Burnham

Job role: Director / Owner

Date: 10.06.2025