Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

1192 Laser & Beauty Clinic

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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

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 1192 Laser & Beauty Clinic on 22 Jul 2025.

The inspection was conducted by two HIW healthcare inspectors.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 13 questionnaires were completed by patients. 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 patients received a good level of care at 1192 Laser & Beauty Clinic. Robust arrangements were in place to fully support the privacy and dignity of patients, giving due regard to their equality and rights. Patients told us staff at the setting provided clear and concise information to patients prior to, during and post-treatment. Patients were treated in a dignified and respectful manner throughout their patient journey. The systems in place to record and respond to patient feedback were satisfactory and care planning was managed well at the setting.

This is what the service did well:

- All patient feedback we received was positive
- Medical histories and changes in circumstances were discussed prior to every treatment with patients.

Delivery of Safe and Effective Care

Overall summary:
We found comprehensive arrangements in place to manage the risk of harm to patients and deliver care in a safe and effective way. Infection prevention and control (IPC) procedures were managed robustly and the service compliance with regulatory requirements was suitable. The setting had a good working relationship with their Laser Protection Advisor, to the benefit of both patients and staff. We saw patient records were handled and completed correctly, and stored in a secure digital system.

This is what the service did well:

- Safe arrangements were in place for the operation of the laser equipment
- Record keeping was robust.

Quality of Management and Leadership

Overall summary:
The leadership and management arrangements in place were satisfactory. Clear and comprehensive policies were in place to provide guidance for staff, including complaints and training policies. The processes for induction and continued professional development were found to be appropriate.

This is what the service did well:

- All staffing records we reviewed were complete
- The systems in place to record and respond to patient feedback and complaints were appropriate.

3. What we found

Quality of Patient Experience

Patient feedback

Overall, the responses and comments were positive. All respondents rated the service as 'very good' (13/13). Some of the comments we received included:

> *"From when I first came staff [were] amazing and very helpful with service and information. Would [definitely] recommend"*
>
> *"All staff are professional - you feel relaxed and comfortable at all times as the client"*
>
> *"Very knowledgeable staff who are very friendly and didn't make me feel uncomfortable at all"*
>
> *"Kind and caring staff who always are very helpful"*
>
> *"Staff were all warm and welcoming and reassured me. I felt at ease and looked after, where in other places I have not had the same experience. Friendly atmosphere while still being professional"*

Dignity and respect

Consultations and treatments were undertaken in private rooms at the setting. The rooms had solid doors without windows, and which were locked during appointments. A modesty towel was used during treatments to protect patient privacy during treatments. All of these measures helped ensure patient privacy was maintained during their patient journey.

Chaperones were permitted in the treatment room, where requested. An additional set of protective eyewear was available to ensure their safety.

All respondents to the HIW patient survey told us they were treated with dignity and respect, that measures were taken to protect their privacy and staff explained what they were doing during their treatments.

Patient information and consent

Healthy lifestyles were promoted to patients using service, including discussions regarding maintaining healthy skin and ultra-violet light protection pre-and post-treatment. Health promotion information was also provided on the setting website

which patients were referred on to. One respondent to the HIW patient questionnaire said:

> *"Staff are very knowledgeable and have recommended treatment and products that have massively improved my skin!"*

We reviewed five patient records during our inspection, all of these records had evidence of a signed consultation form being completed prior to any treatment taking place. Informed consent was also noted for every treatment in all the patient records we reviewed. Patients told us they provided signed consent prior to ever treatment and the majority agreed the costs were clear. The costs for treatments were outlined on the practice website and provided to patients prior to a course of treatment taking place.

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 also said they were involved as much as they wanted to be in their treatment and that staff listened to them and answered their questions. One patient told us:

> *"Always well informed before treatment"*

Communicating effectively

We found suitable information was provided to patients at every stage of their treatment. Most patient information was generally available in English. All respondents to the HIW patient questionnaire told us their preferred language was English. Staff told us any patient wishing to converse in another language would either bring a relative or translator with them or online translation tools would be used.

The setting statement of purpose and patient guide were both available for patients upon request.

Patients generally made appointments online through the practice website or social media. However, telephone consultations and appointment bookings were open to those patients without digital access. One patient said:

> *"Very easy to arrange appointments"*

Care planning and provision

We reviewed five patient records during the inspection and we noted clear care planning and provision arrangements in place. The records outlined that medical histories were checked prior to every treatment and patch testing took place at

the start of every course of treatment, where applicable. All patients responding to the HIW questionnaire said before receiving a treatment that their medical history was checked. All patients who received a treatment requiring a patch test, said they were given a patch test. Patients also confirmed they were given clear aftercare instructions and what to do in the event of an emergency.

Equality, diversity and human rights

An appropriate equality and diversity policy in place, alongside a suitable means to protect staff and patients from discrimination. During our discussions with staff, we noted satisfactory examples of how they treated patients equally and upheld their rights. The rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records.

Citizen engagement and feedback

We found the systems in place to request and respond to feedback were robust. Patients were automatically contacted to request written feedback following their appointment and verbal feedback was also collected and recorded. Staff explained that where they look to introduce a new treatment, patients would be surveyed for their views to shape the services delivered. All patient feedback was reviewed by staff when it was received, and general overview was conducted annually to spot key trends or themes. Patient feedback was published online for general awareness.

Delivery of Safe and Effective Care

Environment, Managing risk and health and safety
We found a secure environment was maintained at the setting. This setting was a part of a sports stadium and benefitted from the comprehensive security arrangements of this stadium, including 24-hour guards and a suite of CCTV. We found the rooms used to store the laser machines were locked by practitioners when not in use.

We saw the premises were clean, clutter free with no visible hazards nor risks. Safety certifications for electrical wiring and portable appliance testing were all in place and fire safety precautions were outlined within a dedicated policy. As this was a shared setting with Swansea Football Stadium, health, safety and fire arrangements were coordinated with the stadium. We found all these arrangements to be suitable.

The staff we spoke with demonstrated a good understanding of what to do in the event of an emergency. The first aid kit for the setting was fit for purpose and all items were within their expiry dates. We saw all laser operators had completed a first aid training course.

Infection prevention and control (IPC) and decontamination
Robust processes were in place to enable the effective cleaning and decontamination of treatment areas and the equipment. Cleaning checklists were used and audits were completed by managers. We saw gloves were worn during treatments and routine hand washing pre-and-post treatment. The IPC and decontamination process were suitably outlined in the infection control policy for the setting. Clinical waste was handled correctly and disposed of through a waste handling contract with the stadium.

All respondents to the HIW questionnaire felt that infection and prevention control measures were being followed and that the setting was 'very clean'. One patient said:

> *"Setting / venue very presentable, clean, tidy. Staff always friendly, polite and helpful"*

Safeguarding children and safeguarding vulnerable adults
The setting had a suitable safeguarding policy in place, which was up-to -date and contained details of the local safeguarding team. The policy clearly outlined the procedures to follow in the event of a safeguarding concern.

We also saw evidence the registered manager had completed level two adult safeguarding training. No treatments were provided to anyone under the age of 18.

Medical devices, equipment and diagnostic systems
We found the devices at the setting were being used safely and in line with manufacturer guidelines.

A suitable contract was in place with certified Laser Protection Advisor (LPA). We saw records of annual reviews of the setting by the LPA and a comprehensive report was produced, which included a risk assessment. We saw the LPA last visited the setting in March 2025. On review of a sample of the documentation for two of the laser machines, we saw there were individualised treatment protocols in place for the use of the laser machines, which had been created and approved by a medical practitioner as part of the LPA contract.

The local rules for the setting were up to date and contained all the required information relating to each machine. All staff had signed to agree to the local rules.

The designated rooms for laser treatments were locked when not in use, and the keys for all devices were stored securely by the laser operators for the setting. Daily checks took place on the laser machines, with calibration checks prior to each treatment. Servicing records for the two machines we inspected were satisfactory. Protective eyewear was readily available, appeared to be in good condition and consistent with the local rules.

Safe and clinically effective care
We found treatments at the setting were being delivered safely and effectively. All laser operators had received up to date training, including the core of knowledge.

Two rooms were used for laser treatments at the setting. Both rooms were lockable and displayed appropriate signage on the door indicating that laser treatments took place within the room. The signage also advised not to enter while treatments were being provided.

We saw evidence in patient records of every patient in our sample receiving patch-testing and skin typing prior to their course of treatments.

Participating in quality improvement activities
Patient feedback was regularly reviewed and discussed within the setting in order to drive continuous improvement. Cleaning and hygiene audits took place throughout the setting alongside patient record audits at each treatment cycle.

The registered manager confirmed the setting had the means to provide an annual return to HIW upon request.

Records management

We found evidence of good record keeping in the sample of five we reviewed. All of the records we reviewed were fully complete and comprehensive. Records were all digital and stored securely in line with data protection regulations. We saw evidence that all records were disposed of securely, when necessary.

Quality of Management and Leadership

Governance and accountability framework
The governance arrangements in place at this setting were suitable. The manager for the setting was the point of contact for all staffing matters and we saw they were confident in their role. Staff meetings took place routinely and were used to discuss new ways of working or the introduction of new procedures.

We noted HIW certificates for the setting were displayed on the wall in reception and employer liability insurance certification was also displayed.

Dealing with concerns and managing incidents
Patient complaints were overseen by the manager for the setting. The complaints procedure we reviewed was appropriate, up to date and referenced HIW to escalate concerns. There were no complaints for us to review during the inspection, and we were assured by the complaints process in place. We were told that any complaint would be discussed at staff meetings and any verbal complaints would be noted within the complaints book.

Workforce recruitment and employment practices
We saw suitable arrangements for the recruitment and induction of any new staff members, including a detailed 3-month booklet for completion. The setting operated the Disclosure & Barring Service update service to ensure staff had up to date certification.

The registered manager conducted checks on individual staff member records on an annual basis to ensure all checks and fitness to work arrangements are in place.

Workforce planning, training and organisational development
We reviewed a sample of three staff records and found all staff had up to date training relevant to their roles. All staff also had up to date records pertaining to their pre-employment and Disclosure & Barring Service checks. While not initially available on the inspection, pre-employment details of two staff members were sent to HIW immediately following the inspection. Missing references were suitably risk assessed, and any newer staff members had these checks conducted.

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: 1192 Laser & Beauty Clinic

Date of inspection: 22 July 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
No immediate concerns were identified on this inspection					

Appendix C - Improvement plan

Service: 1192 Laser & Beauty Clinic

Date of inspection: 22 July 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
	No improvements were identified on this inspection.					