

# Independent Healthcare Inspection Report (Announced)

The Laser Beauty and Therapy  
Centre, Menai Bridge

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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:

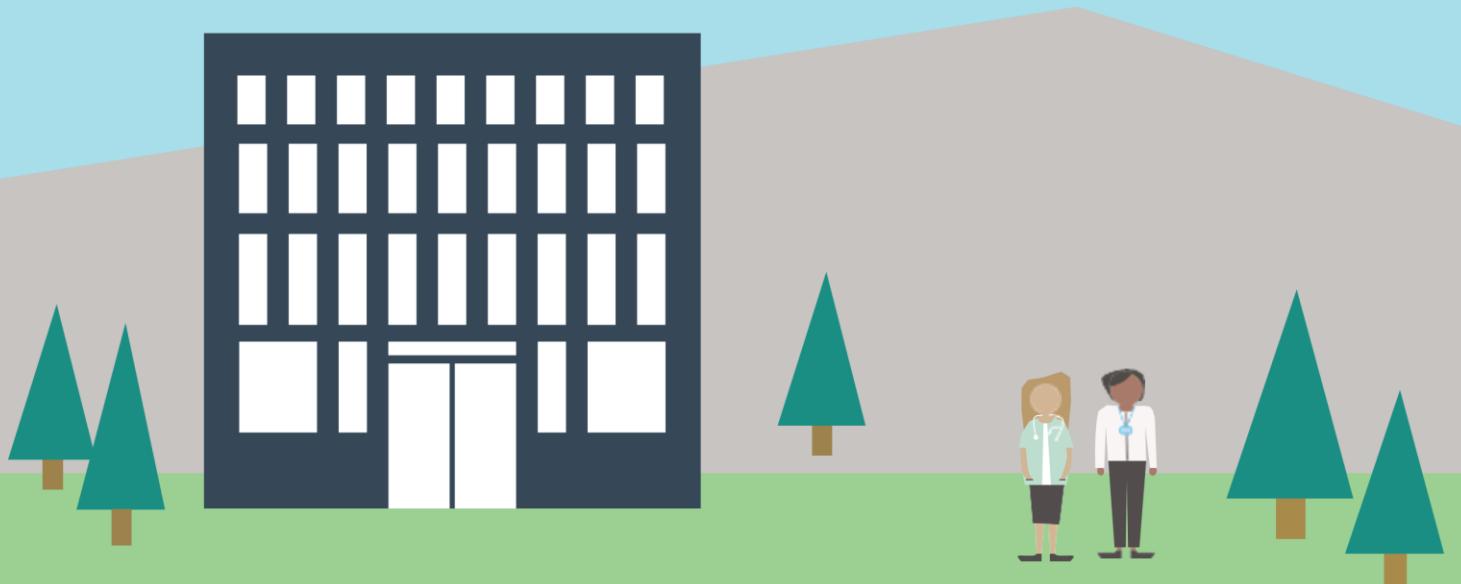
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 The Laser Beauty and Therapy Centre on 29 September 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 14 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 Laser Beauty and Therapy Centre was committed to providing a positive experience for patients in a pleasant environment with friendly and professional staff.

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

We observed staff greeting patients in a polite and friendly manner, both in person and on the telephone.

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

This is what the service did well:

- The clinic is committed to providing a positive experience for patients
- The clinic was very clean and tidy
- Staff were polite, caring and listened to patients
- Bilingual service offered
- The clinic had a system in place for seeking the views of patients.

### Delivery of Safe and Effective Care

Overall summary:

We found that The Laser Beauty and Therapy Centre was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

We found a staff team who were very patient centred and committed to delivering a quality service.

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

There were good arrangements in place to ensure that the laser machines were used appropriately and safely.

Infection prevention and control (IPC) measures were in place, including an IPC policy. Cleaning schedules were followed, and personal protective equipment and hand sanitisers were readily available.

The registered manager and staff were 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 the service did well:

- The clinic and treatment rooms had been designed and finished to a high standard
- Treatment rooms were clean, well equipped and fit for purpose
- Patients were provided with enough information to make an informed decision about their treatment
- We saw evidence that patients were satisfied with their treatments and services provided
- Patient notes were of a good standard.

## Quality of Management and Leadership

Overall summary:

The Laser Beauty and Therapy Centre has an established team with good leadership and clear lines of accountability.

We found management provided good leadership, and there were clear lines of accountability. A strong ethos and positive culture were present, and staff aimed to provide a high standard of patient care.

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

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

This is what the service did well:

- We saw certificates showing that authorised users of the laser machines had completed the Core of Knowledge training and training on how to use the laser machines
- Patient information was kept securely
- We saw that all staff worked well together as part of a team.

### 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 14 responses.

All patients who completed a questionnaire rated the service provided as very good. Some of the patients did not answer all of the questions.

Patient comments included:

*“Excellent service, excellent staff. Would not go anywhere else. 1st class - always.”*

*“Staff always very professional & friendly. 5\* would highly recommend and am so happy to have found the clinic.”*

*“First Class. Professional, polite and understanding.”*

*“Have had both laser hair removal and laser skin treatments here. I am a healthcare professional myself so very careful about choosing what treatments I have and where to do them. I have been very impressed with this clinic. Very knowledgeable staff.”*

*“Such a calm and caring environment.”*

### Health protection and improvement

We confirmed that patients provided comprehensive health and medical histories prior to their initial treatment and again prior to subsequent treatments. We confirmed medical histories were signed by the patient and were countersigned by the laser operator. All patients told us they had their medical histories taken prior to treatment.

### Dignity and respect

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

The door to the treatment rooms were 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. Patients comments about staff included:

*“Excellent care is taken every single time. Staff are always welcoming, helpful, and very kind. A lovely setting to visit for treatment.”*

*“The staff are very professional and highly experienced.”*

*“Everyone is very professional and friendly.”*

#### **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 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. One patient told us:

*“Staff always very friendly. Full history and consultation before first visit. Before and aftercare advice given. Comfortable and professional setting. Feel comfortable to discuss treatment options with staff.”*

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.

Comprehensive patient information was available for patients to read to help them decide about their treatment options and details about the service. We found evidence of this in the records we reviewed. All patients strongly agreed that staff explained what they were doing throughout the treatment and that they felt listened to.

Of the fourteen patients who completed the questionnaire, thirteen indicated that English was their preferred language. One patient expressed a preference for Welsh and confirmed that they were consistently offered the opportunity to communicate in Welsh throughout their treatment journey. They also reported feeling comfortable using the Welsh language within the clinic setting.

We were informed that two members of staff were Welsh speakers, which helps to meet the needs of Welsh speaking patients. One member of staff could also communicate with patients in French.

### **Care planning and provision**

We saw evidence to confirm that all patients received a face-to-face consultation prior to the start of any treatment. As part of this consultation, patient medical histories were collected to ensure suitability of the chosen treatment.

Treatment information was recorded within individual patient files and a treatment register was being maintained.

We reviewed a sample of patient records and found a good standard of record keeping, which covered all areas of the patient journey, pre and post treatment.

### **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.

There was good access to the building. Wheelchair users and patients with mobility issues could access two of the three laser treatment rooms, the reception, waiting area, toilet and washroom facilities. There are also ample car parking facilities at the premises.

#### **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. Patient feedback analysis is published on the clinic website demonstrating that feedback is acted upon and is used to influence changes to service delivery.

Patients could provide feedback at the end of each treatment via a questionnaire and on social media. Feedback and comments could also be made anonymously.

# Delivery of Safe and Effective Care

## Managing risk and health and safety

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be very well maintained internally and externally. We saw that all areas were very clean, tidy and free from obvious hazards.

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.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training.

Emergency exits were visible, and a Health and Safety poster was displayed.

The practice had a range of policies and procedures, as well as risk assessments in place, such as, fire and health and safety. All risk assessments were current and regularly reviewed. Fire alarm tests and six-monthly fire drills were taking place. However, we found that two of the laser operators were required to renew their fire safety training. We received evidence immediately following the inspection confirming that fire safety training had been renewed.

An emergency first aid kit was available on the premises. At the time of inspection, two of the four laser operators had completed first aid training. The registered manager was advised to consider ensuring that all laser operators receive first aid training, to maintain appropriate coverage in the event that trained staff are absent. We received evidence immediately following the inspection confirming that all operators had received fire aid training.

We were assured that the premises were fit for purpose, and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

## Infection prevention and control (IPC) and decontamination

We observed all areas of the service to be visibly clean and all patients felt the clinic was 'very clean'.

The registered manager described a range of infection control arrangements. These included a daily cleaning checklist for the treatment rooms, cleaning laser and bed equipment in between appointments, cleaning of eyewear prior to each use. There were appropriate arrangements in place for the disposal and collection of clinical waste, including sharps.

We saw that IPC training for all laser operators was due for renewal. We received evidence immediately following the inspection confirming that all laser operators had renewed their 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. Patients told us:

*“This clinic is 100% professional, immaculate and all technicians are so caring to help achieve great treatments.”*

*“Always clean, staff are wonderful, well looked after every time. Aftercare always informed.”*

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 the laser operators had completed safeguarding level one training. We informed the registered manager that all laser operators should receive level two training. We received evidence immediately following the inspection confirming that all laser operators had now completed level two 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.

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

Laser machines had an annual service and calibration certificate which were in date. There were treatment protocols in place for the use of the laser machines and these had been approved by an expert medical practitioner.

There was a contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machines. The local rules had been regularly reviewed by the LPA and signed by the laser operators.

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

Eye protection was available for patients and the laser 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 rooms to indicate when the laser machines were in use. The registered manager also confirmed that treatment room doors are locked when the machines are in use in order to prevent unauthorised access. We were told that the machines are kept secure at all times and can only be activated by a key, preventing unauthorised operation.

A risk management policy was available for us to view on the day of inspection. The environmental risk assessments had recently been reviewed by the LPA.

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

There were suitable systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager regularly seeks the views of patients as a way of informing care, conducts audits of records to ensure consistency of information and assesses risks in relation to health and safety.

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.

### **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. Records were kept in a well organised manner and were kept secure when not in use.

# Quality of Management and Leadership

## **Governance and accountability framework**

The Laser Beauty and Therapy Centre was run and owned by the registered manager who we found to be very committed and dedicated to their role.

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**

We confirmed with the registered manager that there had been no HIW reportable 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 laser operators.

We also saw evidence that all laser operators 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
We found that two of the laser operators were required to renew their fire safety training.	Risk to patient safety and emergency response efficiency.	Discussed with the registered manager.	We received evidence immediately following the inspection confirming that fire safety training had been renewed for both laser operators.
We found that the IPC training for all laser operators was due for renewal.	Risk to patient safety.	Discussed with the registered manager.	We received evidence immediately following the inspection confirming that IPC training had been renewed by all laser operators.
We found that all laser operators were required to complete level two safeguarding in addition to level one.	Safeguarding training is essential for the safety, wellbeing and the protection of vulnerable individuals.	Discussed with the registered manager.	We received evidence immediately following the inspection confirming that safeguarding level two training had been completed by all four laser operators.

## Appendix B - Immediate improvement plan

**Service:** The Laser Beauty and Therapy Centre

**Date of inspection:** 29 September 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.					

## Appendix C - Improvement plan

**Service:** The Laser and Beauty Therapy Centre

**Date of inspection:** 29 September 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. No areas for improvement were identified on this inspection.					