Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

The Langley Spa, Llandudno Junction

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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 The Langley Spa on 23 April 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 questionnaires were completed. We also spoke to staff working at the service during our inspection.

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 Langley Spa laser clinic provided a pleasant environment for patients, with the premises being visibly clean, tidy and well-maintained.

Appropriate information was provided before, during and after treatments and patients were invited to provide feedback.

We were assured that patients were treated with dignity and respect.

This is what the service did well:

- Clean and pleasant environment
- Good range of information provided to patients
- Feedback actively sought and reviewed.

Delivery of Safe and Effective Care

Overall summary:

We found that the laser clinic maintained a good standard of safety and effectiveness in its care delivery. The environment was clean and well maintained.

The laser unit was in good condition, with appropriate safety measures and servicing records. A contract was in place with a Laser Protection Advisor and the clinic had comprehensive local rules and treatment protocols. The operators had up-to-date training in the safe use of the laser.

This is what we recommend the service can improve:

- Ensure the local rules include all required control measures
- Carry out and record fire drills.

This is what the service did well:

- Laser equipment maintained and used safely
- Effective procedures in place to provide appropriate care.

Quality of Management and Leadership

Overall summary:

The clinic owner demonstrated a commitment to providing a high standard of service to patients. We found a positive attitude towards feedback and making improvements.

A range of policies and procedures was in place to promote the safe delivery of services.

Operators had evidence of appropriate and up-to-date training.

This is what we recommend the service can improve:

- Put procedures in place for the retention and disposal of patient records.

This is what the service did well:

- Clear and effective processes for dealing with complaints.

3. What we found

Quality of Patient Experience

Dignity and respect

The treatment room had a lockable door and the external window was fitted with shutters, to promote patient privacy. Music was played in the clinic to further promote patient privacy.

The registered manager said that the door to the treatment room was kept locked during treatment. If patients needed to change, the operator would step out of the room briefly to maintain privacy.

We observed staff speaking to patients in a friendly and professional manner.

Patient information and consent

The registered manager described how patients were provided with detailed information during consultations to ensure they could make an informed decision about their treatment. This included possible outcomes and risks, treatment costs and care instructions.

There was a policy in place about consent to treatment and a detailed pre-printed form was used during consultations. The consultation form required a patient signature to confirm their consent to treatment.

Communicating effectively

The clinic had an up-to-date statement of purpose and patient information guide, that were made available to patients on request.

Patients were able to contact the clinic in person and by phone or could submit an enquiry via the clinic website.

Care planning and provision

All patients underwent a face-to-face consultation and patch test prior to treatment, with the results documented as part of the patient treatment record.

The registered manager described appropriate arrangements for obtaining a medical history and procedures for the assessment, diagnosis and treatment of clients. Patients completed and signed a medical history form prior to the commencement of treatment, with further checks carried out at each subsequent visit.

Equality, diversity and human rights

The clinic had an Equality and Diversity policy in place, that referred to relevant legislation. Both laser operators had undertaken equality and diversity training.

The clinic was on the ground floor with level access throughout but was not wheelchair accessible due to restrictions in the building layout including steps at the front door. The registered manager described some adjustments that had been made to accommodate patients with mobility difficulties, including fitting a handrail at the front door and the use of height-adjustable treatment beds.

Staff told us that the dignity of transgender patients was maintained by recording and using preferred names and pronouns.

Citizen engagement and feedback

The clinic actively sought patient feedback. Patients were sent a text message after each treatment with a link inviting them to submit feedback via an online portal. The registered manager was notified when reviews had been submitted. Patients were also able to submit publicly available online reviews.

The registered manager described how feedback was regularly reviewed and patients contacted if they had any issues or concerns. We were given examples where minor changes had been made because of patient feedback.

Delivery of Safe and Effective Care

Environment

The premises were visibly clean, tidy and well maintained. The clinic was in a good state of repair and provided a pleasant and welcoming environment for patients.

A mixed gender patient toilet was provided, with appropriate hand washing and drying facilities.

Managing risk and health and safety

The clinic had policies and procedures in place to help maintain the health and safety of staff and patients at the clinic, including a health and safety policy supported by a risk assessment.

We were told that if both members of staff were occupied in treatment rooms, the front door to the clinic was locked and a notice displayed advising patients to return later or contact the clinic by telephone.

We saw evidence of up-to-date gas safety certificate, portable appliance (PAT) testing and an electrical installation report.

We reviewed fire safety arrangements and saw that appropriate measures had been put in place. A detailed and comprehensive fire risk assessment had been carried out and action taken to address the recommended improvements. Staff had undertaken fire safety awareness training and we saw that fire extinguishers were available, with records showing they were serviced annually. A 'no smoking' sign was clearly displayed at the reception area.

There was good signage indicating the fire exits to the front and rear of the clinic, emergency lighting in a corridor and a mains-powered smoke alarm that was tested regularly.

Staff told us that in the event of a fire, the alarm would be raised verbally. There was a fire drill policy in place, however there was no evidence to show fire drills having been carried out. Immediately after the inspection, the registered manager submitted an appropriate form for recording fire drills.

The registered manager must ensure that regular fire drills are carried out and recorded.

A first aid kit was readily available with the contents being complete and up to date. Both members of staff had up-to-date training in first aid.

Infection prevention and control (IPC) and decontamination

We observed all areas of the clinic to be visibly clean and free from clutter. The premises were in a generally good state of repair enabling effective cleaning.

There was an up-to-date IPC policy in place and cleaning checklists were used to ensure various areas of the clinic were cleaned appropriately and regularly. Both laser operators had undertaken IPC training.

There were appropriate and secure arrangements for the storage and disposal of clinical waste, including sharps disposal.

Safeguarding adults at risk

The service was registered to treat patients aged 18 years and over. Staff told us that children were not allowed in the laser treatment room.

There was an up-to-date safeguarding policy in place. However, we noted the policy and procedures did not include contact details for escalating concerns. This was addressed during the inspection with appropriate contact details added. The registered manager was not aware of the Wales Safeguarding procedures. This was addressed during the inspection with the mobile phone application downloaded as an additional resource.

Both laser operators had up to date training in the safeguarding of adults at risk. The registered manager had training to level two, which was good practice.

Medical devices, equipment and diagnostic systems

The laser unit was in a good condition, visibly clean and in line with the HIW registration.

The door to the treatment room had appropriate signage to warn that a laser unit was in operation. The laser unit had a key switch and the key was stored securely when the machine was not in use. Additionally, the door to the treatment room was kept locked when not being used.

The laser unit was regularly serviced and maintained with appropriate records kept.

A contract was in place with a Laser Protection Advisor (LPA) and local rules and treatment protocols were seen to be in place. The treatment protocols were comprehensive and signed by a qualified medical practitioner. We noted that only one of the two laser operators had signed the latest version of the local rules. This was addressed immediately during the inspection.

There was a large wall-mounted mirror in the laser treatment room, that was covered at the time of inspection. Staff told us that the treatment room was used for different treatments, with a mirror being desirable at times but that it was covered with cloth

during laser treatments to reduce the risk posed by reflective surfaces.

We noted that this control measure was not included in the Local Rules and advised that the Local Rules be updated as necessary.

The registered manager must update the Local Rules to include control measures being used to ensure the risk from reflective surfaces is minimised.

Suitable eye protection was available for both patients and operators and regularly checked for damage during daily cleaning.

Safe and clinically effective care

Both laser operators had appropriate and up to date training in the use of the specific laser unit and general Core of Knowledge training, in line with British Medical Laser Association (BMLA) guidelines.

Appropriate treatment protocols were in place, which included treatment techniques, parameters and permitted variations and actions to take in the event of an adverse incident.

Participating in quality improvement activities

Feedback from patients was encouraged and regularly reviewed, to help improve the service.

The registered manager described some audit activities carried out to monitor the service provided and identify improvements.

Records management

We saw that a clear and detailed treatment register was kept for the laser unit. This included patient identification, date and type of treatment, treatment parameters and operator details.

We reviewed a sample of patient records and saw evidence of comprehensive information being recorded as paper copies. This included patient identification, medical history, consent, consultation forms and treatment history.

Patient records were stored securely in a locked unit. There were no clear procedures in place about the retention of records and subsequent disposal. We advised that records should be kept for a period of eight years prior to secure disposal.

The registered manager must ensure that appropriate procedures are in place for the retention and disposal of patient records.

Quality of Management and Leadership

Governance and accountability framework

The registered manager was the clinic owner and an operator of the laser. One other member of staff was qualified and authorised as a laser operator.

There was a good range of policies and procedures in place, to meet regulatory requirements.

We saw a simple but effective system in place to monitor compliance with training requirements and ensure training was renewed at appropriate intervals.

The clinic had up-to-date public liability and employers' insurance.

We noted that the HIW registration certificate was not on display. This was addressed immediately during the inspection with the certificate put clearly on display in the reception area.

Dealing with concerns and managing incidents

There was a suitable complaints procedure in place and made available to patients if required. The complaints procedure included a clear process, appropriate timescales for response and contact details to escalate concerns with external bodies.

Details of any complaints were recorded in a book and discussed on an ad-hoc basis to ensure any appropriate actions were taken.

Workforce recruitment and employment practices

The registered manager was the clinic owner and a laser operator. A second member of staff operated the laser and was self-employed.

We saw evidence that both laser operators had undertaken relevant training and had certificates to show checks by the Disclosure and Barring Service.

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
There was an up-to-date safeguarding policy in place. However, this did not include contact details for escalating concerns. The registered manager was not aware of the Wales Safeguarding procedures.	Having relevant information readily available assists in the timely management of safeguarding concerns.	The matter was discussed with the registered manager.	Both issues were addressed during the inspection with appropriate contact details added to the procedures and the Safeguarding Wales mobile phone application downloaded.
We noted that only one of the two laser operators had signed the latest version of the local rules.	Operators are required to sign their agreement to use of the local rules.	The matter was discussed with the registered manager.	This was resolved immediately during the inspection with the operator signing the local rules.
We noted that the HIW registration certificate was not on display.	An up-to-date certificate must be displayed to ensure patients are aware of the treatments the service is registered to provide.	The matter was discussed with the registered manager.	This was addressed immediately during the inspection with the certificate put clearly on display in the reception area.

Appendix B – Immediate improvement plan

Service: **The Langley Spa**

Date of inspection: **23 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.	Not applicable				
Findings:	**No immediate non-compliance issues were identified during this inspection**				

Appendix C – Improvement plan

Service: **The Langley Spa**

Date of inspection: **23 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.	There was a fire drill policy in place, however there was no evidence to show fire drills having been carried out	The registered manager must ensure that regular fire drills are carried out and recorded.	The Independent Health Care (Wales) Regulations 2011, Regulation 26	Create a procedure for annual fire drills dated and signed	Donna lane	0-1 month
2.	Staff told us that a mirror in the treatment room was covered with cloth during laser treatments to reduce the risk posed by reflective surfaces. We noted that this control measure was not included in the Local Rules and advised that the Local Rules be updated as necessary.	The registered manager must update the Local Rules to include control measures being used to ensure the risk from reflective surfaces is adequately addressed.	The Independent Health Care (Wales) Regulations 2011, Regulation 26	Contact Laser Protection Advisor to update risk assessment and include covering of Mirror	Donna Lane	0-1 month

3.	There were no clear procedures in place about the retention of records and subsequent disposal.	The registered manager must ensure that appropriate procedures are in place for the retention and disposal of patient records.	The Independent Health Care (Wales) Regulations 2011, Regulation 23 and Schedule 3	Create a procedure on how long records are kept	Donna Lane	0-1 month

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): Donna Lane

Job role: Owner **Date: 17 May 2026**