Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

The Derma Lounge

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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 Derma Lounge on 27 April 2026.

The inspection was conducted by two HIW healthcare inspectors.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of nine were completed. We also spoke to staff working at the service during our inspection. 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:

All respondents to the HIW questionnaire provided positive responses to all questions and rated the service as ‘very good’ overall. Patients described the service as professional and respectful and one stated ‘highly recommend’. Suitable measures were in place to maintain privacy and dignity throughout treatment.

We found the registered manager could clearly share their knowledge of the laser treatments they offered. We were told that skin sun protection was regularly discussed with patients. However, no smoking signs were not displayed to promote a healthy and safe environment within the premises. Patients would be appropriately signposted to their GP or local pharmacist for other health advice or in relation to health concerns they disclosed.

information regarding the service was available on their website and social media channels, information leaflets and verbally with the registered manager. However, we found that the patient guide and statement of purpose both required updating. The patients guide was also not routinely available to patients.

This is what we recommend the service can improve:

- Display no smoking and vaping signs to promote health and well-being within the treatment room and other areas of the premises accessed by patients
- Make required changes to the patients guide and statement of purpose and ensure the patients guide is available to patients
- reflect on how they could offer information and services in Welsh language relevant to the local population and within the registered manager’s capabilities and service resources.

This is what the service did well:

- Demonstrated inclusive practice supported by an Equality, Diversity and Inclusion policy
- The service could be contacted in a variety of ways.

Delivery of Safe and Effective Care

Overall summary:
We found that the service had established some appropriate systems to support the safe delivery of laser treatments. The registered manager had undertaken relevant laser operation training and comprehensive laser risk assessments and protocols were available and had been informed by a Laser Protection Advisor (LPA).

All respondents to the HIW questionnaire indicated that they felt the clinic was 'very clean'. However, we identified significant concerns in relation to infection prevention and control and also fire safety.

General aspects of health and safety required more detailed considered and a process needed to be developed for the registered manager to receive updates from relevant regulatory, professional and statutory bodies to inform safe practice. Improvements to patient records were required and a retention schedule needed.

Concerns regarding safeguarding and the cleansing wipes available within the first aid kit were addressed during the inspection.

Immediate assurances:

- HIW could not be assured that the service was compliant with Independent Healthcare (Wales) Regulations (2011) 9(n) as policies and procedures relating to infection control lacked detail
- HIW could not be assured that the service was compliant with Regulatory Reform (Fire Safety) Order 2005 Articles.

This is what we recommend the service can improve:

- Undertaken a more comprehensive health and safety risk assessment
- Develop patient records and a suitable retention schedule
- Demonstrate caution in relation to implementing updates to practice that have not been formally confirmed through published research and develop a process for the registered manager to receive updates from relevant regulatory, professional and statutory bodies to inform safe practice.

This is what the service did well:

- Access to the laser and treatment room was suitably secure
- Treatment room small but well organised

- Evidence of gas, electrical supply and Portable Appliance Testing was available.

Quality of Management and Leadership

Overall summary:

Suitable Public Liability insurance was in place. We were assured that the registered manager was aware of the regulatory function of HIW. At the time of inspection, the service had been registered and operational for approximately 18 months and the registered manager told us they welcomed inspection as a process to support them in delivery of a safe and compliant service. There were no plans to expand the workforce or structure of the business from being sole trader operated and the registered manager stated they would seek advice from HIW regarding regulatory requirements should this change.

This is what we recommend the service can improve:

- HIW registration certificates and conditions of registration in both Welsh and English

This is what the service did well:

- The complaints process signposted patients to HIW to raise concerns or complaints regarding their treatment should they not wish to contact the service directly
- The registered manager had a recent, enhanced Disclosure and Barring Service check in place to demonstrate suitable integrity and good character for their work within The Derma Lounge.

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

All respondents to the HIW questionnaire provided positive responses to all questions and rated the service as ‘very good’ overall.

Patient comments included:

"Very professional and knowledgeable about the services, answered all my questions”

"Very clean and staff were amazing, very professional and respectful”

“Incredible service”

“Highly recommend”

“utilise the space to your best ability as it is a small room…old chair was slightly dated…was replaced the second I voiced my opinion”

Health promotion, protection and improvement

We were told that patients were encouraged to use sun protection before and after treatment or when tanning at other times. Health concerns that patients disclosed or sought advice for were discussed to confirm treatment suitability and signposted to the patient’s GP or local pharmacy should further medical advice be required.

The registered manager told us they had found a patient to be vaping in the premises toilet facility within the last 12 months. However, no smoking signs were not displayed to promote a healthy and safe environment within the premises.

The registered manager must ensure that no smoking and vaping signs are displayed to promote health and well-being within the treatment room and other areas of the premises accessed by patients.

Dignity and respect

We saw that The Derma Lounge provided laser hair removal treatment from one treatment room at basement level. The treatment room had a lockable door and window coverings to protect patient privacy. Protocols and the provision of a cover-up towel also promoted patient dignity while they were preparing for and undergoing treatment. All respondents to the HIW questionnaire agreed that measures were taken

to protect their privacy.

Patients were permitted to bring their own chaperone if they chose to. However, the patients guide and statement of purpose documents needed updating to reflect this.

The registered manager must ensure that the patients guide and the statement of purpose are updated to inform patients they can bring a chaperone to appointments if they choose.

The registered manager demonstrated a welcoming and respectful communication style throughout discussions with healthcare inspectors.

Patient information and consent

We saw that an appropriate consent policy was in place. Information regarding treatments was also clearly presented on the website and we were told that robust discussions regarding treatment processes, costs, risks, benefits and individual patient suitability took place on initial consultations and at the beginning of treatment sessions. Initial consenting conversations took place at least 48 hours prior to the commencement of any treatment. This ensured that patch tests could be completed and patients had time to consider information and make a reasoned decision regarding treatment. All respondents to the HIW questionnaire agreed that they were provided with enough information before and after treatment. However, we found that the patients guide was not routinely available to patients and needed to signpost clearly to the service price list so that all information patients required for their decision making regarding treatment could be viewed together.

The registered manager must ensure that the patients guide is made routinely available to patients and clearly signposts to the service price list.

Communicating effectively

We found that information regarding the service was available on their website and social media channels, information leaflets and verbally with the registered manager. Information provided digitally could be enlarged by the user. Discussions with patients would also confirm understanding prior to treatment sessions and allow for any questions to be asked. Patients could contact the service via digital platforms, telephone or in person. We found the registered manager could clearly share their knowledge of the laser treatments they offered. They also provided us with examples of when patient family or friends had been included in the provision of information when

the patient had requested this support. We suggested that the registered manager reflect on how they could offer information and services in Welsh language relevant to the local population and within the registered manager's capabilities and service resources.

Care planning and provision

Visual skin assessment charts were available and used to inform care planning. However, standard questions regarding patient sunbathing habits were not used and required clear reasoning within the patient record to demonstrate that a robust and individualised assessment had been completed.

The registered manager must ensure that patient assessments are fully recorded to demonstrate safe and individualised care planning.

Equality, diversity and human rights

We found that an Equality, Diversity and Inclusion policy was in place and were assured that the service provided treatments to a range of patients without discrimination. The statement of purpose was clear that access to the treatment room would be difficult for patients with mobility issues. We were told that the registered manager would also inform patients that the treatment room was down a flight of steps. However, the patients guide also needed updating with this information to be made available to patients.

The registered manager must update the patients guide to include information on the access to the treatment room.

Citizen engagement and feedback

We were told that patients could review the service on digital platforms and saw that some of these had been published on the website. A clear concerns and complaints procedure was in place. However, no information regarding raising a formal concern or complaint was available to patients, and no method of feedback promoted other than via digital means. We also discussed collating compliments and 'you said we did' information on an annual basis to provide feedback to patients and HIW should an annual return be requested.

The registered manager must ensure that:

- **Patients are fully informed of how to raise a concern or complaint and how**

these would be dealt with

- **Collated compliments and ‘you said we did’ information is available to patients and for inspection if requested.**

Delivery of Safe and Effective Care

Environment

We saw that access to the treatment room and laser asset was suitably secure. The treatment room was organised such that the resources required for laser treatments were readily available for patient care though the registered manager had plans to improve storage further within the small space.

Portable Appliance Testing had been completed and the treatment room was sublet from a larger business which oversaw gas and electric supply maintenance and had supplied documentation of suitable safety tests.

Fire escape and action plan signs were visible for patients in the event of an emergency and suitably maintained fire extinguishers were available on the premises. However, we found that records were not available regarding the maintenance of other fire prevention and detection equipment on the premises. In addition, a fire risk assessment had been undertaken but did not fully consider the suitability of fire equipment, procedure to be followed in case of a fire or other fire hazard mitigations as the registered manager could not demonstrate knowledge in this area. The fire escape route was obstructed on inspection and could not be deemed adequate due to the presence of locks to fire escape doors and further premises access points. Our concerns regarding these issues were dealt with under our non-compliance notice process. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix B.

Managing risk and health and safety

We reviewed the laser and generic risk assessments that the registered manager had completed.

Comprehensive laser risk assessments and protocols were available and had been informed by a Laser Protection Advisor (LPA). The registered manager was also in the process of making enquiries with their LPA to confirm the suitability of an additional new pair of safety glasses they had purchased for chaperones to use during treatments.

A Health and Safety Executive poster was displayed to remind the registered manager of their responsibilities. However, the generic risk assessment that was in place needed to consider a wider range of hazards and mitigations, to include Control of Substances Hazardous to Health, legionella risk in relation to a disused shower within the premises, and measures in place to support the registered manager in maintaining their own

safety while lone working.

The registered manager must complete a more comprehensive health and safety risk assessment, including the aspects identified within this report.

Infection prevention and control (IPC) and decontamination

We saw that suitable cleaning materials were available. All respondents to the HIW questionnaire indicated that they felt the clinic was 'very clean'. However, we saw some build-up of dust on the laser machine and marks on the couch cover and general environment fixtures.

The registered manager must ensure that cleaning is completed to a consistently high standard to support infection prevention and control.

The registered manager was able to describe suitable cleaning procedures. All respondents to the HIW questionnaire indicated that they felt infection prevention and control measures were followed. However, the registered manager had not undertaken any formal Infection Prevention and Control (IPC) training. Written IPC policies and procedures lacked detail and no records of cleaning were maintained. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix B.

Sharps bins were available for the safe disposal of sharps used within the treatment room. However, no segregated clinical waste bins were in place and the waste disposal contract had ceased to include the removal of clinical waste alongside sharps. We discussed that this needed to be reinstated for the safe disposal of items contaminated with blood or other biological hazards following treatment.

The registered manager must ensure that suitable clinical waste disposal arrangements are in place.

Medicines management

We inspected the first aid kit available and found all items to be in date. However, the brand of cleansing wipes was one that the UK Health Security Agency had issued advice against using due to potential contamination. These wipes were therefore removed on the day of inspection. The registered manager was made aware of brands to avoid when

ordering replacements.

The registered manager told us they had undertaken emergency resuscitation training and was aware of the nearest defibrillator should they need to access this. The registered manager told us they would seek first aid advice from the local pharmacy should they be unsure. Additional first aid training was also being arranged to increase their knowledge and confidence regarding how to respond in situations requiring first aid treatment should this be needed, and particularly to bolster their knowledge regarding suitable first aid for burns as this is relevant to laser treatment.

Safeguarding children and safeguarding vulnerable adults

We found that the registered manager had undertaken suitable safeguarding training and that a safeguarding policy was in place. However, we found this policy lacked detail to support a suitable response should safeguarding concerns be identified. We discussed using the Wales Safeguarding Procedures app and the registered manager downloaded this to their phone during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A. In addition to actions taken on the day we recommended the registered manager familiarise themselves with local agencies to refer or signpost patients to in relation to safeguarding concerns and forward plan some possible scenarios. The registered manager was able to describe to us the steps they would take should they have reason to doubt a patient had the mental capacity to consent to treatment.

Medical devices, equipment and diagnostic systems

We saw that the laser machine was suitably registered and that records of annual service and calibration were available. The registered manager was aware of all the features of the laser machine and described to us the visual inspections, water changes and diagnostic start up tests they would complete on a day to day basis to ensure the machine remained suitable for use. Safety measures were in place to prevent unauthorised access to, or use of, the laser and treatment area.

Safe and clinically effective care

Standard medical protocols were available and we discussed the registered manager regularly checking for updates to ensure they were using the latest versions to inform safe treatment.

We saw evidence that the registered manager had undertaken recent laser and Core of Knowledge training to inform their practice. Local rules were signed providing

confirmation that the registered manager understood these.

Participating in quality improvement activities

The registered manager told us they were interested in continuously maintaining and developing their knowledge and practices in relation to safe laser treatments. However, as the service was not a registered research site it was agreed they would need to demonstrate caution in relation to implementing updates to practice that had not been formally confirmed through published research. Any updates related to laser treatment or patient safety from regulatory, professional and statutory expert bodies, for example, HIW, UKHSA, British Medical Laser Association, Medicines and Healthcare products Regulatory Agency, must be incorporated into practice.

The registered manager must ensure that a process is in place for them to receive updates from relevant regulatory, professional and statutory bodies to inform safe practice.

Information management and communications technology

We were told that an online consenting system had been used previously alongside paper records but that this had been discontinued as the system had not been meeting service needs. Paper records were securely stored within the treatment room to prevent unauthorised access. However, there was no clear retention schedule in place for any patient records.

The registered manager must ensure that a retention schedule is created and implemented to ensure that all types of patient records are handled in accordance with legislation.

Records management

We reviewed a sample of three patient records. These provided clear evidence of treatment parameters and body area treated. All respondents to the HIW questionnaire indicated that medical history was checked and a consent form signed prior to treatment. However, we found that written records did not evidence that the consent and assessment procedures the registered manager had described to us comprehensively occurred with every patient. Full patient details and treatment effects were also not recorded and there was also no treatment register collating information regarding the use of the laser machine.

The registered manager must ensure that:

- **Consent for treatment is signed by the patient**
- **Patient records demonstrate that an initial full patient medical history and subsequent checks for any updates is completed**
- **Patient records can be clearly linked to patients through the use of triangulated identifiers which are used throughout the patient notes**
- **Qualitative information regarding treatment effects or other information is recorded to protect both patients and registered manager**
- **A treatment register is created and maintained going forward to collate information regarding the use of the laser machine.**

Quality of Management and Leadership

Governance and accountability framework

We found suitable Public Liability insurance and HIW registration were in place. However, the Welsh versions of the registration documents were not displayed.

The registered manager must display HIW registration certificates and conditions of registration in both Welsh and English.

Dealing with concerns and managing incidents

We were assured that the registered manager was aware of the regulatory function of HIW. The complaints process signposted patients to HIW to raise concerns or complaints regarding their treatment should they not wish to contact the service directly.

Workforce recruitment and employment practices

We saw that the registered manager had a recent, enhanced Disclosure and Barring Service check in place to demonstrate suitable integrity and good character for their work within The Derma Lounge.

Workforce planning, training and organisational development

The Derma Lounge is a small business which is owned and run by a sole trader who is the registered manager. At the time of inspection, the service had been registered and operational for approximately 18 months and the registered manager told us they welcomed inspection as a process to support them in delivery of a safe and compliant service. The registered manager informed us that they had no plans to expand the workforce or structure of the business but said that they would seek advice from HIW regarding regulatory requirements should they plan to develop the 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
No clear safeguarding procedures in place.	Registered manager unable to respond to any safeguarding concerns identified such that patients remain at risk of harm.	Discussed this with registered manager during the inspection.	Registered manager downloaded the Wales Safeguarding Procedures app on the day of inspection.

Appendix B – Immediate improvement plan

Service: The Derma Lounge

Date of inspection: 27 April 2026

	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	The Registered Manager must undertake Infection Prevention and Control level 2 training to inform policies, procedures and practice.	Independent Healthcare (Wales) Regulations 2011 9(n)	IPC Level 2 training has now been completed and certificate has been uploaded	Lucy Thomas	Done
2.	A robust Infection Prevention and Control policy is required, indicating the guidelines staff and patients are to follow.	Independent Healthcare (Wales) Regulations 2011 9(n)	Robust IPC policy has now been completed and uploaded. The hand hygiene section has now been amended including a detailed policy and routine. I have also included a Laundering and Storage of Linen section.	Lucy Thomas	Done
3.	Cleaning schedules must be created and maintained to demonstrate cleaning procedures implemented before and after patient care and on a regular basis.	Independent Healthcare (Wales) Regulations 2011 9(n)	I asked for advice regarding a cleaning schedule during the inspection as I was unsure if I needed this as I have no staff, due to always cleaning before and after each patient including regular deep cleans. Assessors advised this is compulsory in general so I have now created a cleaning schedule which will be completed each day. Evidence of this has been uploaded.	Lucy Thomas	Done

4.	Robust procedures for the handling and disposal of clinical waste are required, including how contractors safely access clinical waste and provide a record of clinical waste disposal from the property.	Independent Healthcare (Wales) Regulations 2011 9(n)	I have received conflicting information regarding clinical waste previously. However, my clinical waste collection has now been re-instated with the contractor. Details of the contractors procedures regarding access to the clinical waste has been added to the Infection and Prevention Control Policy under the title 'Waste Management'. Record of waste collection has also been uploaded.	Lucy Thomas	Done
Findings:	HIW could not be assured that the service was compliant with Independent Healthcare (Wales) Regulations (2011) 9(n). This is because there were policies and procedures relating to infection control lacked detail including hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training and advice.				

	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
5.	Records of fire prevention and detection equipment are required to be maintained or accessible by the Registered Manager.	Regulatory Reform (Fire Safety) Order 2005 Articles 13 & 17	Fire safety log book has been purchased since inspection and will seek advice after fire risk assessment has been conducted with a record of all equipment.	Lucy Thomas	In progress – 1 month
6.	Fire escape routes must be kept clear and be easily accessible in the event of an emergency, with doors and access routes being able to be opened quickly and easily to ensure means of escape.	Regulatory Reform (Fire Safety) Order 2005 Articles 14 (1) (2)	The landlord is in the process of replacing the fire door. I am also awaiting a date from Blackwood Fire (now taken over by Walkers) to provide a risk assessment regarding all areas of the building.	Lucy Thomas	In progress – 1 month
7.	The fire risk assessment must be reviewed by a competent person to confirm the suitability of fire equipment, procedures to be followed in case of fire and identify and mitigate any other fire hazards.	Regulatory Reform (Fire Safety) Order 2005 Articles 9 & 18	I have arranged a fire risk assessment to be conducted at the premises by Blackwood Fire, which has now been taken over by Walkers. As I have a subletting arrangement, I am awaiting a new invoice and awaiting a call back from Walkers arranging the risk assessment date. I have chased 12/05 and they are sending over a new invoice this week.	Lucy Thomas	In progress – 1 month

Findings:	HIW could not be assured that the service was compliant with Regulatory Reform (Fire Safety) Order 2005 Articles. This is because: • There were no records available regarding the maintenance of adequate fire prevention and detection equipment on the premises • The fire escape route was obstructed on inspection and could not be deemed adequate due to the presence of locks to fire escape doors and further premises access points • A written fire risk assessment had been undertaken but could not take full consideration of the fire equipment, procedure to be followed in case of a fire or other fire hazards or mitigations as the registered manager could not demonstrate knowledge in this area.

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): Lucy Thomas

Job role: Registered Manager **Date:** 12/05/2026

Appendix C – Improvement plan

Service: The Derma Lounge

Date of inspection: 27 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.	No smoking and vaping signage not displayed to promote health, well-being and safety.	No smoking and vaping signs to be displayed within the treatment room and other areas of the premises accessed by patients.	Smoke-free Premises and Vehicles (Wales) Regulations 2020	No smoking/vaping signs have been ordered and will be displayed ASAP within the treatment room and toilet.	Lucy Thomas	1 week.
2.	The patients guide and the statement of purpose required updating to: • Inform patients they can bring a chaperone to appointments if they choose to • Clearly signpost to the service price list • Inform patients of the access to the treatment room	The patients guide and the statement of purpose to be updated with all relevant information.	Independent Healthcare (Wales) Regulations (2011) 6,7 & 8	Patients Guide and Statement of Purpose have been updated to reflect this and a new copy has been supplied to HIW.	Lucy Thomas	Completed.

3.	The patients guide was not made routinely available to patients.	Patients guide to be routinely supplied to patients , for example, via the website and / or on initial consultation, to inform patients decision making.	Independent Healthcare (Wales) Regulations (2011) 7(2)	A copy of the Patient Guide is to be uploaded to the website and a link to this will be supplied to each patient within their initial consultation.	Lucy Thomas	1 month.
4.	A clear concerns and complaints procedure was in place. However, no information regarding raising a formal concern or complaint was available to patients, and no method of feedback promoted other than via digital means. We also discussed collating compliments and 'you said we did' information on an annual basis to provide feedback to patients and HIW should an annual return be requested.	• Patients to be fully informed of how to raise a concern or complaint and how these would be dealt with • Collated compliments and 'you said we did' information to be made available to patients and for inspection if requested.	Independent Healthcare (Wales) Regulations (2011) 24(3) & 19(3)	A more robust complaints procedure has been uploaded to the Patients Guide and Statement of Purpose and I am in the process at looking into QR codes being situated within the clinic allowing patients to provide feedback after their treatment. An automatic email has been set up and is directly sent to each patient's email address after their treatment. Patients are also now encouraged to provide written feedback on their patient records card after the treatment has taken place whilst they sign their consent to say the treatment has taken place.	Lucy Thomas	2 months.

5.	Some build-up of dust seen on the laser machine and marks on the couch cover and general environment fixtures.	Cleaning to be completed to a consistently high standard to support infection prevention and control.	Independent Healthcare (Wales) Regulations (2011) 15(8)(c)(i)	The dust has been removed from the wheels of the laser machine and the couch has been amended. A cleaning record is now in place and positioned within the treatment room and bathroom, the clinic is also currently undergoing other environment fixtures.	Lucy Thomas	2 months.
6.	No segregated clinical waste bins or disposal contract.	Suitable clinical waste disposal arrangements to be put in place.	Independent Healthcare (Wales) Regulations (2011) 15(8)(c)(iii)	I have re-instated my clinical waste contract after miscommunication. I have also provided evidence to HIW of when this is being collected.	Lucy Thomas	Completed.

7.	No process in place for the registered manager to receive regular updates from relevant regulatory, professional and statutory bodies.	Process of receiving updates from relevant regulatory, professional and statutory bodies to inform safe practice to be defined and implemented.	Independent Healthcare (Wales) Regulations (2011)15(10)	I have downloaded the BMLA treatment guidelines and will mark in my calendar every few months to check to see if these have updated. I also follow the BMLA on social media where I can see regular updates. I am also part of a professional community group on Facebook that offers advice and support to laser aestheticians, including other professional groups. I also listen to regular podcasts in regards to laser safety from Dermalase, which is a company within the UK, and will continue to do so. Furthermore, I will see if it is possible to sign up to email updates from other professional bodies such as HIW, UKHSA, Medicines and Healthcare Products Regulatory Agency, and if I cannot I will instead check every few months for updates also.	Lucy Thomas	Ongoing

8.	No retention schedule in place for patient records.	Retention schedule to be created and implemented to ensure that all types of patient records are handled in accordance with legislation.	Independent Healthcare (Wales) Regulations (2011) 23(1)(b) & (3)(c), Schedule 3 Part I	The retention policy is located within our Policy and Procedures document and has been updated with further information to support this.	Lucy Thomas	Completed.

9.	Written patient records were not completed in line with expected standards.	Comprehensive patient records to be created and maintained for every patient accessing the service and to include: • A comprehensive assessment informing safe and individualised care • Consent signed by the patient • An initial full medical history and subsequent updates at treatment appointments • Clear patient identifiers which are used throughout the patient notes • Qualitative information regarding treatment effects or other information.	Independent Healthcare (Wales) Regulations (2011) 9(4)(b) & 23(1)(a)(ii)	All consultation forms are now completed on paper within the in-person consultation. After a discussion with HIW, comments are made after each treatment session and recorded on the patients record sheet, even if there is not a lot to say. Before each treatment session, the patient is asked if they have undergone any medical changes and record of this is written within their forms. Each question is now filled in in depth and if for any reason a section is left blank, written evidence of why this is blank will be supplied. The patient is also made aware within the initial consultation of pre and post care advice, and this is reiterated before and after each treatment session.	Lucy Thomas	Ongoing.

10.	No treatment register collating information regarding the use of the laser machine in place.	Treatment register to be created and maintained.	Independent Healthcare (Wales) Regulations (2011) 45(2)	Treatment Register has been created via Excel and is completed at the start of each day. Can be supplied upon request.	Lucy Thomas	Completed.
11.	HIW certificate and conditions of registration not displayed in Welsh.	HIW registration certificates and conditions of registration to be displayed in both Welsh and English.	Welsh Language (Wales) Measure 2011	The Welsh certificate and conditions are now displayed alongside the English version.	Lucy Thomas	Completed.

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): Lucy Thomas

Job role: Registered Manager/Owner **Date: 13/06/2026**