Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

# Independent Healthcare Inspection Report (Announced)

## Laser Meg, Beddau

**Inspection date:** 11 May 2026

**Publication date:** 11 August 2026

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

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


**In writing:**

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

**Or Via:**

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



**Digital ISBN 978-1-80853-179-8**




# 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 Vision

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

## 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 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 Laser Meg, Beddau on 11 May 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 11 were completed. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

# 2. Summary of inspection

## Quality of Patient Experience

Overall summary:

We found patients received a good level of care at Laser Meg. Robust arrangements were in place to fully support the privacy and dignity of patients with consultations held in a private treatment room. Patients were treated in a dignified and respectful manner throughout their patient journey. Thorough consultations including consent, costs and risks were evident throughout the patients' records followed by detailed aftercare information. The systems in place to record and respond to patient feedback were satisfactory and care planning was managed well at the setting.

This is what the service did well:

- Patient records were maintained to a high standard which were electronic, clear, well organised and consent was documented consistently
- High levels of positive patient experience
- Demonstrated an inclusive approach to care.

## Delivery of Safe and Effective Care

Overall summary:

We found the setting was clean, tidy and organised. However, a small area of the clinic floor was damaged and covered with tape, which we recommend should be repaired. Cleaning schedules were completed with the treatment room and equipment being visibly clean. However, cleaning schedules were not routinely kept, and the registered manager agree to retain these in future.

The setting was delivering treatments using machines which had been serviced appropriately, and the setting had a good relationship with their Laser Protection Advisor (LPA) to the benefit of both patients and staff. Medical protocols were available and signed by an expert medical practitioner. The registered manager had completed relevant clinical training and was knowledgeable on the treatments they offered.

Health and Safety risk assessments were completed with all actions from the action plan completed at the time of the inspection.

Fire risk assessment, fire extinguishers and servicing were in place with clear fire exit signage throughout the building. However, we noted that there was no fire exit sign

directly above the fire door itself. The service could not provide evidence of regular fire alarm testing and fire drills and there were no ‘No smoking’ signs displayed throughout the building; however, all these improvements were completed promptly following the inspection.

This is what we recommend the service can improve:

- Address the damaged clinic room flooring to ensure the environment is safe, well-maintained, and suitable for clinical use.

This is what the service did well:

- Effective arrangements in place for the ongoing maintenance of all laser equipment, ensuring it remained safe and compliant for use
- Staff consistently delivered person-centred, safe laser care, with clear evidence of thoughtful practice tailored to individual patient needs
- Patient records were of a high standard, with detailed, accurate and securely maintained electronic documentation that supported safe and effective care delivery.

## Quality of Management and Leadership

Overall summary:

The clinic was well led by the registered manager with clear and comprehensive policies in place which were reviewed and documented at required intervals.

However, we found that the registered manager was out of compliance in areas of their mandatory training such as Infection, Prevention and Control (IPC), Equality and Diversity, First Aid and Safeguarding. These were promptly completed with certification evidence submitted following the inspection to ensure patient safety.

Employer’s liability and HIW registration certificates were displayed in an area easily seen by patients. Arrangements for managing concerns and complaints were clear and accessible to patients via their website and within the clinic, although no formal complaints had been received and patient feedback was actively sought and reviewed.

This is what we recommend the service can improve:

- Ensure all essential training is kept up to date and establish a reliable training compliance monitoring system to identify when refresher training is required.

This is what the service did well:

- The service had an effective and well-structured system for reviewing policies

and procedures, ensuring documents were current, clear and aligned with regulatory requirements

- The complaints procedure was clearly set out, accessible and readily available to patients, supporting openness and a positive approach to feedback.

# 3. What we found

## Quality of Patient Experience

### Patient feedback

The patients who completed a HIW questionnaire provide positive feedback about the service, with all respondents rating their experience as 'very good'.

Patients also highlighted staff professionalism, clear communication, and the ability to make them feel comfortable, safe, and well cared for.

Patient comments included:

> *"She is very professional and extremely informative. The environment is very clean, and she explains the procedure and aftercare very thoroughly. I feel very safe in my appointments with her and will continue to use her services in the future."*

> *"Amazing service with Meg throughout never felt so relaxed and safe in all my life. The results on the patch test were unbelievable for one hence returning but the overall experience with Meg herself is the best I have ever had. So clean and professional gave me plenty of advice for after care."*

### Health promotion, protection and improvement

We were told staff provided clear aftercare advice during consultations to help patients care for their skin following treatment. This included guidance on sun protection and appropriate water intake. We were informed that staff also routinely checked for any recent sun exposure and adjusted appointments where necessary to ensure treatments were delivered safely and in line with best practice.

### 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 to attend appointments with them. The setting had adequate supply of personal protective equipment for a chaperone. However, the service did not have a chaperone policy in place to set out the expectations for when chaperones should be offered and how this is recorded. We saw evidence shortly after the inspection that the registered manager

had developed and implemented a chaperone policy.

## Patient information and consent

The setting had a suitable consent to treatment policy available. Staff described a comprehensive pre-treatment consultation process where 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, ensuring that individuals were able to make informed decisions about their care.

Patient consent was formally recorded within an electronic patient record system, which was password protected to maintain confidentiality and comply with data protection requirements.

## Communicating effectively

The setting had a Statement of Purpose (SoP) and patient guide in place, which were both available to patients upon request either on paper or electronically. The SoP contained the information required by The Independent Health Care (Wales) Regulations 2011.

Patients were able to book appointments via an online system, over the telephone and in person. The setting demonstrated effective communication and a clear commitment to meeting individual needs. Staff ensured that wheelchair users could access the clinic comfortably and explained that treatments could be delivered while patients remained in their wheelchair, providing reassurance and supporting personalised, accessible care.

We were informed that there were no Welsh speakers based at the clinic; however, access to Language Line was available should patients wish to receive information through the medium of Welsh or other languages, if required.

## Care planning and provision

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 the practitioner to assess the likelihood of adverse reactions and tailor care accordingly.

However, a treatment register for each laser unit was not recorded, which limited traceability of treatments and the service's ability to identify and respond to adverse incidents. We received evidence shortly after the inspection that a treatment register was created by the setting for each laser units.

## Equality, diversity and human rights

The clinic had an Equality, Diversity and Inclusion (EDI) policy in place, to demonstrate its commitment to ensuring that all individuals have fair access to services and are treated equitably. However, staff had not completed EDI training and there was no consistent approach to recording pronouns for patients. This was addressed shortly after the inspection, with EDI training completed and arrangements introduced to record pronouns during the consultation stage.

## Citizen engagement and feedback

We saw that the service reviewed patient feedback and used this to support improvements. A summary of feedback collected over the previous 12 months had been completed and available within the patient's guide. Patients could provide feedback verbally, digitally, social media and via a client's satisfactory survey which the setting would provide post treatment. All feedback received was positive and published on the service's website.

# Delivery of Safe and Effective Care

## Environment

The clinic environment was found to be clean and well organised with suitable arrangements in place to ensure the security of the premises. The clinic door had a lock and passcode system to ensure only authorised persons could gain entry. We found the clinic floor needed repair which would reduce the risk of slips, trips and falls for staff and patients, and promote effective cleaning and infection prevention and control (IPC).

**The registered manager must plan for the clinic floor to be repaired or replaced.**

## Managing risk and health and safety

We saw evidence the gas, electrical safety and portable appliances testing certificates were completed within their required time frames and satisfactory. A Health and Safety (HSE) risk assessment had been completed and in date.

We found that some arrangements were in place for fire safety. A fire risk assessment had been completed, fire extinguishers mounted and serviced correctly. However, fire safety training had not been completed, and testing of the fire alarm system and fire drills were not recorded. We saw evidence that these were rectified immediately following the inspection. Fire exits signage was indicated from the clinic room and throughout the building; however, we noted that no signage was displayed directly above the fire exit door. No smoking signs were also not displayed within the setting.

**The registered manager must ensure that fire exit signage is displayed above the fire exit and that no smoking signs are displayed within the clinic.**

A complete and in date first aid kit was available. The registered manager had previously undertaken first aid training; however, we noted that this had expired. We received evidence shortly following the inspection that the registered manager had completed refresher first aid training.

## Infection prevention and control (IPC) and decontamination

We found appropriate IPC processes in place which enabled the effective cleaning and decontamination of treatment equipment and areas. An IPC policy was in place and satisfactory, personal protective equipment (PPE) was available, hand-washing facilities were available and clinical waste was handled appropriately with a waste handling contract. We saw that cleaning checklists were used daily and weekly, however, these were not retained as a record of routine cleaning activities. The registered manager agreed during the inspection that future cleaning checklists would be recorded and retained.

The registered manager had not completed IPC training; however, evidence was provided following the inspection to demonstrate that IPC training had been booked and completed.

## 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. Persons under the age of 18 were permitted in the waiting area outside of the clinic room.

The registered manager was the safeguarding lead and understood their role and responsibilities. An appropriate safeguarding policy was in place which contained details of local safeguarding teams; however, we noted that the registered manager's safeguarding training had expired. We were provided with a certificate shortly after the inspection to demonstrate that safeguarding training had now been completed.

## Medical devices, equipment and diagnostic systems

The clinic has two laser units which were in good condition, clean, serviced and calibrated accordingly and in line with HIW's registration. A contract was in place with a suitably qualified Laser Protection Advisor (LPA) who had visited the site and completed a risk assessment and report which were both available.

Local rules and individualised medical protocols for each laser machine were available and signed by an appropriate medical practitioner and the laser operator. These were up to date and required all the information relating to the machines.

## Safe and clinically effective care

We found treatments at the setting were being delivered safely and effectively. Staff were suitably qualified and trained with certificates displayed in the clinic, including in the core of knowledge.

Suitable eyewear was available for the operator, patient and one chaperone which were in good condition. The registered manager confirmed that the eyewear was checked regularly to ensure their cleanliness and fitness for use.

The door to the treatment room was lockable with keypad access and had appropriate signage to warn other people that the laser units were in operation. The laser machines were accessed via a key system and the keys were stored in a locked cupboard when not in use in line with their local rules.

## Participating in quality improvement activities

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.

We were told that the registered manager kept themselves up to date with new lines of treatment to help improve and ensure a quality service is provided to patients.

## Information management and communications technology

Patient notes and booking system 'That Time' were electronic and maintained to a good standard and reflected appropriate clinical detail.

All information regarding treatments was available on the website and discussed at the consultation.

## Records management

Patient records were stored securely on an electronic system which was password protected. We reviewed five patient records and saw a high standard of record keeping with comprehensive information being recorded. This included patient identification, medical history, consent, consultation forms and treatment history. The setting was aware of the data retention period for records and were able to explain the processes in disposing of records.

# Quality of Management and Leadership

## Governance and accountability framework

Laser Meg 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.

## Dealing with concerns and managing incidents

Patient complaints were overseen by the manager for the setting. The complaints procedure we reviewed was appropriate, up to date and referenced HIW to escalate concerns. A summary of the complaints process was included within the clinic's statement of purpose and the patient guide.

There were no complaints or previous incidents for us to review during the inspection.

## Workforce recruitment and employment practices

At the time of the inspection, the registered manager provided evidence of a current Disclosure and Barring Service (DBS) check. The registered manager worked solely as the only laser operator with no intention of future recruitment.

## Workforce planning, training and organisational development

Throughout this report we have identified that the registered manager was out of compliance with training relevant to their role such as Equality and diversity, Fire safety, IPC, First aid, Safeguarding training.

**The registered manager must ensure robust arrangements are in place to maintain compliance with all essential training requirements, including a reliable system for monitoring completion and identifying when refresher training is due.**

# 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 |
|---|---|---|---|
| A treatment register for each laser unit was not recorded. | Increases risk of potential harm to patients by lack of traceability in the event of an adverse reaction | Raised to registered manager | The registered manager implemented a treatment register the day after the inspection. |
| First Aid and Safeguarding training had expired. | This increases the risk to staff and patients of harm. | Raised to registered manager | The registered manager completed first aid and safeguarding training the day after the inspection. |

# Appendix B – Immediate improvement plan

**Service:** **Laser Meg Ltd**

**Date of inspection:** **11 May 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 | |
|---|---|---|---|
| 1. | There were no immediate non-compliance issues identified on this inspection. | | |
| **Service Action:** | | **Responsible officer** | **Timescale** |
| | | | |

# Appendix C – Improvement plan

**Service:** **Laser Meg Ltd**

**Date of inspection: 11th May 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 were missing 'fire exit' and 'no smoking' signage. | The registered manager must ensure that fire exit signage is displayed above the fire exit and that no smoking signs are displayed within the clinic. | The Independent Health Care (Wales) Regulations 2011 – Regulation 26 | Signs purchased and installed 21/05/26. | Megan Stacey | Complete |
| **2.** | Address the damaged clinic room flooring. | The registered manager must plan for the clinic floor to be repaired or replaced. | The Independent Health Care (Wales) Regulations 2011 – Regulation 26 | Flooring replaced 26/06/26 | Megan Stacey | Complete |

| | | | | | | |
|---|---|---|---|---|---|---|
| **3.** | Essential training and compliance monitoring system lacking. | The registered manager must ensure robust arrangements are in place to maintain compliance with all essential training requirements, including a reliable system for monitoring completion and identifying when refresher training is due. | The Independent Health Care (Wales) Regulations 2011 – Regulation 20 | Registered Manager has put calendar reminders in phone diary to ensure training to completed within correct timescales. | Megan Stacey | Complete |

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: Megan Stacey – Registered Manager**

**Name (print): Megan Stacey**

**Job role: Registered Manager** **Date: 29/06/26**