

Independent Healthcare Inspection Report (Announced)

Claire Price Beauty Clinic,
Abergavenny

Inspection date: 30 June 2025

Publication date: 30 September 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.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	8
• Quality of Patient Experience	8
• Delivery of Safe and Effective Care	12
• Quality of Management and Leadership	16
4. Next steps.....	18
Appendix A - Summary of concerns resolved during the inspection	19
Appendix B - Immediate improvement plan.....	20
Appendix C - Improvement plan	23

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 Claire Price Beauty Clinic on 30 June 2025.

The inspection was conducted by two HIW healthcare inspectors.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. A total of 15 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:

Overall, patients provided positive feedback within the questionnaire about the clinic rating it 'good' or 'very good'. The clinic promoted healthy lifestyles in consultations and maintained a clean and private environment. Consent procedures were robust with forms signed at each visit. We did note improvements required around chaperones arrangements and patient information was not available in alternative formats. The patient guide and statement of purpose needed to be updated to include key information. We saw evidence of detailed patient notes and patient feedback was regularly reviewed and shared.

This is what we recommend the service can improve:

- The statement of purpose and patient guide requires updating
- No translation services were available
- Information to be made available in alternative formats.

This is what the service did well:

- Patients were well informed about their treatment
- Robust consent procedure
- Upheld patient privacy and dignity.

Delivery of Safe and Effective Care

Overall summary:

We found the clinic to be clean and well maintained. There were appropriate infection control measures in place and records were stored securely. Fire safety equipment was in place however there were no fire alarm tests or fire risk assessments. It was noted there was no health and safety risk assessment in place. We found portable appliance testing was out of date however this was promptly addressed. We saw appropriate safeguarding policies in place. Laser safety protocols were followed, however there was no current contract with a laser protection advisor (LPA) and the local rules needed to be reviewed. We found there was a lack of documented evidence of quality improvement checks. Record keeping was clear and thorough however duplicated across multiple documents.

Immediate assurances:

- Fire risk assessment to be undertaken

- Health and safety risk assessment to be undertaken
- Contract with LPA to be put in place
- Local rules to be updated.

This is what we recommend the service can improve:

- Fire safety checks must be documented
- Quality improvement checks to be implemented.

This is what the service did well:

- Clinic was visibly clean and tidy

Quality of Management and Leadership

Overall summary:

The clinic was run by the registered manager with a small team. We found key insurance documents were on display, however the HIW registered manager certificates were not available. Suitable policies were available in a dedicated folder however there was no health and safety policy available. We found complaints were managed appropriately and shared with staff at meetings. There was an appropriate recruitment process in place, however proof of identity was not seen. Training records showed significant gaps in mandatory training and a training matrix is required to ensure compliance.

Immediate assurances:

- Mandatory training records were not available for staff.

This is what we recommend the service can improve:

- Documented evidence required to ensure staff have read and understood policies
- Training matrix to be implemented.

This is what the service did well:

- Clear complaints policy in place
- Enhanced disclosure and barring service available for staff

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 setting to hand out HIW questionnaires to patients to obtain their views on the services provided at the clinic. In total, we received 15 completed questionnaires. Some patients did not answer all of the questions, and most indicated they had visited within the last two months. All respondents to the HIW questionnaire rated the service as either good or very good.

Patient comments included:

"Very nice salon. Great Staff"

"Very professional."

Health protection and improvement

We were told the setting promoted healthy lifestyles in conversations during the treatment process with patients. We were told topics discussed included exercise, diet and lifestyle. Information on other services provided were made available on the website and leaflets were available in the reception area.

Dignity and respect

We found patients that attended Claire Price Beauty Clinic were treated with kindness and respect. On the day of the inspection, we found staff members to be friendly and welcoming.

We saw one laser treatment room located on the first floor. We found the patient areas to be clean, tidy and well organised. We were told consultations were completed in the treatment room and doors were always kept closed when carrying out a treatment to ensure privacy for patients.

We were told staff verbally discuss the option of a chaperone with patients. However, there were no signs available in the treatment room to inform patients of this option. We saw an additional set of eye wear was available for a chaperone if required. We asked to see a copy of a chaperone policy, however we were informed the setting did not have one in place.

The registered manager must provide a suitable chaperone policy.

Patient information and consent

We saw an up-to-date policy for obtaining consent from patients which was reviewed yearly. We were told treatments were fully explained to patients at the consultation and consent is gained at each appointment prior to treatment. All respondents who completed the HIW questionnaire said they were given enough information to understand all the treatment options, and their risk and benefits.

During the inspection, we reviewed a selection of five patient records. We saw a consent form was available for all five patients. This was signed at each appointment and kept within the patient file.

We saw patient leaflets detailing the risks and benefits of treatment which we were told were given to patients at consultations and was available from reception. We were told patients were also informed of risks and benefits verbally and medical histories were checked and updated at each visit.

The registered manager told us patient information was not available in alternative formats at the setting. However, information was made available on the website. If patients had any issues in reading information, staff would discuss this verbally with them.

The registered manager must make patient information available in alternative formats at the setting.

Communicating effectively

On the day of the inspection, we requested to see a copy of the statement of purpose (SOP) from staff. However, this was not available. A copy of the SOP was provided following the inspection. We looked at the document and found it had information on the services provided, privacy and dignity and the complaints procedure. However, it lacked information on arrangements made to seek patients views and the telephone number and email address of the registered manager. We recommended the registered manager to add this information to the SOP.

The statement of purpose must be available upon request at the clinic.

The registered manager must update the statement of purpose to include information on arrangements made to seek patients views and contact details of the registered manager.

We saw evidence of a patient guide which was available from staff and at reception. We found it had a summary of the SOP, information on treatments available with risk and benefits, contact information for the setting and a price list

present. However, it lacked information on the complaint's procedure, a summary of patients views, information on the where to find the most recent inspection report, the contact number for Healthcare Inspectorate Wales (HIW) and details on the restricted access for patient who are unable to use stairs due to the laser room being located on the first floor. We found that the addition of the summary of patients views and accessibility issues needing to be added to the patient guide was an improvement on a previous inspection. We recommended the registered manager to update the patient guide and to review it annually.

The registered manager must update the patient guide and review annually.

We were told there were no translation services in place for patients whose first language is not English. If required staff would use online translation tools. We recommended the registered manager to seek translation services in the event a patient attended who could not speak English.

The registered manager must have translation services available for patients whose first language is not English.

We were told any patients who did not have digital access were able to phone the clinic for appointments and were given paper appointment cards when attending.

Care planning and provision

We saw evidence of detailed patient notes and we were told patients undergo a full consultation face to face and a patch test prior to any treatment. This included number of sessions required, expected results and risks and benefits. All respondents to the questionnaire said they were given a patch test prior to new treatment. We saw evidence that consent was gained from patients before each treatment and all patient who responded to the questionnaire said they signed a consent form before treatment.

We were told that treatment plans were given to patients at their consultation and any aftercare information was provided in leaflet form and verbally. All respondents to the questionnaire said they were given enough information to understand their treatment options and the risks and benefits.

Equality, diversity and human rights

We saw an appropriate equality and diversity policy in place and were told the setting was an inclusive environment. The setting had a ramp available on request to enter the premises. We were told that transgender patient rights were upheld and preferred pronouns were used when requested and changed on patient records.

All respondents to the HIW questionnaire said they had not faced discrimination when accessing or using the service.

Citizen engagement and feedback

We were told feedback was gained through emails surveys which were sent to patients following treatment and paper surveys were also available at reception. Feedback was reviewed regularly by the manager and shared with staff in team meetings. Feedback was published on the settings website for patients to view, however as mentioned earlier in the report a summary of patient feedback was not available within the patient guide.

Delivery of Safe and Effective Care

Environment

We found the setting was visibly clean, tidy and decorated to a good standard. We found all areas to be light and airy with a modern appearance. We saw a suitable security alarm system in place with an ongoing contract and a security camera system with signs informing patients that cameras were in use.

Managing risk and health and safety

We saw evidence the setting had an up-to-date gas safety certificate, and an electrical installation certificate which had been completed within the last 5 years. However, we noted the portable appliance testing (PAT) had expired in March 2025. We raised this issue with the registered manager who arranged for the PAT to be completed within 24 hours of inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We inspected fire safety arrangements at the clinic and found there was a suitable fire equipment maintenance contract in place. We viewed evidence of fire extinguishers being serviced within the last 12 months. We saw 'no smoking' signs in place within the building and fire exits were clearly signposted. However, we identified areas for improvement. There were no records in place of weekly checks of the fire alarms, a log to complete checks was provided to HIW immediately following the inspection. We noted that this was an improvement given at our previous inspection. We also saw there had not been a fire drill carried out for 10 months, this was completed the following day and evidence sent to HIW. We requested to see a copy of the fire risk assessment; this was provided, however it was last completed in 2019. There was no review of this document in place, therefore we were not assured fire safety was being monitored. 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](#).

The registered manager must ensure weekly checks of the fire alarms are recorded with documented evidence.

The registered manager must complete fire drills twice a year and with documented evidence.

We reviewed the IPL risk assessment of which we found suitable with reviews being undertaken yearly. However, there we did not see a health and safety risk

assessment in place. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

We inspected the first aid kit and found all items in date. There were four appointed first aiders within the clinic with up-to-date certification.

Infection prevention and control (IPC) and decontamination

We found the clinic to be visibly clean and clutter free. Satisfactory processes were in place for the cleaning and decontamination of treatment areas. Equipment and furniture were of materials which were easy to wipe down and appropriate levels of personal protective equipment were available for staff. We saw evidence of cleaning schedules with details of cleaning between patient, daily and weekly. We saw a suitable infection control policy in place which was reviewed yearly. We saw evidence of a contract in place for the collection and disposal of waste and a disposal of waste policy was in place.

All respondents to the HIW questionnaire said they felt the IPC measures were being followed and the setting was 'very clean'.

Safeguarding children and safeguarding vulnerable adults

The setting is registered to treat patient 18 years and over and the registered manager confirmed this was complied with. We were told no children were allowed on the premises.

We saw evidence of a safeguarding of vulnerable adults policy and a whistle blowing policy which was reviewed yearly. We saw that the registered manager had the Wales Safeguarding Procedures app available on their phone to ensure policies and procedures were kept up to date. We were told the registered manager would contact the local safeguarding team if any safeguarding issues were identified.

Medical devices, equipment and diagnostic systems

We found the laser machine at the setting was the same as registered with HIW and there was evidence of servicing. We found medical protocols were in place and signed by the medical practitioner. We did not see evidence of a current contract with a laser protection advisor (LPA). The last report seen was produced was on 11 January 2024 which included local rules, risk assessments and a suitable report, however this needed to be updated as it is required to be reviewed by the LPA annually. Due to these documents being out of date, 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 found the local rules available did not detail the operators within the document, we recommended when this is updated to ensure operators names are included.

The registered manager must ensure the operators details are included within the local rules.

Safe and clinically effective care

The designated room used for laser treatment was locked when not in use and the key stored securely. A sign was available to be attached on the door to inform others when the laser was in use with a separate keypad lock to ensure no unauthorised entry.

Protective eye wear was readily available, in good condition and in keeping with the local rules available. We were told eyewear was checked before use, however there was no record of this. We recommended the registered manager to implement a log for checking eyewear before each use.

The registered manager must implement a log for checking laser eyewear before each treatment.

All staff who operated the laser machine had training in place for the specific machine with a refresher course booked for later in the year. We saw evidence in patient records of pre-treatment checks being performed such as patch testing 48 hours before treatment.

Participating in quality improvement activities

We requested to see evidence of quality improvement activities conducted by the clinic. We were told the registered manager completed patient record audits; however, we did not see documented evidence of this. Whilst we saw evidence of patient feedback, we saw no evidence that any fire prevention, health and safety or IPC process had undergone any clinical audits. We recommended the registered manager implement quality improvement activities as this 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

We found patient records were documented on paper with appointments being held digitally. All paper records were kept securely in a lockable cabinet and

digital appointments were held in a secure system. The registered manager described an appropriate process for the disposal of records including data retention periods.

We reviewed a sample of five patient records and found evidence of good record keeping and maintenance. Records were detailed, clear and legible. However, information was recorded on multiple separate documents causing unnecessary duplication. All records reviewed were individualised and contained appropriate patient identifiers, medical history, areas treated, relevant parameters and shot counts.

We saw a treatment registered for a SkinBase laser unit. This included information such as patient name, treatment type, shot count and operator initials. Information on other parameters and consent were recorded on a separate document within the patient file. We did not see any information on adverse reactions or a second patient identifier. We recommended the register manager to include all the mentioned information into the treatment register.

The registered manager must update the treatment register to include all information required.

Quality of Management and Leadership

Governance and accountability framework

Claire Price Beauty Clinic was run and owned by the registered manager with a small team of staff.

On inspection we saw evidence displayed of the clinics employer's insurance and public liability insurance. We found the schedule containing the conditions of registration with HIW on display but did not see any HIW registration certificates. We were told these had been misplaced and the registered manager had requested replacement certificates to be sent out.

The registered manager must display the HIW registration certificates.

We saw a range of suitable policies and procedures within a dedicated folder. However, we did not see a health and safety or maintenance management policy and there was no evidence of staff signing to confirm they had read and understood the documents.

The registered manager must implement a health and safety and a maintenance management policy.

The registered manager must implement a process to show staff have read and understood policies with documented evidence to show this.

Dealing with concerns and managing incidents

There was a suitable complaints policy and procedure in place. These included details of the responsible person and time frames for acknowledgement. Contact details for HIW were also available if a patient felt a resolution could not be found. Information on complaints received were available within a folder and were monitored for common themes. We were told complaints, and their learning were shared with the team in staff meetings.

Workforce recruitment and employment practices

We saw an appropriate recruitment policy in place which was reviewed yearly. We were told the clinic had four current operators of the laser machine and one currently on maternity leave. The registered manager informed us that all staff must have a minimum level three beauty qualification to work at the clinic. We saw evidence of disclosure and barring service (DBS) for all staff and enhanced certificates were available for all IPL operators. We were shown an employee handbook which was given to staff commencing employment by email. We

reviewed two staff records and found suitable checks in place, however proof of identity was not available.

The registered manager must ensure proof of identity of staff members is part of the recruitment process and stored within staff files.

Workforce planning, training and organisational development

On the day of inspection, we requested to see training records for IPL operators. We found the following:

- 2/5 IPL operators had IPC training
- No equality and diversity training
- No health and safety at work training
- No data protection/information governance training
- No fire safety training evidence available
- No safeguarding adults at risk
- Last core of knowledge training completed May 2020

We noted core of knowledge training was raised as an improvement on our previous inspection. Due to the accumulation of training not completed and the risk to patient safety, our concerns regarding this were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix B](#).

We did not find a training matrix in place to monitor staff training effectively. We recommended the registered manager implement a training matrix to ensure compliance with mandatory training going forward.

The registered manager must implement a training matrix for staff members to reviewed at a regular interval.

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
We noted the portable appliance testing (PAT) had expired in March 2025.	Fire and electrical risk to staff and patients if a small appliance was not fit for purpose.	Raised to the registered manager	Portable appliance testing booked on the day and took place within 24 hours of inspection. Certificate provided immediately after.

Appendix B - Immediate improvement plan

Service: Claire Price Beauty Clinic

Date of inspection: 30 June 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
<p>1. Limited training records were provided on inspection. The following was identified:</p> <ul style="list-style-type: none"> •2/5 IPL operators had IPC training •No equality and diversity training •No health and safety at work training •No data protection/information governance training •No fire safety training evidence available 	<p>The registered manager must ensure all staff have up-to-date training in the following areas:</p> <ul style="list-style-type: none"> • Equality Diversity and Human Rights • Health and Safety at Work • Data Protection/Information Governance • Safeguarding Adults at Risk • Infection Prevention and Control • Core of Knowledge. 	<p>The Independent Health Care (Wales) Regulations 2011 Regulation 20(2)(a)</p>	<p>All staff have been trained in Diversity & Equality, Safeguarding ,Fire Training & Infection control 1/7/2025 All staff have been fire trained by Datso 3/6/2025 Health & Safety in working progress Data Protection Training in working</p> <p>1/7/2025 1/7/2025</p>	<p>Claire Price</p>	<p>Completed 9/7/2025 Completed 9/7/2025 Completed 9/7/2025 Complete 9/7/2025 In working progress In working - in working progress - August 2025 Complete 9/7/2025 Complete 9/7/2025</p>

	<ul style="list-style-type: none"> •No safeguarding adults at risk •Last core of knowledge training completed May 2020 			Level 2 for Infection Control Training - booked - Core Knowledge Training Booked -Mike Ragan 24/7/2025		Complete 9/7/2025 In working progress In working progress for 24/7/2025
2.	No health and safety risk assessment was provided on the day of inspection.	The registered manager must ensure a health and safety risk assessment is undertaken by a competent person and kept up to date.	The Independent Health Care (Wales) Regulations 2011 Regulation 19(1)(b)	Health & Safety Risk assessment in place 6/7/2025	Claire Price	Completed 6/7/2025
3.	Fire risk assessment was last completed in 2019, however this had not been reviewed.	The registered manager must ensure a fire risk assessment is undertaken by a competent person and kept up to date.	The Independent Health Care (Wales) Regulations 2011 Regulation 26(4)(f)	Fire Risk Assessment booked with Blackwood Fire 4/8/2025 IPL Risk Assessment is already in place - updated July 2025 Blackwood Fire have emailed Claire Price Beauty Clinic to state that consider us as low risk. There is an email confirming this	Claire Price	In working progress - 4/8/2025 Blackwood Fire will be attending on this date.
4.	No evidence of a current contact with an LPA was provided.	The registered manager must provide evidence of a current contract in place with a Laser	The Independent Health Care (Wales) Regulations 2011	LPA Contract in place Mike Ragan 9/6/2022-8/6/2027	Claire Price	Complete - 1/7/2025

		Protection Advisor (LPA) prior to providing any further treatments to patients.	Regulation 19(2)(a)	New contract has been issued 1/7/2025		
5.	Local rules provided were implemented in January 2024 meaning they were out of date and needed to be reviewed by an LPA.	The registered manager must provide evidence of an up-to-date version of the local rules as prepared by the LPA prior to providing any further treatments to patients.	Care Standards Act 2000 Regulation 24	LPA - Mike Ragan to update our Local Rules following his site visit on 28/7/2025	Claire Price	In working progress 28/7/2025

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): Claire Price

Job role: IPL Manager

Date: 9/7/2025

Appendix C - Improvement plan

Service: Claire Price Beauty Clinic

Date of inspection: 30 June 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 asked to see a copy of a chaperone policy, however we were informed the setting did not have one in place.	The registered manager must provide a suitable chaperone policy.	The Independent Health Care (Wales) Regulations Regulation 9 (1)	July 2025	Claire Price	Complete
2.	The registered manager told us patient information was not available in alternative formats at the setting.	The registered manager must make patient information available in alternative formats at the setting.	The Independent Health Care (Wales) Regulations Regulation 15 (1)(a)	In working progress July	Claire Price	September 2025
3.	We requested to see a copy of the statement of purpose (SOP) from	The statement of purpose must be available upon request at the clinic.	The Independent Health Care (Wales) Regulations Regulation 6(2)	Amended August 2025 available in reception	Claire Price	Complete

	staff. However, this was not available.					
4.	The SOP did not have information on arrangements made to seek patients views and the telephone number and email address of the registered manager	The registered manager must update the statement of purpose to include information on arrangements made to seek patients views and contact details of the registered manager.	The Independent Health Care (Wales) Regulations Regulation 6(1)	Updated August 2025	Claire Price	Complete
5.	The patient guide did not have information on the complaint's procedure, a summary of patients views, information on the where to find the most recent inspection report, the contact number for Healthcare Inspectorate Wales (HIW) and details on the restricted access for patient who are unable to use stairs due to the laser room	The registered manager must update the patient guide and review annually.	The Independent Health Care (Wales) Regulations Regulation 7(1)	Updated August 2025	Claire Price	Complete

	being located on the first floor.					
6.	We were told there were no translation services in place for patients whose first language is not English.	The registered manager must have translation services available for patients whose first language is not English.	The Independent Health Care (Wales) Regulations Regulation 15 (1)(a)	Updated July 2025	Claire Price	Complete
7.	There were no records in place of weekly checks of the fire alarms.	The registered manager must ensure weekly checks of the fire alarms are recorded with documented evidence.	The Independent Health Care (Wales) Regulations Regulation 26(4)	Now undertaken on a weekly basis	Claire Price	Complete
8.	There had not been a fire drill carried out for 10 months.	The registered manager must complete fire drills twice a year and with documented evidence.	The Independent Health Care (Wales) Regulations Regulation 26(4)	Fre Drill took place on the 1 st of July 2025	Claire Price	Complete
9.	We found the local rules available did not detail the operators within the document.	The registered manager must ensure the operators details are included within the local rules.	The Independent Health Care (Wales) Regulations Regulation 45 (3)	Updated August 2025	Claire Price	Complete
10.	We were told eyewear was checked before use, however there was no record of this.	The registered manager must implement a log for checking laser eyewear before each treatment.	The Independent Health Care (Wales) Regulation Regulation 45 (3)	Updated in Daily log book	Claire Price	Complete

11.	We saw no evidence that any fire prevention, health and safety or IPC process had undergone any clinical audits.	The registered manager must put in place a procedure for ensuring continual evaluation and improvement where necessary as set out in the regulations.	The Independent Health Care (Wales) Regulations Regulation 19 (1)(a)	Updated July 2025	Claire Price	Complete
12.	We did not see any information on adverse reactions or a second patient identifier.	The registered manager must update the treatment register to include all information required.	The Independent Health Care (Wales) Regulations Regulation 45 (2)	Updated	Claire Price	Complete
13.	We did not see the registered manager HIW certificates on display.	The registered manager must display the HIW registration certificates.	Care Standards Act 2000 Regulation 28	New copy received from HIW July 2025	Claire Price	Complete
14.	We did not see a health and safety or maintenance management policy.	The registered manager must implement a health and safety and a maintenance management policy.	The Independent Health Care (Wales) Regulations Regulation 9 (1)	Implemented July 2025	Claire Price	Complete
15.	There was no evidence of staff signing to confirm they had read and understood the documents.	The registered manager must implement a process to show staff have read and understood policies with documented evidence to show this.	The Independent Health Care (Wales) Regulations Regulation 9	The information was in out file and missed on the day of inspection	Claire Price	Complete

16.	Proof of identity was not available in staff records.	The registered manager must ensure proof of identity of staff members is part of the recruitment process and stored within staff files.	The Independent Health Care (Wales) Regulations Regulation 21(2)	Updated August 2025	Claire Price	Complete
17.	We did not find a training matrix in place to monitor staff training effectively.	The registered manager must implement a training matrix for staff members to reviewed at a regular interval.	The Independent Health Care (Wales) Regulations Regulation 20(2)	This was missed on the day of inspection.	Claire Price	Complete

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): Claire Price

Job role: IPL Manager

Date: 13/08/2025