

Independent Healthcare Inspection Report (Announced)

Redefined by Anna, Haverfordwest.

Inspection date: 06 January 2026

Publication date: 08 April 2026



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

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

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83745-471-6

© Crown copyright 2026

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

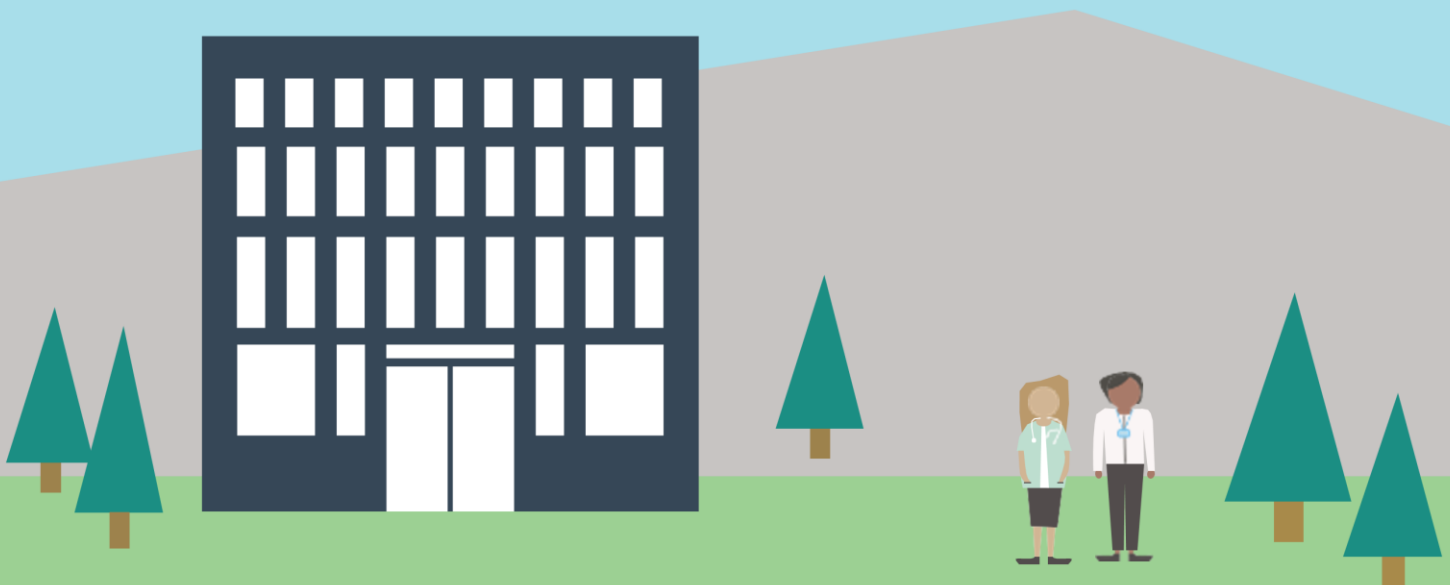
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	9
• Quality of Patient Experience	9
• Delivery of Safe and Effective Care	13
• Quality of Management and Leadership	17
4. Next steps.....	19
Appendix A - Summary of concerns resolved during the inspection	20
Appendix B - Immediate improvement plan.....	22
Appendix C - Improvement plan	24

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 Redefined by Anna on 06 January 2026.

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. No completed questionnaires were received. We also spoke to staff working at the service during our inspection. Feedback we received appears 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:

The clinic demonstrated a proactive approach to health promotion, with patient consultations used as opportunities to promote wider health awareness and signpost individuals to other relevant healthcare services where needed. Patients were treated with dignity and respect. Consultations and treatments were carried out in a private, lockable room, and measures were in place to maintain confidentiality and comfort. Patients were offered coverings during treatment and given the option of a chaperone.

We found that patients received clear verbal and written information about treatments, including risks, benefits, and aftercare. Consent was documented and securely stored, and patch testing was carried out before treatment. However, there was no written policy on how informed consent is obtained and recorded.

The clinic provided multiple ways for patients to communicate, including by phone, text, and through its website. Information could be offered in accessible formats, such as large print. A statement of purpose and patient guide were available, but these had not been reviewed recently. There was also no written policy on how information is provided to patients.

Care planning processes were generally robust, and patients were given enough information to make informed decisions. A treatment register was in place, but it lacked important details such as treatment parameters and any adverse reactions. This was addressed during the inspection.

Equality and diversity were promoted through policy and practice. The clinic respected patients' rights and identities, including those of transgender individuals. However, the treatment room was located on the first floor, which may limit access for patients with mobility issues. We advised the service to make this clear on its website.

The clinic actively sought patient feedback and displayed the complaints process prominently. Plans were in place to share feedback summaries online, which is positive. At the time of inspection, no complaints had been received.

This is what we recommend the service can improve:

- Develop written policies for obtaining and recording consent and providing information to patients
- Regularly review and update the statement of purpose and patient guide.

This is what the service did well:

- Promoted health and wellbeing
- Maintained privacy and dignity
- Provided clear information and supported informed choices.

Delivery of Safe and Effective Care

Overall summary:

We found the clinic environment to be clean, well maintained, and appropriately equipped. Security measures were in place to prevent unauthorised access, and the laser treatment room was organised and fit for purpose. Staff demonstrated good knowledge of infection control principles, and clinical waste was managed safely under a contract with a licensed carrier. Laser equipment matched the details registered with Healthcare Inspectorate Wales and had been serviced regularly. Local rules for safe operation were in place and signed by operators. Personal protective equipment (PPE) was available and suitable, and the authorised operator had up-to-date training.

However, we identified several areas requiring improvement. Key health and safety documentation was missing, including a current gas safety certificate and a five-year electrical installation report. Fire safety arrangements needed strengthening, as there was no evidence of regular testing of fire detection equipment and no patient information on what to do in the event of a fire. Some items in the first aid kit were expired, although this was addressed during the inspection.

Infection control processes were generally sound, but the clinic did not have a written infection control policy, and cleaning records were not signed. Two fabric-covered chairs in the treatment room could not be easily disinfected between patients. Safeguarding arrangements also required attention, as there was no written safeguarding or whistleblowing policy, although the registered manager had completed basic safeguarding training.

Treatment protocols for laser equipment were available but lacked review dates and signatures from an expert medical practitioner. While patient records were well maintained and securely stored, the treatment register did not initially include key details such as treatment parameters and adverse reactions. This was resolved during the inspection.

This is what we recommend the service can improve:

- Strengthen Health and safety arrangements
- Improve Infection Control measures
- Develop Safeguarding and clinical governance policies

This is what the service did well:

- Clean and well-maintained environment
- Safe laser equipment management
- Willingness to address concerns promptly.

Quality of Management and Leadership

Overall summary:

We found that the clinic had clear governance arrangements. The registered manager was responsible for all aspects of service delivery, including clinical standards and compliance. The Healthcare Inspectorate Wales (HIW) registration certificate was displayed, and appropriate insurance cover was in place. Some policies and procedures were up to date and reviewed regularly, but others required further development and implementation.

Patients were given clear information about how to raise concerns, and the complaints process was well signposted both verbally and in written materials. A system was in place to manage formal complaints and incidents, though it had not yet been tested due to the absence of any reported concerns. The service also had procedures for reporting significant events, including those requiring external notification.

In relation to workforce arrangements, the registered manager held a current enhanced DBS check and had completed appropriate training on the safe use of laser equipment, supported by a programme of ongoing professional development. However, gaps were identified in training areas such as infection prevention and control and first aid.

This is what we recommend the service can improve:

- Develop and implement missing policies
- Strengthen training in key areas
- Review and update governance documents.

This is what the service did well:

- Clear governance and accountability
- Transparent complaints process
- Commitment to professional development.

3. What we found

Quality of Patient Experience

Health protection and improvement

We were told the clinic took an active role in promoting health during consultations and treatment sessions. Practitioners routinely used patient interactions as opportunities to signpost individuals to relevant healthcare professionals and services, such as general practitioners or dermatologists when broader health needs were identified.

Dignity and respect

Although the clinic was not open to patients on the day of the inspection, we were able to view the laser treatment room, which was located on the first floor of the premises. We were informed that all consultations and treatments were conducted within this room, with doors kept closed during procedures to ensure privacy. The treatment room was equipped with a lockable door, and the registered manager confirmed that this was routinely locked during treatment sessions to further support patient confidentiality and comfort.

Patients were offered appropriate measures to maintain their dignity, including being left alone to undress when necessary and being provided with suitable coverings or provisions during treatment. The registered manager told us that patients were welcome to bring a chaperone of their own choosing.

Patient information and consent

The registered manager described a comprehensive approach to patient consultations, during which individuals were given both verbal explanations and printed information about the treatments available. This information covered the intended benefits of treatment, as well as the potential risks and any limitations.

Consent for treatment was recorded using paper-based forms, which were signed by patients and securely stored within individual patient records. This practice was consistent with the requirements of the Data Protection Act and helped to ensure the confidentiality of patient information. In addition, prior to commencing treatment, all patients were asked to undergo a patch test to assess the likelihood of any adverse reactions.

We also saw that patients were asked to complete and sign a medical history form at the start of their treatment. Furthermore, patients were required to provide updated medical information at each follow-up appointment.

However, although staff were able to clearly articulate the process for obtaining and recording consent, the service did not have a written policy outlining how informed consent is obtained.

The registered manager must develop and implement a written policy on obtaining informed consent from patients.

Communicating effectively

The clinic maintained a website that provided an overview of its services and included contact details for general enquiries and appointment bookings. While this offered a useful point of access for patients with digital literacy, we noted that for those without online access, alternative arrangements were in place to facilitate communication by telephone. Patients were also able to contact the service by text message, offering a degree of flexibility in how they engaged with the clinic.

The registered manager told us that information could be provided in alternative formats, including large print, to support accessibility for patients with additional needs. A printed statement of purpose and patient guide was available on request; however, we found that these documents had not been reviewed recently. This issue was raised with the manager during the inspection, and further details of the response and actions taken are included in [Appendix A](#).

The registered manager described a process in which patients received comprehensive verbal information to support informed choices about their care. This included explanations of treatment options, the nature and process of the procedures, any post-treatment care requirements, and a full outline of the associated costs.

The service did not have a written policy on the provision of information to patients.

The registered manager must develop and implement a written policy on the provision of information to patients.

Care planning and provision

We saw evidence that patients were given a full consultation before agreeing to any treatment. This included details of the risks and benefits. Copies of treatment information, including aftercare guidance, were provided to all patients. We were assured that patients received enough information to make an informed decision about their treatment.

Records reviewed during the inspection confirmed that patients underwent a patch test prior to the start of a treatment course. This helped determine the likelihood of any adverse reactions.

The clinic maintained a combined treatment register for all laser units, which included essential information such as patient identifiers, the date of treatment and type of equipment. While the presence of this register provided a useful overview of laser activity and supported traceability, there were some gaps in the information recorded. The treatment parameters, and record of any adverse reactions were not included. We also observed that the treatment register did not consistently specify the anatomical area treated.

The registered manager resolved this on the day of the inspection updating the treatment register. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

Equality, diversity and human rights

We saw that the clinic had an up-to-date written policy on equality and diversity, which outlined its commitment to fair and inclusive treatment for all patients. This policy was supported in practice, with the registered manager reporting a strong emphasis on treating every individual with respect and dignity.

We were informed that patients' rights were safeguarded using systems, such as the complaints process, which the service viewed as a means of addressing and preventing any potential discrimination.

Although the treatment room was located on the first floor and therefore not accessible to those with significant mobility issues, we were told that the service checked for mobility limitations at the initial point of contact to help identify any access issues early. While this practice helped to minimise potential barriers to access, we advised the service to include information on the lack of step-free access on their website.

The registered manager must update the website, statement of purpose and other patient information to include details about the lack of step-free access to the treatment room.

The clinic also demonstrated sensitivity to the rights and identities of transgender patients. We were assured that the service would respect individuals' preferences regarding names and pronouns.

Citizen engagement and feedback

We found that the clinic had processes in place to actively seek and respond to patient views. Staff told us that they routinely requested verbal feedback from

patients following treatment sessions, and additional avenues for providing feedback were also available, including in person, by email, or via text message.

The process for providing feedback and making complaints was clearly outlined in the patient guide. Furthermore, this information was visibly displayed in the treatment room, ensuring that patients were aware of how they could raise concerns or share comments about their care.

The registered manager reported that patients were occasionally sent emails containing updates about actions taken in response to their feedback. Plans were also in place to expand this approach by including feedback summaries and service updates on a new website and associated app.

Delivery of Safe and Effective Care

Environment

We found the building to be visibly well maintained both internally and externally. Suitable security measures were in place to prevent unauthorised access. The laser treatment room appeared well organised and appropriately equipped.

Managing risk and health and safety

We saw that a workplace health and safety risk assessment had been completed and was up to date. Fire safety had been considered within the laser risk assessment carried out by the Laser Protection Advisor (LPA), indicating that the potential hazards associated with laser use had been addressed. There was also evidence that Portable Appliance Testing (PAT) had been undertaken, confirming that small electrical devices in use at the clinic had been checked for safety.

However, there were several gaps in the service's health and safety arrangements. At the time of the inspection, the service did not have a current gas safety certificate or a five-yearly electrical installation condition report.

The registered manager must obtain and maintain a current gas safety certificate and five-year electrical installation test report.

Fire safety arrangements required further attention. While a fire extinguisher was available on the premises, we were unable to confirm the expiry date, we raised this with the manager during the inspection. The registered manager resolved this on the day of the inspection by ordering a new fire extinguisher. Further details of the response and actions taken are included in [Appendix A](#).

No evidence was seen of regular testing of fire detection equipment, and no information was available on site for patients regarding what to do in the event of a fire.

The registered manager must:

- **Ensure regular testing of fire detection equipment and record results**
- **Provide clear information for patients on what to do in the event of a fire.**

A 'no smoking' sign was displayed in the treatment room and the registered manager reported being aware of their responsibilities in the event of a fire or medical emergency.

A first aid kit was available on the premises; however, some items within the kit were found to be expired. The registered manager resolved this on the day of the inspection by ordering a new first aid kit. Further information regarding the actions taken by the service is included in [Appendix A](#).

Infection prevention and control (IPC) and decontamination

The environment was visibly clean and free from unnecessary clutter. Processes for the cleaning and decontamination of the treatment area appeared to be effective and staff demonstrated a good understanding of their responsibilities in this area. While a formal infection control policy was not available at the time of inspection, we saw a detailed infection control checklist in place. This checklist outlined cleaning tasks and frequencies. However, the service did not have signed records of task completion.

The registered manager must:

- **Develop and implement a written infection control policy**
- **Maintain a record of completion of the infection control tasks.**

The registered manager showed awareness of infection control principles and confirmed they were in the process of updating their training in this area. They were also familiar with current guidance regarding needlestick injuries, indicating an up-to-date understanding of infection-related risks and how to respond appropriately.

We noted that two chairs in the treatment room had fabric coverings, which could present challenges for effective cleaning and disinfection between patients.

The registered manager must replace or cover fabric chairs with wipeable materials to ensure effective cleaning.

Clinical waste was managed safely, with appropriate segregation and disposal in line with legal requirements. The clinic had an established contract with a licensed clinical waste carrier.

Safeguarding children and safeguarding vulnerable adults

The clinic is registered to provide treatment to individuals aged 18 years and over, and the registered manager confirmed that this age restriction was strictly adhered to. We were also told that children are not permitted on the premises.

The service did not have a written safeguarding policy or a whistleblowing policy available at the time of inspection. We saw that the registered manager had completed level 1 safeguarding training. The registered manager had the Wales

Safeguarding Procedures mobile app to stay informed about current guidance and best practices.

The registered manager must:

- **Develop and implement a written safeguarding and whistleblowing policy that sets out procedures for protecting vulnerable adults and responding to concerns**
- **Ensure that they have undertaken safeguarding training appropriate to their role.**

Medical devices, equipment and diagnostic systems

We found that the laser machines in operation matched those registered with Healthcare Inspectorate Wales (HIW), and there was clear evidence that the equipment had been subject to routine servicing.

The service had an ongoing contract with a qualified Laser Protection Adviser (LPA), who had provided local rules for the safe use of the laser machines. These local rules had been reviewed regularly and were signed by the laser operator.

Treatment protocols supplied by the manufacturers of the laser machines were in place. However, these protocols did not include a review date.

The registered manager must review medical protocols to ensure they include a review date. In addition, the protocols for each IPL/laser machine must be signed by an expert medical practitioner.

Safe and clinically effective care

Appropriate personal protective equipment (PPE) was in place, including suitable eye protection for both patients and operators. This equipment was stored safely and reported to be subject to regular checks to ensure functionality and cleanliness.

The authorised operator had appropriate and up to date training in the use of the specific laser units and general Core of Knowledge training.

There were signs on the outside of the treatment room to indicate the presence of the IPL machines and a lock to prevent unauthorised entry when a machine was in use. We found suitable arrangements to ensure the IPL machines were secure when not in use.

Participating in quality improvement activities

The registered manager demonstrated a good knowledge and understanding of the treatments provided. They 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

We found that paper records were stored securely in a lockable cabinet, ensuring confidentiality and compliance with data protection requirements.

The registered manager was able to clearly describe appropriate arrangements for the retention and disposal of records, including relevant timeframes in line with legal and regulatory requirements; however, the clinic had not yet been operational for a sufficient period for these processes to have been put into practice.

A sample of five patient records was reviewed during the inspection. Each record reflected a high standard of documentation, with entries that were clear, legible, and detailed. The records were individualised, providing relevant clinical information that supported the delivery of safe and person-centred care.

Quality of Management and Leadership

Governance and accountability framework

Redefined by Anna was owned and managed by the registered manager. The registered manager confirmed that they were responsible for all aspects of service delivery, including oversight of clinical standards, record-keeping, and regulatory compliance.

The clinic's HIW registration certificate and associated conditions of registration were displayed in the premises. The clinic also had appropriate insurance cover in place, with a current public liability insurance certificate available for inspection.

We reviewed a range of policies and procedures covering key operational and clinical areas. Some documents were up to date and reviewed regularly. Others, as described in this report, required further development and implementation.

Dealing with concerns and managing incidents

The registered manager told us that patients were informed during consultation about how to make a complaint, and the complaints procedure was clearly displayed within the treatment room.

The procedure for managing complaints was set out in both the clinic's statement of purpose and the patient guide. These documents included relevant details such as the identity of the responsible person, the timeframes for acknowledging complaints, and the next steps in the process. Contact details for Healthcare Inspectorate Wales (HIW) were also included, allowing patients to escalate concerns externally if they felt their complaint had not been resolved satisfactorily.

The clinic had a system in place to log formal complaints and concerns. At the time of inspection, no complaints had been received, and therefore the system had not yet been tested in practice.

In relation to incidents and adverse events, the service had a procedure in place for identifying, reporting, and managing significant events. This included the necessary notification requirements.

Workforce recruitment, planning and training

The registered manager provided evidence of a current enhanced Disclosure and Barring Service (DBS) check, with confirmation that this is renewed on an annual basis.

We found the registered manager had completed core of knowledge training relevant to the safe use of laser and intense pulsed light (IPL) equipment, in addition to receiving specific training on the laser machines used at the clinic. We also saw evidence that the registered manager actively participates in ongoing professional development and training to maintain and enhance their clinical skills and regulatory awareness. This included recent examples of learning activities.

Although the service has appropriate training foundations in place, we identified areas for improvement earlier in this report relating to specific training needs, such as infection prevention and control and first aid.

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
Some items in first aid kit were expired	Expired items in a first aid kit may compromise the effectiveness and safety of emergency treatment. Expired supplies could fail to work as intended or pose a risk of infection.	We raised this immediately with the registered manager.	A new first aid kit was ordered for delivery on 07 January 2026. As there were no appointments scheduled between the inspection date and the delivery date, the old kit was disposed of.
Fire extinguisher - difficult to establish expiry date	There was a risk that the equipment may not function correctly in the event of a fire. This could delay or prevent effective fire suppression, increasing	We raised this immediately with the registered manager.	A new fire extinguisher was ordered for delivery on 07 January 2026. As there were no appointments scheduled between the inspection date and the delivery date, the old extinguisher was disposed of.

	the likelihood of harm to patients and staff.		
Statement of Purpose and Patient guide had not been reviewed recently	There was a risk that the information provided to patients may be inaccurate or outdated. This could lead to patients making decisions based on incomplete or incorrect information about the services offered, treatment options, risks, and costs. It may also reduce transparency and trust in the service.	We raised this immediately with the registered manager.	Reviewed and signed and dated during the inspection
Patient register did not include shot count/ relevant parameters or adverse effects	There was a risk that treatments could not be accurately monitored or audited. This limited the ability to track whether the laser or IPL equipment was used within safe operating limits and according to manufacturer protocols. It also reduced the ability	We raised this immediately with the registered manager.	The registered manager took steps to enhance the completeness and accuracy of the treatment register in line with the British Medical Laser Association (BMLA) Essential Standards during the inspection.

	to identify patterns or respond effectively if a patient experienced complications.		
--	---	--	--

Appendix B - Immediate improvement plan

Service: Redefined by Anna

Date of inspection: 06 January 2026

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. There was no immediate non-compliance issues identified on 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: Redefined by Anna

Date of inspection: 06 January 2026

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. The service did not have a written policy outlining how informed consent is obtained and recorded.	The registered manager must develop and implement a written policy on obtaining informed consent from patients.	The Independent Health Care (Wales) Regulations 2011 Regulation 9, Regulation 17.	Devised and written Consent Policy	Anna Price	Completed
2. The service did not have a written policy on the provision of information to patients.	The registered manager must develop and implement a written policy on the provision of information to patients.	The Independent Health Care (Wales) Regulations 2011 Regulation 9, Regulation 15.	Devised and written Provision of Information Policy	Anna Price	Completed
3. Although the treatment room was located on the first floor and therefore not accessible to	The registered manager must update the website, statement of purpose and other patient information to include details about the	The Independent Health Care (Wales) Regulations 2011 Regulation 6.	I'm having a website designed at the moment and have supplied a statement to reiterate that there	Anna Price	Have passed this on. Website won't be up and running

	those with significant mobility issues, we were told that the service checked for mobility limitations at the initial point of contact to help identify any access issues early. We advised the service to include information on the lack of step-free access on their website.	lack of step-free access to the treatment room.		are stairs to the treatment room with a banister		until possibly the middle of April
4.	The service did not have a current gas safety certificate or a five-yearly electrical installation condition report.	The registered manager must obtain and maintain a current gas safety certificate and five-year electrical installation test report.	The Independent Health Care (Wales) Regulations 2011 Regulation 26.	The Gas has been checked and the book has been signed off I'm arranging for an electrician to provide a report	Anna Price	Gas check completed on the 29-01-2026 Electric check will be completed by the end of May 2026
5.	No evidence was seen of regular testing of	The registered manager must:	The Independent Health Care (Wales)	I have enrolled to complete Fire Warden	Anna Price	Due to other commitments

	fire detection equipment, and no information was available on site for patients regarding what to do in the event of a fire.	<ul style="list-style-type: none"> • Ensure regular testing of fire detection equipment and record results • Provide clear information for patients on what to do in the event of a fire. 	Regulations 2011 Regulation 26, Regulation 15.	(Marshal) Training, Electrical Safety Awareness & Fire Extinguisher Awareness courses. An Evacuation Policy has been created and placed in the room for Clients		I'm looking to get these courses completed by the end of May 2026
6.	We saw a detailed infection control checklist in place. This checklist outlined cleaning tasks and frequencies. However, we did not see signed records of task completion.	The registered manager must: <ul style="list-style-type: none"> • Develop and implement a written infection control policy • Maintain a record of completion of the infection control tasks. 	The Independent Health Care (Wales) Regulations 2011 Regulation 23, Regulation 15.	Have designed record of cleaning tasks to be signed off when cleaning has taken place	Anna Price	Completed this on the 09-01-2026 Implemented on 12-01-2026
7.	We noted that two chairs in the treatment room had fabric coverings, which could present challenges for effective cleaning and disinfection between patients.	The registered manager must replace or cover fabric chairs with wipeable materials to ensure effective cleaning.	The Independent Health Care (Wales) Regulations 2011 Regulation 15, Regulation 26.	I'm in the process of replacing the two chairs with wipeable chairs	Anna Price	This will be carried out by the end of may as I'm looking for suitable chairs to fit in the dedicated

						space available
8.	The service did not have a written safeguarding policy or a whistleblowing policy available at the time of inspection. We saw that the registered manager had completed level 1 safeguarding training.	The registered manager must: <ul style="list-style-type: none"> Develop and implement a written safeguarding and whistleblowing policy that sets out procedures for protecting vulnerable adults and responding to concerns Ensure that they have undertaken safeguarding training appropriate to their role. 	The Independent Health Care (Wales) Regulations 2011 Regulation 16, Regulation 9, Regulation 20.	I have written both Safeguarding & Whistleblowing Policies. My Safeguarding certificate runs out in April I have purchased Level 2 course to complete prior to expiry	Anna Price	Policies have been written and Safeguarding Level 2 will be completed by the end of April 2026
9.	Treatment protocols supplied by the manufacturers of the laser machines were in place. However, these protocols did not include a review date and were not signed by an expert medical practitioner.	The registered manager must review all medical protocols to ensure they include a review date. In addition, the protocols for each IPL/laser machine should be signed by an expert medical practitioner.	The Independent Health Care (Wales) Regulations 2011 Regulation 22, Regulation 15, Regulation 9.	I'm in the process of arranging for a medical professional to provide signed expert protocols for both IPL/laser machines.	Anna Price	To be completed by the end of May 2026

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): Anna-Marie Price

Job role: Director, Registered Manager, Responsible Individual, Practitioner

Date: 16/03/2026