Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

Eliminate Wellbeing Services (Pontyclun), Llantrisant

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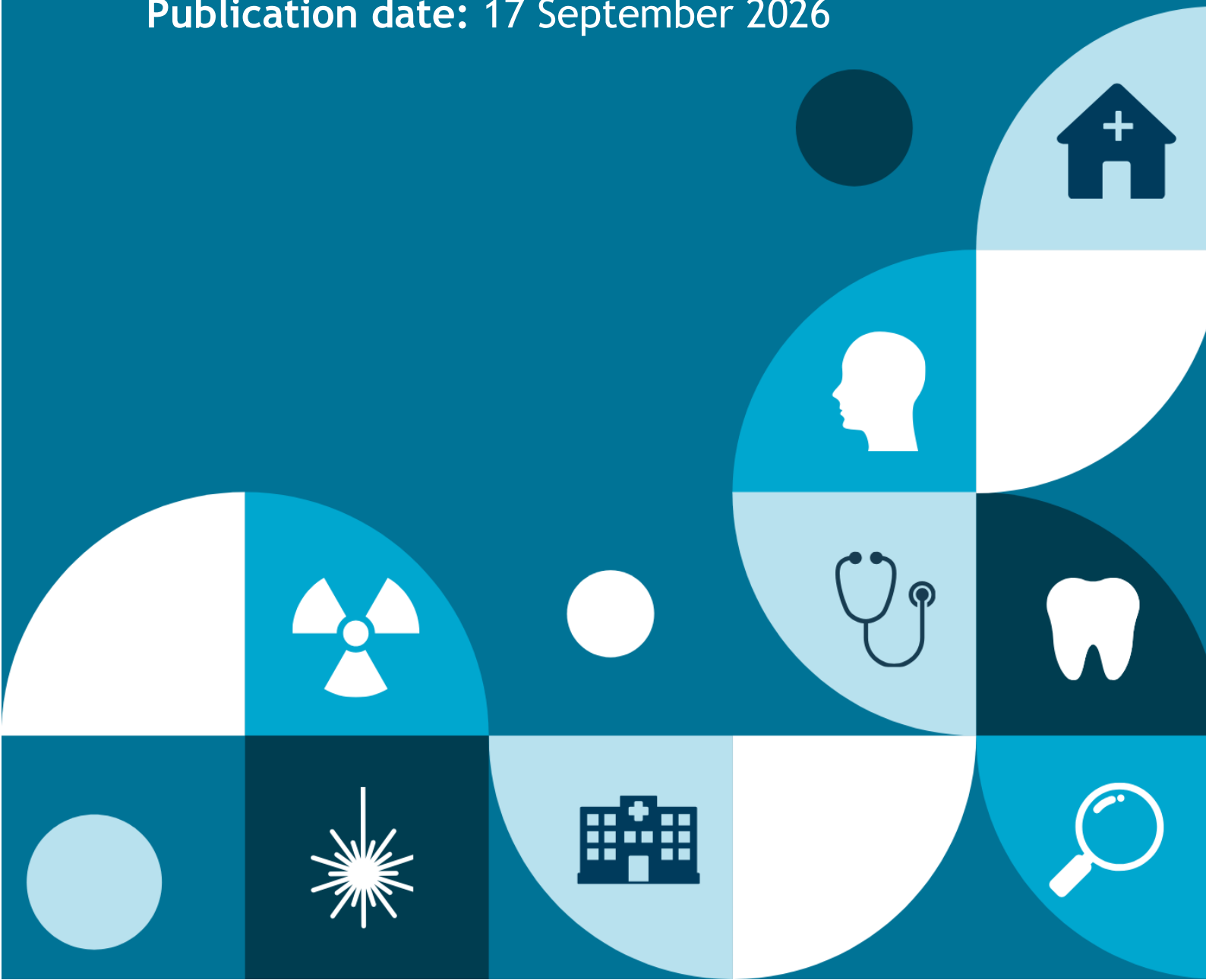

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Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

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 Eliminate Wellbeing Services (Pontyclun) on 17 June 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. A total of 20 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:

Overall, we found a positive patient experience at the setting. All respondents to the HIW questionnaire rated the service as ‘very good’. Patients were supported to make informed decisions through consultations, clear communication of risks and benefits, and consistent use of written consent. Dignity and respect were maintained throughout, with appropriate privacy measures and chaperone arrangements. The setting promoted health and wellbeing through tailored advice and accessible information. Care was planned and delivered in a structured manner, including patch testing and aftercare guidance. Inclusive practices were seen, with a clear commitment to equality and patient choice. Mechanisms were in place to gather and act on patient feedback to support ongoing service improvement.

This is what the service did well:

- All patients who responded to the questionnaire reported a positive experience
- Dignity and privacy were well maintained
- Clear and comprehensive consent processes were in place.

Delivery of Safe and Effective Care

Overall summary:

We found appropriate arrangements were in place for infection prevention and control, including the availability of suitable equipment, policies and staff training. Management processes were largely effective, with appropriate fire safety measures, health and safety assessments and first aid arrangements in place. However, improvements were required to ensure regular testing of fire detection equipment.

Laser equipment was appropriately maintained, with servicing, calibration and support from a Laser Protection Advisor in place. Staff were suitably trained and pre-treatment checks were undertaken. However, further improvements were needed to strengthen documentation of equipment checks. Record keeping and safeguarding arrangements were appropriate and supported safe care delivery.

This is what we recommend the service can improve:

- Implement a sign to show when laser is in use
- Implement documented checks of laser equipment and eyewear.

This is what the service did well:

- Patient records were well maintained, secure, and contained clear, accurate and comprehensive information
- The setting was clean, well-maintained and provided a safe and secure environment
- Effective safeguarding arrangements were in place.

Quality of Management and Leadership

Overall summary:

Overall, we found that there were appropriate governance and leadership arrangements in place to support the safe delivery of care. The service was solely managed by the registered manager. Relevant policies and procedures were in place which we were told were regularly reviewed. We saw key documentation, including registration and insurance certificates, were displayed for patients.

Clear processes were established for managing complaints and incidents, with accessible information provided to patients and appropriate escalation routes in place. Although no complaints had been received, the registered manager demonstrated an understanding of reporting requirements. The registered manager was appropriately qualified, with evidence of up-to-date training and ongoing professional development. Arrangements were in place to manage service continuity during periods of absence, and record keeping systems supported effective governance and oversight.

This is what the service did well:

- Up-to-date policies and procedures in place
- Appropriate qualifications and evidence of ongoing training and continuing professional development
- Accessible feedback and complaints process.

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection we invited the setting to hand out HIW questionnaires to patients to obtain their views on the services provided at the setting. In total, we received 20 completed questionnaires. All respondents to the HIW questionnaire rated the service as 'very good'.

Patient comments included:

> " *Very professional, polite and friendly. I always feel safe, the environment is clean and I look forward to my appointments…"*
>
> " *This was an incredible service run by great staff; I really appreciated the attention to my comfort*."
>
> " *Very clean and professional attitude from the staff made me feel at ease."*
>
> "*Very friendly and relaxed atmosphere. Very informative."*

Health promotion, protection and improvement

We were told the setting promoted healthy lifestyles during the consultation process and within aftercare advice given to patients. Staff discussed Sun Protection Factor (SPF) advice, alcohol intake and water intake with information specific to each patient's needs. We were told information about healthy lifestyles was also promoted on the setting's social media page.

Dignity and respect

During the inspection we found staff to be friendly and welcoming. We were told during treatments, the door to the laser room was kept closed. All consultations were completed within the treatment room, and conversations could not be overheard by others.

We found the setting had an appropriate chaperone policy in place. We were told staff verbally discussed the option of a chaperone with patients. An additional set of eyewear was available in the event the chaperone was present during treatment. A lock was present on the treatment room door, allowing patients to change in privacy if required. A blanket and treatment paper towels were also present to help maintain the dignity of patients during treatment.

Patient information and consent

We saw the setting had a suitable capacity to consent to treatment policy available. We were told at the consultation stage; treatments were explained fully and written consent to treatment was documented with signatures from patients at every visit.

During the inspection we reviewed a selection of five patient records. Signed consent was available for all five patients and evidence was seen of medical histories documented with further checks being completed at each treatment visit. We were told the risks and benefits of treatment were discussed with patients during the consultation process, with further information being provided in leaflets and available on the medical form.

All patients who responded to the questionnaire said they had signed a consent form before treatment.

Communicating effectively

The setting had a Statement of Purpose (SoP) and patient guide in place, which was available to patients within an easily accessible patient folder. The SoP contained the information required by The Independent Health Care (Wales) Regulations 2011.

We were told if patients wanted to speak Welsh or needed any other language, the setting would request the patient to bring an interpreter. If this was not possible, the setting would arrange an interpreter.

Patient information was available in alternative formats such as large print when requested and information could be sent through email. Patients who did not have digital access were able to phone the setting or attend in person to book an appointment. Information would also be provided to patients on paper where needed.

Care planning and provision

We were told patients underwent a full face-to-face consultation. Within the consultation, staff discussed treatment options, the cost of treatment, and risks and benefits which were all communicated verbally. We were told patch tests were undertaken before treatment and patient medical history was documented. We were told aftercare information was provided to patients following treatment verbally with written information also given. Information was also available on the setting's website.

All respondents to the questionnaire said they were given a patch test prior to new treatment, and that they were given enough information to understand all the treatment options with risks and benefits.

Equality, diversity and human rights

Equality and diversity information was available within the assessment, consultation, treatment planning and delivery of care policy, and the staff member was trained in

equality and diversity. We were told all patients who attended the setting were treated equally and discrimination was not tolerated. We were told transgender patient rights were upheld, and the setting used patients preferred name and pronouns.

All respondents to the HIW questionnaire said they had not faced discrimination when accessing or using the service.

Citizen engagement and feedback

Patients were encouraged to leave reviews through online platforms, and a QR code was available within the treatment room for in-house feedback. Feedback gained through the QR code was anonymous.

We were told that the service reviewed patient feedback and used this to support improvements. As a result of feedback from patients, the service had introduced a heated mat on the treatment couch as patients had previously said it was too cold.

Delivery of Safe and Effective Care

Environment

We found the setting was visibly clean and decorated to a good standard. We found all areas to be well lit and modern in appearance. The setting had a shutter in place at the front of the building, and suitable security systems were used for doors and windows.

Managing risk and health and safety

We were told no gas was used on the premises. We saw evidence of Portable Appliance Testing (PAT) certification. However, when we requested to see the five-yearly Electrical Installation Condition Report (EICR), this was not available. This was resolved on the day of inspection, with evidence provided shortly following the inspection. Further information regarding this can be found in Appendix A.

We reviewed fire safety arrangements at the setting and found there was a suitable fire risk assessment in place which was reviewed annually. We saw fire extinguishers were available within the setting which were regularly serviced by an external company. Evidence of regular fire drills were available, and we saw documented evidence of testing of fire detection equipment by staff. However, we noted large gaps between dates in testing.

The registered manager must ensure fire detection equipment is tested on a regular basis.

We saw fire exit signs placed in appropriate positions throughout the setting and appropriate fire exit routes available. Instructions to follow in the event of a fire, and 'no smoking' signs were displayed in areas easily seen by patients.

We saw the setting's health and safety risk assessment which had been completed within the last year. We found appropriate first aid trained staff were in place, and a first aid kit was easily accessible.

Infection prevention and control (IPC) and decontamination

We found the environment to be visibly clean and free from clutter. All work surfaces, flooring and furniture were in a good state of repair, which supported effective cleaning and infection control.

An infection prevention and control policy was in place and had been reviewed within the last year and appropriate arrangements were in place to promote infection prevention and control. Hand hygiene facilities were available within the treatment room, including a sink, soap and hand sanitiser. Suitable personal protective equipment (PPE), including gloves, masks and aprons, were readily available. We saw appropriate spray and wipes were used for cleaning and disinfection of equipment and surfaces, including separate wipes for skin and surfaces.

We noted that there was no cleaning schedule in place at the time of inspection; however, a cleaning schedule was implemented on the day. We saw evidence the staff member had completed infection prevention and control training to the required level.

We found appropriate arrangements were in place for the safe disposal of waste. A current contract was in place with a registered waste carrier for the collection of clinical waste, including sharps and clinical bags. We were told that waste was stored within the treatment room prior to collection, and the room would be kept locked when not in use.

All patients who responded to the questionnaire said the setting was 'very clean' and that infection prevention and control measures were being followed.

Safeguarding children and safeguarding vulnerable adults

We saw a safeguarding policy covering both adults and children was in place. The registered manager was the safeguarding lead for the setting and was responsible for maintaining safeguarding arrangements.

We saw evidence that appropriate safeguarding training had been completed, with safeguarding adults training undertaken to level 2. The registered manager was able to describe the process to follow should a safeguarding concern arise.

The setting was registered to treat patients 18 years and over. The registered manager confirmed this was complied with on the day of the inspection. Children were permitted on the premises, and arrangements were in place to ensure their safety. Where suitable arrangements could not be made, appointments would be rearranged.

Medical devices, equipment and diagnostic systems

We found the laser machine at the setting was the same as registered with HIW, and calibration and servicing of the machine was completed in line with manufacturer's instructions. We saw evidence of a current contract in place with a Laser Protection Advisor (LPA). The LPA had last visited the premises in February 2025. A report had been provided which included local rules and risk assessments. The local rules clearly identified each laser/IPL machine in use and the treatment room and included appropriate contingency arrangements in the event of an incident or injury. We were also provided with appropriate medical protocols for the machine used.

Safe and clinically effective care

We found that appropriate arrangements were in place to ensure the laser equipment was kept secure when not in use. A sign was displayed on the door of the treatment room informing others a laser machine is within the room. However, we noted that there was no clear mechanism in place to indicate when the laser was in use, such as a warning sign.

The registered manager must implement a mechanism to indicate to others when the laser machine is in use.

We saw suitable protective eyewear was available for both the operator and patients. We were told that eyewear was checked prior to use, and we found they were in good condition and consistent with that outlined in the local rules. However, there was no documented evidence to demonstrate that these checks were routinely recorded.

The registered manager must document checks completed on eyewear prior to treatment.

We were told that quality assurance checks of the laser machine were carried out prior to each treatment such as checking the lens before use. However, these checks were not formally documented.

The registered manager must document checks being completed on the laser machine prior to treatment.

The registered manager who operated the laser machine had training in place for the specific machine. Pre-treatment checks were undertaken for all patients, including patch testing and completion of medical histories.

Participating in quality improvement activities

We were told that the quality of the service was monitored through a range of methods, including the use of patient feedback and the review of treatment outcomes. The registered manager used pre- and post-treatment photographs to assess the effectiveness of treatments and inform ongoing practice.

Records management

The setting maintained electronic patient records. Records were stored on a secure system called 'Timely', which was password protected to ensure patient information was kept safe.

The registered manager demonstrated an understanding of appropriate retention periods for care records and was able to describe the process for the safe disposal of records.

We reviewed a sample of five patient treatment records and found them to be clear, accurate and easy to follow. Records included all required information, such as patient identification details, the type of equipment used, date and area of treatment, relevant parameters, shot count, and details of any adverse effects where applicable.

Quality of Management and Leadership

Governance and accountability framework

Eliminate Wellbeing Services was run and owned by the registered manager with no other staff members. The registered manager was the sole operator of the laser machine. We saw the setting's public liability insurance and HIW registration certificates were on display in an area easily seen by patients. We saw suitable policies and procedures in place which were reviewed annually.

Dealing with concerns and managing incidents

We saw an appropriate and up-to-date complaints policy was in place, which outlined the complaints process and timescales for responding. Contact details for HIW were also available if a patient felt a resolution could not be found. As there was only one member of staff, all complaints and concerns would be investigated by the registered manager. In the event a complaint was about the registered manager, they would seek advice from their laser protection advisor.

This complaints policy was available within the patient guide, on medical forms and via a QR code which allowed access to relevant policies. Paper copies could also be provided on request to meet patients' communication needs. At the time of inspection, no formal complaints had been received.

We were told that any notifiable incidents would be reported to HIW in line with requirements, with the registered manager able to describe the process for contacting HIW and following the appropriate reporting procedures.

Workforce recruitment and employment practices

Due to the registered manager being the owner and only staff member for the laser setting, there was no recruitment policy in place. We were told the registered manager had no plans to hire any staff in the future. We saw evidence of a disclosure and barring service (DBS) being completed for the registered manager and evidence of relevant qualifications for the role.

Workforce planning, training and organisational development

We found that the service was operated by a single registered manager, who was responsible for all aspects of service delivery. We were told that arrangements were in place to manage periods of absence. Planned leave was arranged in advance, and in the event of sickness, patients would be contacted directly to inform them if appointments needed to be rearranged.

We were told that the registered manager maintained their knowledge and skills by completing training at the required intervals and undertaking continuing professional development (CPD) relevant to the treatments provided. On the day of the inspection,

we requested to see the registered manager's training records. We saw evidence of in-date training for Core of Knowledge, specific laser equipment training, infection prevention and control, fire safety awareness, health and safety, data protection and safeguarding to the required level.

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
When we requested to see the five-yearly Electrical Installation Condition Report (EICR), this was not available.	The absence of a current Electrical Installation Condition Report meant the safety of the electrical installation could not be assured, increasing the risk of electrical faults that may compromise the safety of patients, staff and visitors.	Raised to the registered manager and property owner on the day of inspection.	Arrangements were made on the day of the inspection for the EICR to be completed with evidence provided of completion shortly following the inspection.

Appendix B – Immediate improvement plan

Service: **Eliminate Wellbeing Services (Pontyclun)**

Date of inspection: **17 June 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.

Findings	No immediate non-compliance issues were identified on this inspection.

	Improvement needed	**Standard / Regulation**
1.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role: **Date:**

Appendix C – Improvement plan

Service: Eliminate Wellbeing Services (Pontyclun)

Date of inspection: 17 June 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.	We noted large gaps between dates in testing of fire detection equipment.	The registered manager must ensure fire detection equipment is tested on a regular basis.	The Independent Health Care (Wales) Regulations 2011 26 (4)(a)	Registered Manager to have an independent record for fire detection equipment testing to ensure this is completed on a regular basis.	Registered Manager	Immediate – this was implemented on day of inspection.
2.	We noted that there was no clear mechanism in place to indicate when the laser was in use, such as a warning sign.	The registered manager must implement a mechanism to indicate to others when the laser machine is in use.	The Independent Health Care (Wales) Regulations 2011 26 (1)	Registered Manager to order 'in use' signage for the entrance of the laser room.	Registered Manager	This was ordered on day of inspection was in place within two days.
3.	There was no documented evidence to demonstrate that these checks were routinely recorded.	The registered manager must document checks completed on eyewear prior to treatment.	The Independent Health Care (Wales) Regulations 2011 26 (2)	Registered Manager to create a routine checks document to be signed before and after each client, as well as beginning of day pre-service checks.	Registered Manager	Immediate – this was implemented on day of inspection.

4.	Quality assurance checks on the laser machine prior to use was not formally documented.	The registered manager must document checks being completed on the laser machine prior to treatment.	The Independent Health Care (Wales) Regulations 2011 26 (2)	Registered Manager to create a routine checks document to be signed before and after each client, as well as beginning of day pre-service checks.	Registered Manager	Immediate – this was implemented on day of inspection.

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative: Eliminate Wellbeing Services Ltd

Name (print): Eloise Saunders

Job role: Director / Manager / Technician **Date: 29/07/2026**