

Independent Healthcare Inspection Report (Announced)

Freyja Medical, Wrexham

Inspection date: 7 November 2024

Publication date: 7 February 2025



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Digital ISBN 978-1-83715-227-8

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

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 goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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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 Freyja Medical, Wrexham on 7 November 2024.

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 15 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:

We found that Freyja Medical was committed to providing a positive experience for patients in a pleasant environment with friendly and professional laser operators.

All patients who completed a HIW questionnaire rated the service provided by the clinic as good or very good.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- Pleasant, welcoming environment with ample car parking facilities
- The clinic was very clean and tidy
- Staff were polite, caring and listened to patients
- Arrangements were in place to protect the privacy of patients, including areas for patients to have private conversations with staff
- Patients were treated in a caring and friendly manner within treatment rooms that preserved their dignity.

Delivery of Safe and Effective Care

Overall summary:

We found that Freyja Medical was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The clinic was very well maintained and well equipped to provide the services and treatments they were registered to deliver. All areas were very clean and free from any visible hazards.

There were good arrangements in place to ensure that the laser machine was used appropriately and safely.

The registered manager and responsible individual were both very knowledgeable, professional and demonstrated their understanding of where and how to access advice and guidance.

We found evidence that patients were provided with safe and effective care.

This is what the service did well:

- The clinic and treatment rooms had been designed and finished to a high standard
- Treatment rooms were clean, well equipped and fit for purpose
- Patients were provided with detailed information to make an informed decision about their treatment
- Patients were very satisfied with their treatments and services provided
- Patient notes were of an excellent standard.

Quality of Management and Leadership

Overall summary:

We found that Freyja Medical had very good leadership and clear lines of accountability.

The day to day management of the clinic was the responsibility of the registered manager and the responsible individual who we found to be extremely committed and dedicated to providing high quality patient care.

We observed that the staff team worked very well together and were committed to providing a high standard of care for patients.

Staff had access to appropriate training opportunities in order to fulfil their roles.

This is what the service did well:

- All authorised users of the laser machine had completed the core of knowledge training and training on how to use the laser machine
- Patient information was kept securely
- We saw that all staff, both clinical and non clinical, worked very well together as part of a team
- Very well-maintained staff files
- Robust audit processes.

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection, we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received 15 responses.

Some of the patients did not answer all of the questions.

All patients who completed a questionnaire rated the service provided as good or very good.

Some of the comments provided by patients included:

“Brilliant, efficient staff, very helpful and caring.”

“I have been a customer for a number of years, I have to say this has to be one of the best clinic's I have visited. There are no improvements that could be made. The staff are very professional and make you feel at ease every time I visit.”

“[staff name] at Wrexham Freyja Medical is professional, friendly and approachable. Very good at Laser Hair Removal and made me feel comfortable throughout all sessions.”

“Brilliant, efficient staff, very helpful and caring.”

Dignity and respect

All patients who completed a questionnaire confirmed that staff treated them with dignity and respect when visiting the clinic.

The door to the treatment room was lockable and the registered manager confirmed they locked the door during treatment to maintain privacy. Patients were provided with towels to protect their dignity if required and were left alone to undress if necessary.

Consultations were carried out in the treatment room, to ensure that confidential and personal information could be discussed without being overheard.

All patients who completed a questionnaire confirmed that staff explained what they were doing throughout the treatment and that they listened to them and answered any questions.

Patient information and consent

All patients who completed a questionnaire agreed that they had been given enough information about their treatment, including the risks, different treatment options and after care services.

Patients were provided with a thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment.

All patients who completed a questionnaire confirmed they had completed and signed a medical history, a consent form and received a patch test prior to commencement of any new treatment. We were told that all patients were given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions.

We saw that patients were asked to complete and sign a medical history form at the start of each treatment, prior to patch testing. We also saw evidence that patients provided an update to their medical history at every follow-up appointment.

Communicating effectively

A statement of purpose and a patients' guide was available for patients to take away. The statement of purpose included relevant information about the services being offered.

All patients who completed a questionnaire told us their preferred language was English.

The receptionist was a fluent Welsh speaker and communicated with patients bilingually.

We were also told that, if required, staff could access translation services to help them communicate with patients whose first language was not English. In addition, some staff working at the clinic could also communicate with patients in Lithuanian, Polish, German, Danish and French.

Care planning and provision

There were detailed individual patient notes available, with evidence of excellent record keeping processes. There was good documentation in place covering skin type, consent to treatment and medical history.

Treatment information was recorded within individual patient files and a treatment register was being maintained.

Equality, diversity and human rights

There was an equal opportunities policy in place. This meant that the clinic was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. Patient feedback was published on the clinic website demonstrating that feedback was acted upon and is used to influence changes to service delivery.

We discussed the mechanism for actively seeking patient feedback, which the clinic did by emailing patients a survey at the end of their treatment. Patients were also able to give feedback in person or anonymously via social media.

Delivery of Safe and Effective Care

Managing risk and health and safety

We saw evidence that Portable Appliance Testing (PAT) had been conducted, to ensure that small electrical appliances were safe to use.

We also saw that a building electrical wiring check had been undertaken within the last five years.

We looked at the arrangements for fire safety and found that the fire extinguishers had been serviced and fire exits were clearly signposted.

Fire risk assessments were in place, and we saw that these had been regularly reviewed. Weekly fire alarm tests and annual fire drills were taking place. All staff had completed fire safety training.

There was an emergency first aid kit available, all staff at the clinic were trained in first aid and had also received basic life support training.

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly very clean and tidy.

We discussed the infection control arrangements which included daily, weekly tasks and the cleaning arrangements between patients. We considered the arrangements in place to be appropriate to protect patients from cross infection.

There were no concerns expressed by patients over the cleanliness of the clinic. All patients who completed a questionnaire confirmed that infection and prevention control measures were being followed and that the setting was very clean. Two patients provided the following comments:

“Delighted with the advice and subsequent treatment I had performed. Staff were professional, attentive and clearly very knowledgeable. Clinic was scrupulously clean and professional yet also welcoming. Thank you Freyja!”

“The staff are all lovely - very kind, welcoming and professional. The premises is always very clean and well organised, and the staff always take the right measures to uptake the cleanliness during my sessions (i.e. wearing gloves, washing hands, etc.). I am someone who suffers with social anxiety, but I always feel very welcome and calm coming in which is a big thing for me!”

Clinical waste was disposed of appropriately and there was a contract in place with an approved waste carrier.

Safeguarding children and safeguarding vulnerable adults

The registered manager and responsible individual described how they would deal with any safeguarding issues. We saw evidence that both the registered manager and the responsible individual had completed safeguarding level three training. We also saw evidence that all laser operators had completed safeguarding level two training.

A policy was in place to safeguard vulnerable adults and children. There were clear procedures to follow in the event of any safeguarding concerns, along with flowcharts and contact details listing the actions required should a safeguarding issue arise.

Safe and clinically effective care

Eye protection was available for patients and the laser operators. The eye protection appeared in good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There were signs on the outside of the treatment room to indicate when the laser machine was in use. The registered manager also confirmed that the treatment room door was locked when the machine was used to prevent unauthorised access. We were told that the machine was always kept secure and could only be activated by a key, preventing unauthorised operation.

The environmental risk assessments had recently been reviewed by the Laser Protection Advisor (LPA).

Participating in quality improvement activities

The registered manager and responsible individual demonstrated a good knowledge and understanding of the treatments provided. They also described the importance of post treatment observations and follow up with patients to help provide improved individualised care throughout a course of treatment.

Records management

A sample of five patient records were reviewed. There was evidence that excellent records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. All the records we reviewed were individualised and contained appropriate patient identifiers, medical history, areas treated, relevant parameters, shot count and details of any adverse effects. Records were very detailed, clear, legible and of excellent quality.

Quality of Management and Leadership

Governance and accountability framework

Freyja Medical was run and owned jointly by the registered manager and responsible individual who we found to be very committed and dedicated to their roles.

We saw a current HIW certificate of registration and public liability insurance certificate on display.

We looked at a sample of policies and procedures and saw that these had been reviewed regularly and contained version and / or review dates.

Dealing with concerns and managing incidents

There was a complaints policy in place, which included the contact details for HIW. The complaint procedure was also included within the statement of purpose.

The clinic had a system in place to log formal complaints and concerns. At the point of inspection, no complaints had been received by the clinic.

Workforce recruitment and employment practices

We saw that the clinic had a comprehensive documented recruitment process in place. This covered all stages of the recruitment and selection process which included an application form and interviews.

We were told that new staff underwent an in-depth induction process followed by a probation period with appropriate supervision. Staff were issued with detailed job descriptions outlining their roles and responsibilities.

Workforce planning, training and organisational development

We found enough trained staff to cover the clinic's needs and to provide safe treatment for patients. We saw up-to-date core of knowledge training and system machine specific training was completed by all staff. To develop and maintain the skills and knowledge of the workforce, the registered manager and responsible individual monitored training requirements and discussed with the staff members as necessary. We saw evidence of additional training that was relevant to staff roles.

We also saw evidence that all staff at the clinic had an appropriate Disclosure and Barring Service (DBS) check in place to help protect and safeguard patients.

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 immediate concerns were identified during this inspection.			

Appendix B - Immediate improvement plan

Service: Freyja Medical

Date of inspection: 07/11/2024

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan was required for this 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:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Freyja Medical

Date of inspection: 07/11/2024

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
The service is not required to complete an improvement plan					

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: