Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Kelly Harris Aesthetics Limited, Swansea

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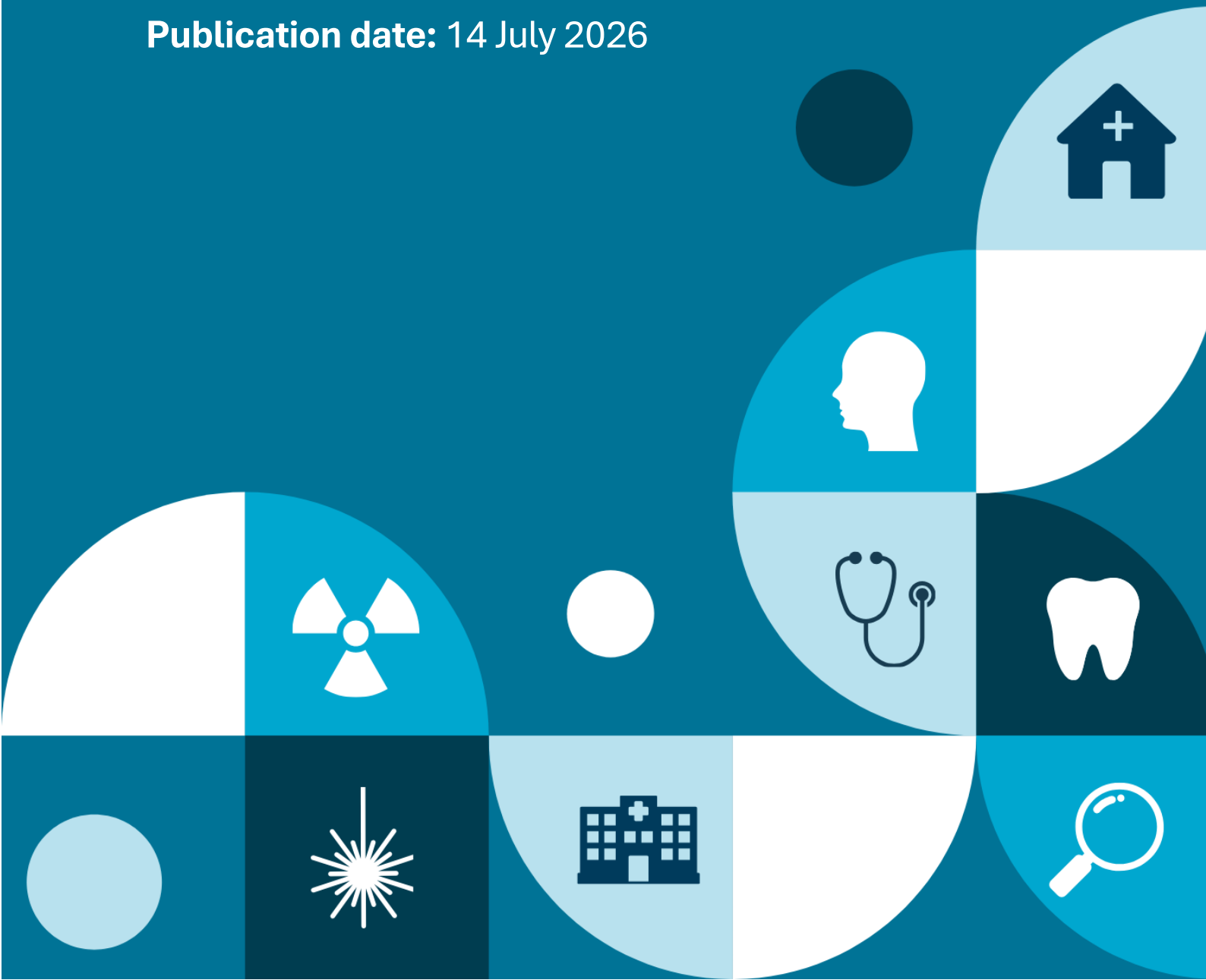

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Copies of all reports, when published, will be available on our **website** or by contacting us:

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

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

Our Purpose

We check the safety and quality of healthcare across Wales.

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 Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

Our Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued, and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.

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 Kelly Harris Aesthetics Limited on 13 April 2026.

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 12 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:

Kelly Harris Aesthetics provided a positive patient experience, with evidence that care was delivered in a respectful, informed and person-centred manner. Patients were supported to make informed decisions through comprehensive consultations, clear explanations of treatments, and access to both verbal and digital information. Robust consent processes and regular review of medical histories at each appointment further strengthened patient safety.

The clinic demonstrated a strong commitment to promoting health and wellbeing, using consultations to provide tailored advice and signpost patients to other healthcare services where appropriate. Patients' dignity and privacy were well protected with a private, secure treatment room, and inclusive practices were evident, including reasonable adjustments for individuals with mobility needs and respectful recognition of gender identity. Feedback indicated that patients felt treated fairly and without discrimination.

Communication arrangements were generally effective, with a range of booking options available and clear verbal engagement during consultations. The service also showed a proactive approach to gathering and acting on patient feedback, using this information to inform improvements. However, the service did not have a written policy setting out how information should be provided to patients.

This is what we recommend the service can improve:

- Develop and implement a written policy on the provision of information to patients.

This is what the service did well:

- provided a consistently positive patient experience, with patients reporting high levels of satisfaction
- strong consultation and consent processes in place
- demonstrated a proactive and inclusive approach to care.

Delivery of Safe and Effective Care

Overall summary:

The inspection found the clinic was clean, secure and well maintained, with suitable measures to prevent unauthorised access. Electrical safety checks and equipment testing were up to date, and an expired gas safety certificate identified during the inspection was promptly renewed following our visit.

Arrangements for managing risk and health and safety were in place, including fire safety equipment, staff training and regular testing of alarms. Some weaknesses in governance were identified. Health and safety risk assessments did not include risk ratings or review dates, and not all actions from the fire risk assessment action plan had been completed at the time of inspection. Cleaning schedules were not completed.

The clinic demonstrated good practice in the safe use of laser equipment, with appropriate oversight from a Laser Protection Advisor, trained staff, clear safety controls and secure storage of equipment. Medical protocols were available but lacked review dates and evidence of sign-off by an expert medical practitioner.

Safeguarding arrangements were in place and the service complied with its adult-only registration, though the safeguarding policy did not reference the Wales Safeguarding Procedures.

Some issues were addressed promptly during the inspection, including ordering replacement ‘No Smoking’ signage and a complete first aid kit.

This is what we recommend the service can improve:

- strengthen governance documentation by updating the health and safety risk assessment to include clear risk ratings, control measures, and review dates
- complete outstanding actions identified within the fire risk assessment action plan
- policy and assurance processes by ensuring cleaning schedules are consistently completed, the safeguarding policy reflects current Wales Safeguarding Procedures, and laser medical protocols are reviewed, dated, and signed by an expert medical practitioner.

This is what the service did well:

- maintained a clean, secure and well-organised environment
- patient records were of a high standard, with clear, detailed and securely maintained electronic documentation
- delivered person-centred, safe laser care.

Quality of Management and Leadership

Overall summary:

The inspection found that the clinic was well led by the registered manager, who had clear responsibility for all aspects of service delivery, including clinical oversight, record-keeping and regulatory compliance. Governance arrangements were in place, with the HIW registration certificate displayed and appropriate insurance cover held. The registered manager demonstrated a good understanding of the treatments provided and actively maintained their competence through relevant training, including laser-specific and core of knowledge training. This supported safe and effective leadership of the service.

There were effective systems for listening to patients and managing concerns. Although no formal complaints had been received, patient feedback was actively sought and routinely reviewed. Clear information was available to patients on how to raise concerns, including details of how to contact Healthcare Inspectorate Wales. Procedures were also in place for managing incidents and making required notifications, which supported accountability and transparency.

However, some governance documentation required strengthening. While a range of policies and procedures were in place, including a consent policy within the Standard Operating Procedures manual, individual review dates were not consistently recorded.

This is what we recommend the service can improve:

- strengthen governance arrangements by ensuring all policies and procedures include individual review dates and are subject to regular documented review.

This is what the service did well:

- effective systems for listening to patients, with feedback actively sought and reviewed to support service improvement
- the registered manager demonstrated a strong commitment to professional development.

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

Prior to our inspection, we invited patients to provide feedback electronically or via a paper record survey which we collected during our inspection. In total, we received 12 responses. Overall satisfaction with the service was very high, with all respondents rating their experience as “very good.”

Additional written feedback further reinforced these findings, highlighting staff professionalism, clear communication, and the ability to make patients feel comfortable, safe, and well cared for. Many comments also reflected trust in the practitioner’s knowledge and skills,

Patient comments included:

> *"Kelly is a true professional! She listened advised and treated me with respect. I would not trust anyone else, skilled and knowledgeable. Highly recommended .”*

> *“The service given to me was very professional and there was no pressure to proceed as everything was explained before the treatment and was given time to ensure the understanding of the procedure. The surroundings in the clinic were impeccable and private. I was relaxed and very comfortable and felt in very safe hands”*

Health promotion, protection and improvement

The clinic demonstrated a clear commitment to health promotion, integrating it into consultations and treatment sessions as part of routine practice. Staff used patient interactions to discuss wider aspects of wellbeing, including the impact of hormones, lifestyle factors, and skin health, reflecting the clinic’s core aim of improving both physical appearance and overall wellbeing. Advice was tailored to individuals and included guidance on at-home care, healthy living, and safe sun exposure.

Patients were provided with digital pre- and post-care information to reinforce advice given during appointments. The clinic also adopted a proactive approach to signposting, directing patients to appropriate services such as general practitioners, dermatologists, local counselling services, and a foot health clinic where relevant concerns were identified. Patients were encouraged to seek further medical advice if issues arose during consultations.

Dignity and respect

Although the clinic was not operational on the day of inspection, the treatment environment was reviewed and found to support patient privacy. All consultations and treatments were undertaken within the designated laser treatment room located on the ground floor, positioned away from the reception area. The room was equipped with a lockable door, and it was confirmed that doors were kept closed and routinely locked during procedures, ensuring a private and secure setting for patients.

We were told patients were able to bring a chaperone of their choice, such as a friend or family member, to attend appointments with them. Feedback from individuals who completed the HIW questionnaire was consistently positive. All respondents strongly agreed that they were treated with dignity and respect by staff and that appropriate measures were in place to protect their privacy during appointments.

Patient information and consent

Staff described a comprehensive consultation process. Patients were given clear verbal explanations and electronic information about the treatments available. This included information on the intended benefits, potential risks and any limitations of treatment.

Consent was formally recorded within an electronic patient record system, which was password protected to maintain confidentiality and comply with data protection requirements. The use of a secure digital system provided assurance that patient information was appropriately managed and accessible only to authorised staff.

All respondents to the HIW questionnaire confirmed that patch testing had been undertaken where appropriate and that their medical history had been reviewed prior to treatment. Staff explained that medical history checks formed a routine part of consultations and were reviewed at every appointment, as well as repeated before the commencement of any new treatment or course.

We found the clinic had a written policy on obtaining informed consent, which was incorporated within the Standard Operating Procedures (SOP) Manual. The manual contained all relevant policies; however, individual review dates were not included.

The registered manager should ensure that all policies contained within the Standard Operating Procedures Manual include clear review dates and are subject to regular review.

Communicating effectively

The registered manager told us the service was developing a website, which would provide information about the clinic's services and contact details. At the time of the inspection, patients were able to book appointments online and via a text messaging service. These options provided convenient access for patients with digital literacy. We

were also told that alternative arrangements were available for patients without online access, including contacting the clinic by telephone or visiting the premises in person.

Key information about the service was available through a statement of purpose and a patient guide, which could be provided on request via email or viewed on a computer screen within the reception area.

The registered manager described how patients were given clear and comprehensive verbal information during consultations. This included detailed explanations of available treatment options, the nature and process of procedures, post-treatment care requirements, and the full cost of treatments. In addition, arrangements were in place to support patients who wished to communicate in Welsh or other languages, with the clinic able to access Language Line translation services where required. However, we found the service did not have a written policy setting out how information should be provided 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 received a comprehensive consultation prior to agreeing to any treatment. These consultations included clear explanations of the potential risks and benefits, ensuring that individuals were able to make informed decisions about their care. Patients were also provided with copies of treatment information, including aftercare guidance, to support safe and effective management following procedures.

We reviewed five patient records and confirmed that appropriate pre-treatment processes were in place. Where required, patients underwent patch testing prior to commencing a course of treatment, enabling practitioners to assess the likelihood of adverse reactions and tailor care accordingly.

We found the clinic maintained a treatment register for the laser unit. This included key information such as a patient identifier, the date and type of treatment, treatment parameters used, practitioner comments and records of any adverse reactions.

Equality, diversity and human rights

The clinic provided laser treatments to adults aged 18 and over. The registered manager told us the service had selected laser equipment suitable for use on a wide range of skin tones. This supported inclusive practice and ensured that patients with diverse skin types could access treatment on an equitable basis. Staff had also completed training in equality, diversity and inclusion, which underpinned their approach to patient care.

The registered manager described how patients were protected from discrimination

through the consistent delivery of care, with all individuals receiving the same standard of service. Emphasis was placed on treating patients with dignity and respect and creating an environment in which individuals felt safe and supported throughout their care.

Examples of reasonable adjustments were evident within the service. For instance, wheelchair users were offered longer appointment times to accommodate mobility needs and ensure they could access treatments comfortably. The clinic also demonstrated inclusive practice in relation to gender identity, with transgender patients treated in the same way as all other patients. Names and preferred pronouns were recorded as part of the consultation process, supporting respectful and person-centred care.

Feedback from patients supported our findings. Patients who completed the HIW questionnaire confirmed they had not experienced discrimination when accessing or using the service.

Citizen engagement and feedback

We were told the clinic actively sought feedback from patients following their appointments as part of its quality monitoring processes. This included an automatic feedback request generated via the clinical record application, alongside practitioners informally seeking verbal feedback during and after treatments. In addition, patients were able to share their experiences through online platforms, including Google reviews, and there were plans to incorporate feedback functionality into the clinic's forthcoming website.

The registered manager confirmed that patient feedback was regularly reviewed and considered as part of ongoing service development. An example was provided where feedback from patients led to updates being made to the clinical records system to improve the quality and clarity of information patients received.

Patient feedback was also published on the clinic's social media platforms. This demonstrated transparency and showed how the service listened to patients and acted on their views to support continuous improvement.

Delivery of Safe and Effective Care

Environment

The clinic environment was found to be clean, safe, and appropriately maintained, with suitable arrangements in place to ensure the security of the premises. Measures to prevent unauthorised access included a locked main entrance, the use of CCTV and external cameras, and an alarm system. These controls provided assurance that the premises were secure and that access was effectively managed.

During the inspection, the premises appeared visibly clean and well organised, supporting a safe environment for both patients and staff. Maintenance and safety checks were largely up to date. A valid five-yearly electrical installation inspection and test report was available, confirming the safety of the electrical system, and there was evidence that Portable Appliance Testing (PAT) had been carried out as required to ensure that electrical equipment was safe to use.

It was noted that the gas safety certificate had expired in September 2025 at the time of inspection. However, an updated certificate was provided shortly after the inspection, confirming that gas appliances were safe to use.

Managing risk and health and safety

The clinic had appropriate arrangements in place for managing risk and health and safety, although some areas required further strengthening to ensure full compliance and consistency. A workplace health and safety risk assessment had been completed, with risks and corresponding control measures identified within standard operating procedures. However, the documentation did not include risk ratings or review dates, which may limit its effectiveness in monitoring and reviewing risks over time.

The registered manager must strengthen the health and safety risk assessment by ensuring all identified risks are clearly documented, assigned a risk rating and include review dates.

A fire risk assessment was provided and it was supported by an action plan to address identified risks. It was noted that not all actions within the plan had been completed at the time of inspection.

The registered manager must ensure that all actions identified in the fire risk assessment action plan are completed without delay.

We saw evidence that fire safety precautions were being reviewed. A checklist was used to review fire precautions; however, the registered manager was advised to maintain a formal log of these checks to provide a clear audit trail. A fire safety equipment maintenance contract was in place. We also saw evidence of regular testing of fire detection equipment.

The premises were equipped with appropriate fire safety measures, including clear means of escape and the availability of fire extinguishers. At the time of inspection, 'No Smoking' signage was not displayed. The registered manager resolved this on the day of the inspection by ordering a new sign. Further information regarding the actions taken by the service is included in Appendix A. The registered manager had completed fire safety training.

We found a first aid kit was not available in a single, complete kit at the time of inspection. However, the usual contents of a first aid kit were readily available in the treatment room. The registered manager had completed first aid training and resolved this issue 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 premises were clean, safe and well maintained. Fixtures and fittings, including flooring, work surfaces and treatment equipment, were in a good state of repair and enabled effective cleaning.

Cleaning schedules were in place; however, there was no clear evidence that these had been consistently completed or followed.

The registered manager should ensure that cleaning schedules are fully completed, signed and retained as a record of routine cleaning activity.

The registered manager described how infection prevention and control compliance was monitored in practice. A cleaning log was kept next to the laser equipment and it was recorded when the laser was cleaned following use.

Appropriate arrangements were in place for the safe disposal of waste. Waste was segregated correctly, stored securely while awaiting collection and managed through a current contract with a licensed waste carrier.

We found the clinic had an up-to-date policy on infection prevention and control. Staff confirmed they had completed infection prevention and control training.

Safeguarding children and safeguarding vulnerable adults

The clinic was registered to provide treatment to individuals aged 18 years and over. The registered manager confirmed that this age restriction was strictly adhered to, in line with the service's registration requirements.

A safeguarding policy was in place, outlining staff responsibilities and the procedures to follow in the event of concerns relating to adults at risk. The registered manager had completed safeguarding training. However, we noted the policy did not refer to the Wales Safeguarding Procedures, which limited assurance that safeguarding arrangements were fully aligned with current national guidance.

The registered manager must review and update the safeguarding policy to ensure it clearly references and aligns with the Wales Safeguarding Procedures.

A whistleblowing policy was also available. This provided staff with guidance on how to raise concerns about unsafe or inappropriate practice.

Medical devices, equipment and diagnostic systems

A current contract was in place with a Laser Protection Advisor (LPA), and an up-to-date risk assessment completed by the LPA was available. Evidence confirmed that the local rules had been reviewed by the LPA and were comprehensive, including contingency plans for managing incidents or injuries, as well as clearly identifying the laser in use and the designated treatment room.

Staff using the equipment were suitably trained, with the authorised operator having completed up-to-date laser training and Core of Knowledge training. Measures were in place to ensure safe operation during treatments, including appropriate warning signage displayed on treatment room doors to indicate when laser equipment was in use. Protective eyewear was available for both patients and staff, routinely checked before each use, and found to be free from damage.

The clinic had implemented appropriate procedures to ensure equipment safety and security. The laser device was unplugged after use and stored in a locked room when not in operation. Routine quality assurance checks were undertaken, including ensuring lenses were clean and free from dust and that air filters were changed monthly. The registered manager confirmed the laser equipment had not yet reached the manufacturer's threshold for servicing.

Medical protocols for the use of the laser equipment were in place and had been provided by the manufacturer. However, these protocols did not include a review date, which may limit assurance that they remain current.

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

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.

Patient feedback was actively encouraged through both verbal and digital channels, and the registered manager confirmed that this information was reviewed on a regular basis. This feedback was used constructively to inform service improvements and

maintain high levels of patient satisfaction.

Records management

We found that patient records were maintained electronically. The registered manager described the system used to manage patient information as secure and password protected. The registered manager explained the processes in place for managing, retaining and disposing of records. These processes included defined retention periods.

We reviewed a sample of five patient records during the inspection. These records were of a high standard, with clear, legible, and detailed entries. Documentation was well organised and reflected individualised care, supporting the safe and effective delivery of treatment.

Quality of Management and Leadership

Governance and accountability framework

Kelly Harris Aesthetics 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 was 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

At the time of inspection, the registered manager confirmed that no formal complaints had been received. Despite this, the service actively sought patient feedback through its online booking system, with responses routinely reviewed to monitor satisfaction and identify any emerging issues.

A summary of the complaints process was included within the clinic's statement of purpose and the patient guide. These documents clearly identified the person responsible for managing complaints and provided patients with contact details for Healthcare Inspectorate Wales (HIW) should they wish to escalate concerns externally.

In relation to incidents and adverse events, the service had a procedure in place for identifying, reporting and managing significant events. This included arrangements for making the necessary notifications when required.

Workforce recruitment and training

At the time of the inspection, the registered manager provided evidence of a current Disclosure and Barring Service (DBS) check. The registered manager had completed relevant core of knowledge training, as well as specific training on the laser machine used within the setting. In addition, the registered manager actively engaged in further professional development and training to maintain and update their skills and knowledge.

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
At the time of inspection, 'No Smoking' signage was not displayed.	Patients were potentially at risk when visiting the premises.	We raised this immediately with the registered manager.	'No smoking' signs were purchased by the registered manager.
We found a first aid kit was not available in a single, complete kit at the time of inspection.	Patients were potentially at risk when visiting the premises.	We raised this immediately with the registered manager.	A complete first aid kit was ordered by the registered manager.

Appendix B – Immediate improvement plan

Service: **Kelly Harris Aesthetics Ltd**

Date of inspection: **13 April 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.

	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	There was no immediate non-compliance issues found on this inspection.				
Findings:					

Appendix C – Improvement plan

Service: Kelly Harris Aesthetics Ltd

Date of inspection: 13 April 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 Standard Operating Procedures manual contained all relevant policies; however, individual review dates were not included.	The registered manager should ensure that all policies contained within the Standard Operating Procedures Manual include clear review dates and are subject to regular review.	The Independent Health Care (Wales) Regulations 2011 – Regulation 9.	The SOPs have been reviewed and updated to ensure all policies have review dates included. Quarterly review/update sessions are scheduled into the annual action plan to be undertaken by myself and/or clinic manager when appointed.	Kelly Harris	completed

2.	We found the service did not have a written policy setting out how information should be provided 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 17.	A written policy 'Provision of information to patients' has been devised and included in the main SOP which will be reviewed quarterly. Action points included providing a link to the clinic's HIW registration which is now available on the newly developed live website. Further, post care advice has been reviewed and updated on the CRM system to ensure immediate delivery to patients via email following their appointments. This aims to support and reiterate aftercare already discussed during their appointments. Patients are now directed on how to make a complaint on the policy section in the website footer.	Kelly Harris	completed
3.	A workplace health and safety risk assessment had been completed. However, the documentation did not include risk ratings or review dates, which may limit its effectiveness in monitoring and reviewing risks over time.	The registered manager must strengthen the health and safety risk assessment by ensuring all identified risks are clearly documented, assigned a risk rating and include review dates.	The Independent Health Care (Wales) Regulations 2011 – Regulation 9, Regulation 26.	All risk assessments and policies have been reviewed and amended to include risk ratings and review dates.	Kelly Harris	completed

4.	It was noted that not all actions within the Fire Risk Assessment had been completed at the time of inspection.	The registered manager must ensure that all actions identified in the fire risk assessment action plan are completed without delay.	The Independent Health Care (Wales) Regulations 2011 – Regulation 9, Regulation 26.	All actions identified in the fire risk assessment have been completed. This will be reviewed quarterly along with all other risk assessments/policies as part of the annual clinic action plan.	Kelly Harris	completed
5.	The Safeguarding policy did not refer to the Wales Safeguarding Procedures.	The registered manager should review and update the safeguarding policy to ensure it clearly references and aligns with the Wales Safeguarding Procedures.	The Independent Health Care (Wales) Regulations 2011 – Regulation 9, Regulation 16.	The safeguarding policy has been reviewed and updated to include references to the All Wales Safeguarding Procedures in accordance with the legislative requirements and expectations of the Social Services and Well-being (Wales) Act 2014	Kelly Harris	completed

6.	Cleaning schedules were in place; however, there was no clear evidence that these had been consistently completed or followed.	The registered manager should ensure that cleaning schedules are fully completed, signed and retained as a record of routine cleaning activity.	The Independent Health Care (Wales) Regulations 2011 – Regulation 9, Regulation 15.	Cleaning schedules have been changed from a paper document to an electronic versions (google sheets) which can be checked off daily by the completeing team member (me) and saved/downloaded weekly. This will also form part of the daily operating procedures that will be developed as the clinic grows and roles establish from just myself as a sole clinician with employment of key team members.	Kelly Harris	completed

7.	Medical protocols did not include a review date, which may limit assurance that they remain current.	The registered manager must review medical protocols to ensure they include a review date. In addition, the protocols for the laser machine must be signed by an expert medical practitioner.	The Independent Health Care (Wales) Regulations 2011 – Regulation 22, Regulation 15, Regulation 9.	Aerolase UK have been contacted to provide a statement that their evidenced clinical protocols remain current. As an Advanced Nurse Practitioner/Prescriber I am confident that the protocols provided by Aerolase are evidenced based and remain best practice however, the Independent Health Care (Wales) Regulations 2011 may be historical and not reflect the current authority of new and emerging advanced/specialist health practitioner roles. Therefore, I have specifically requested the authorisation of a 'GMC registered medical clinician' which Aerolase will provide ASAP	Kelly Harris	Still Pending a signed statement from GMC medical practitioner (11th June 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): Kelly Harris

Job role: Owner/Lead clinician **Date: 11th June 2026**