

Independent Healthcare Inspection Report (Announced)

Coral Laser, Cardiff

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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:

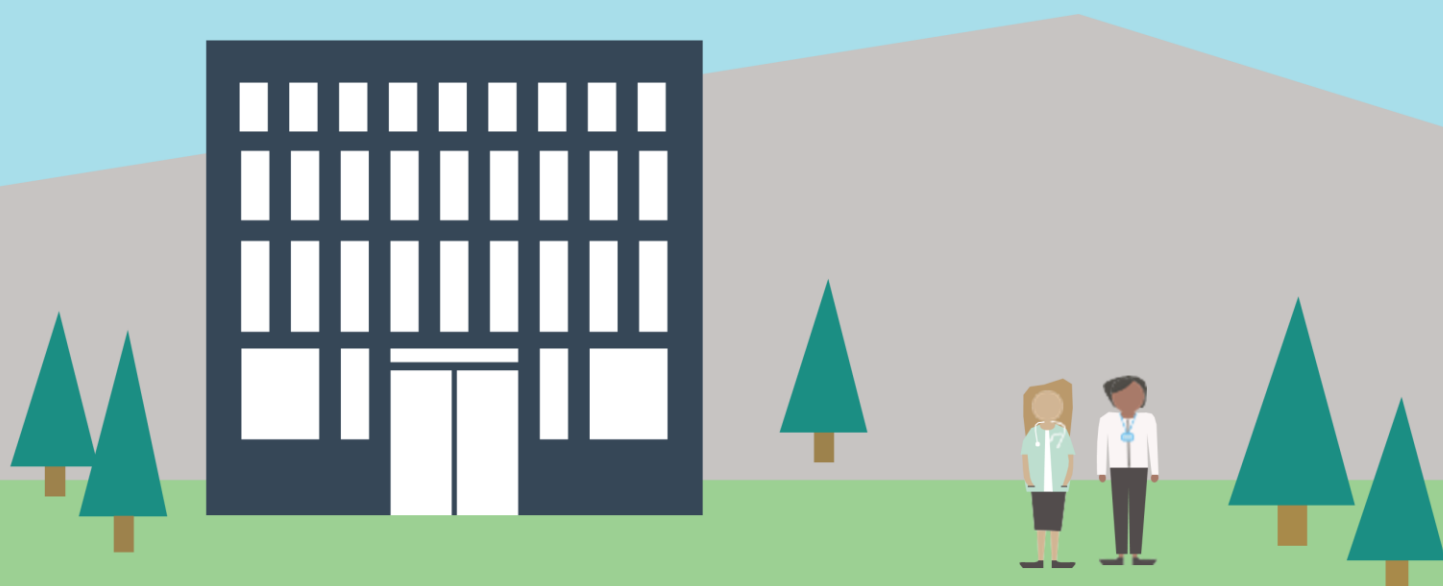
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Coral Laser on 02 May 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors.

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

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centered on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Coral Laser was committed to providing a positive experience for their patients in a modern and welcoming environment. We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

Patient feedback in the questionnaires was positive.

The patient's guide and the statement of purpose provided to us by the registered person was as required by regulations.

This is what the service did well:

- There was disabled access to the service
- The practice had arrangements in place to protect patient privacy and processes in place to enable confidential discussions
- The service had a modern and welcoming environment
- Patient records were completed and updated at every treatment session.

Delivery of Safe and Effective Care

Overall summary:

We found that there were arrangements in place to protect the safety of visitors to the premises. However, we noted some improvements were required in this area to minimise risk of harm to patients.

The setting was clean, tidy and clutter free with treatments taking place in a single room that protected the dignity and privacy of the patients.

Whilst there was appropriate first aid equipment on site, we were told that first aid training had not been completed. There was evidence of annual servicing of the fire extinguishers and fire risk assessments were in place for the premises. However, we were advised that the registered person had not completed training in fire safety. The lack of training in first aid and fire safety could place patients at risk of avoidable harm.

We also saw evidence that the service had not followed the written medical protocols regarding timeframes for the completion of patch tests ahead of providing laser treatments, in every instance. As a result, HIW could not be assured those treatments had been provided in a safe manner. This was dealt with under HIW's non-compliance notice process.

Immediate assurances:

- The registered person must ensure that the relevant medical protocols are always adhered to
- The registered person must ensure that mandatory training, including fire safety training and first aid at work is completed
- The registered person must ensure that an appropriately trained first aider is in place.

Following the inspection, HIW was provided with the necessary assurances that the first aid at work and fire safety training had been completed by the registered person in May 2023.

This is what the service did well:

- Patient information was being stored securely
- The laser machine in use at the practice was serviced and maintained appropriately to ensure safe treatment.

Quality of Management and Leadership

Overall summary:

We found the registered person, the sole operator of the laser equipment, was patient focused and had appropriate skills and knowledge to deliver safe treatments to patients.

There were various policies and procedures in place and most were reviewed in line with specified timeframes. The registered person also had processes in place to assess and monitor the quality of the services provided and reported on the findings.

This is what the service did well:

- Concerns and feedback information was documented and acted on to drive improvement
- We saw certificates showing the authorised user who operated the laser machine had completed the Core of Knowledge training and had completed training on how to use the laser machine.

This is what we recommend the service can improve:

- Write, implement and review as prescribed, an infection control policy to ensure best practice.

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

Before our inspection we invited the service to hand out HIW questionnaires to patients to obtain their views on the care and treatments provided. In total, we received sixteen completed questionnaires. Fifteen of the respondents indicated that they had visited the setting in the last two months, and one within the last year. Some of the comments provided by patients on the questionnaires included:

“Excellent, clean and professional service at all times”

“Very good setting. I’ve enjoyed my treatments here and felt very comfortable.”

“Really pleased with the care and customer service received. Lovely place to have treatments. Highly recommend.”

“Very friendly, completely put at ease. Knew everything that would happen and offered breaks if it got too much.”

Dignity and respect

We were told that all patients are treated in a dignified and respectful manner. The door to the treatment room could be closed and locked when the room was in use. The registered person confirmed that patients were able to change, if necessary, in the lockable treatment room. Towels and toweling wraps were provided to preserve dignity where necessary. We were assured that patient dignity could be preserved.

All patients who completed a HIW questionnaire ‘strongly’ agreed that they were treated with dignity and respect, and that measures were taken to protect their privacy.

Communicating effectively

Patient information leaflets and price lists for patients were on display. We reviewed the patient’s guide and the statement of purpose provided to us by the registered person and these complied with the relevant regulations. The complaints process included details of HIW as required. All sixteen patients that completed a questionnaire answered that they felt listened to during their

appointment and felt that they had been involved as much as they wanted to be in decisions about their treatment.

Patient information and consent

Patients were provided with a telephone or face-to-face consultation, which included sufficient information around the risks, benefits, and likely outcomes of the desired treatment. We were told that this information was repeated at each subsequent appointment where feedback was sought on how the patient felt the previous treatment had been. Any side effects they had experienced and the benefits of treatments, were all documented. We saw evidence of this in patient records. We were assured that patients were able to make an informed decision about their treatment.

Care planning and provision

The records of five patients were reviewed and found to be of a good standard. The records covered all areas of the patients' treatment journey, including details of the initial consultation, consent to all treatments, plus the potential risks and likely outcomes of the chosen treatment. All feedback was recorded adequately.

Patients' medical history were completed thoroughly and documented on the patients records prior to receiving treatments. Fourteen of the sixteen patients who completed the patient questionnaire agreed they completed a medical history form and had their medical history checked before undertaking any treatment.

We were told that a patient's medical history was reviewed at each subsequent treatment. However, whilst a signature of consent was being obtained for each treatment, it was not clear that the medical history was reviewed.

The registered person must ensure that when patients are asked about changes to medical history prior to subsequent treatments, this is clearly documented in their records.

Equality, diversity and human rights

The registered person provided examples of how they treated their patients with dignity and respect, including examples of patients undergoing gender transition. We saw that the service had an equality and diversity policy in place, which referenced the Equality Act 2010. All sixteen patients that answered the patient questionnaire indicated they had not faced any discrimination when accessing or using this service.

We saw that the treatment room was located on the ground floor which allowed for patients with mobility requirements to be treated easily. Access to the building also appeared suitable for anyone using a mobility aid.

We were told that documentation was only available in English currently. However, we were advised that if a patient sought information in another language (including Welsh) the setting would arrange to facilitate this so far as reasonably practicable. The registered person was fluent in Afrikaans and English.

Citizen engagement and feedback

We saw that the practice had mechanisms in place to obtain the views and feedback of patients and we were told that this feedback was used to inform improvements. Patients were also encouraged to leave online reviews. There were eight online reviews for this service, all of which were five star and recommended the service to others. We were told that the registered person monitored all forms of feedback and if it became necessary, they would use this feedback to review and improve the service.

Delivery of Safe and Effective Care

Managing risk and health and safety

There were arrangements in place to protect the safety of visitors to the premises. We found the setting was clean, tidy and clutter free with treatments taking place in a single room that protected the dignity and privacy of the patients.

Whilst we saw evidence of appropriate first aid equipment, we were told that first aid training had not been completed.

There was evidence of annual servicing of fire extinguishers and fire risk assessments in place for the premise. However, we were advised that the registered person had not completed training in fire safety and this could place patients at risk of avoidable harm.

These risks were dealt with under HIW's Non-Compliance Notice process. This is referred to in **Appendix B** of this report.

Following the inspection HIW was provided with the necessary assurances that the first aid at work and fire safety training was completed by the registered person in May 2023, and that all medical protocols will be followed with immediate effect.

Infection prevention and control (IPC) and decontamination

We observed the treatment room to be visibly clean, tidy and free from clutter. The patient feedback showed no concerns from patients over the cleanliness of the service. All sixteen patients that completed a questionnaire answered that the premises were 'very clean' and felt infection and prevention control measures were being followed.

The registered person described suitable infection control arrangements in place at the service. This included appropriate hand hygiene, sanitising of the laser machine and its hand pieces, in addition to the patient treatment table prior to and post use. However, whilst we were told that daily checks were conducted, these are not being recorded, and we were told the service did not have an infection, prevention and control policy.

The registered person must prepare and implement an infection control policy and review this regularly to ensure best practice. We also recommend the registered person completes a daily cleaning checklist and records this appropriately.

A sharps disposal bin was seen in the service that was being stored appropriately

and that clinical waste arrangements were in place through an external provider.

Safeguarding children and safeguarding vulnerable adults

We saw evidence of systems and documentation in place to support the safeguarding of vulnerable adults. There was a safeguarding policy in place which detailed the appropriate steps to follow in the event of a safeguarding concern. The policy included contact details for the local authority safeguarding team. The document was reviewed and updated in line with All Wales Safeguarding protocol. We reviewed training certificates indicating that the registered person had undertaken appropriate safeguarding training.

Medical devices, equipment and diagnostic systems

Appropriate arrangements were in place to protect the safety of patients when using the single registered laser machine. A contract was in place with a Laser Protection Advisor (LPA) who provided advice and support on the safe use of the laser machine. Local rules had been reviewed by the LPA within the last twelve months to confirm their on-going suitability. The laser machine had been serviced annually. Appropriate eye protection was available for patients and the sole operator.

There were treatment protocols in place for the use of the laser machine and these had been approved by an expert medical practitioner. The laser machine was key operated and this key was removed when the machine was not being used and kept with the operator at all times. The machine was stored securely in a locked room.

Safe and clinically effective care

We were assured that the laser operator (the registered person and only operator) was competent in the use of the laser machine. We saw evidence that the registered person had completed Core of Knowledge training within the year and we saw certificates of training to confirm this. We were told that training from the manufacturer of the laser machine on how to operate it safely had been completed. The treatment room was fitted with a lock to ensure patient dignity and safety during treatments. We saw appropriate signage displayed on the treatment room door to warn people not to enter when the laser machine was in use.

The registered person told us that patients received a patch test for their safety prior to any treatments starting. Fifteen of the sixteen patients that completed a questionnaire confirmed that they had been given a patch test before they received treatment. However, during the inspection we viewed a sample of patient records and an attendance log. When these documents were cross referenced, we saw evidence that the service had not always followed the patch test protocols as stipulated in the "Service Protocol for Diode (808 nm) Laser Hair

Removal (LHR) Alma Beauty Remove” protocol created by an Expert Medical Practitioner (EMP), whereby the service had been completing some laser treatments sooner than the minimum requirement of 24-48hrs to check for adverse reactions, or two weeks for skin type four. This was dealt with under HIW’s non-compliance notice process. This is referred to in **Appendix B** of this report.

Participating in quality improvement activities

The registered person demonstrated comprehensive knowledge and understanding of the treatments offered and had recognised qualifications in this area of practice. The registered person described the importance of post treatment observations and follow-ups with patients to aid improvements in the care provided throughout the course of planned treatments.

Records management

We saw evidence of good record keeping. The sample of records reviewed were sufficiently detailed and were clear and consistent for new and returning patients. We saw that comprehensive patient treatment logs were being completed in paper format. We were told that all current patient records were being stored securely in a locked cabinet, within the locked room at the setting. Previous patient records were held securely at the registered persons home address in a locked storage unit, within a locked room.

Quality of Management and Leadership

Governance and accountability framework

Coral Laser was a service run solely by the registered person, with no current plans for the expansion of the business or for employing extra staff members.

The service had a number of policies in place and we saw evidence that most had been reviewed regularly. Where policies had not been updated as prescribed, the registered person actioned these immediately on site.

The registered person must ensure that all policies are reviewed and updated as prescribed.

We saw evidence that the registered person had completed an annual report in accordance with regulation 19 (3) of the Independent Health Care (Wales) Regulations 2011. This related to assessing and monitoring the quality of service provision including an annual return. We also saw that the service had an up-to-date public liability insurance certificate in place as required.

Dealing with concerns and managing incidents

There was evidence that there were appropriate processes in place around concerns and incident management. The service had an appropriate complaints policy and procedure in place, which included the contact details for HIW. We also reviewed the services' website which detailed the complaints process.

The registered person confirmed that there had not been any recent concerns or incidents. The complaints process was described and the procedure was appropriate, with HIW listed as an additional point of contact.

The registered person must log all concerns, including low level verbal dissatisfaction in how successful (or not) a treatment is.

Workforce planning, training and organisational development

We reviewed a range of training documents and qualification certificates. These confirmed the registered person was suitably qualified to operate the registered laser.

Workforce recruitment and employment practices

The registered person is the only employee. Evidence of their enhanced Disclosure and Barring Service certificate was provided.

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 summaries 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 dealt with during inspection			

Appendix B - Immediate improvement plan

Service: Coral Laser, Cardiff

Date of inspection: 02 May 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered person must ensure that the relevant medical protocols are always adhered to, particularly regarding the time between a patch test and the subsequent laser treatment.	Regulation 45 (1) of The Independent Health Care (Wales) Regulations 2011	Perform patch test on every client and wait 24-48 hours to check for adverse reactions. Skin type 4 - wait 3 weeks. The waiting time between test and treatment depends on what contra-indications exist. See page 5 of 25 Clinical Protocol for Diode Laser Hair Removal by Dr Paul Myers.	Lauren Eaton	Immediate
The registered person must ensure that mandatory training, including fire safety training and first aid at work, and any other training	Regulation 20 (1) (a) and (2) (a) of The Independent Health Care (Wales) Regulations 2011	Fire Awareness Course and First Aid in the Workplace course to be completed	Lauren Eaton	Completed and certified May 2023

<p>identified to undertake their roles, is completed.</p> <p>The registered person must always ensure that the service has in place an appropriately trained first aider and that evidence of this is provided to HIW.</p>				
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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): Lauren Eaton

Job role: Registered Person / Owner Operator

Date: 10 May 2023

Appendix C - Improvement plan

Service: Coral Laser, Cardiff

Date of inspection: 02 May 2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered person must ensure that when patients are asked about changes to medical history prior to subsequent treatments, this is clearly documented in their records.	Regulation 23 (1) (a)(i)&(ii) of The Independent Health Care (Wales) Regulations 2011	Under feedback comment on Client Record Form I now ask and record specifically if there are any changes to the clients medical status or medication.	Lauren Eaton	Effective Immediately 3rd May 2023
<p>The registered person must prepare and implement an infection control policy.</p> <p>We also recommend the registered person completes a daily cleaning checklist and records this</p>	Regulation 9 (1) (n) of The Independent Health Care (Wales) Regulations 2011	<p>Infection Control Policy has been prepared and implemented. Evidence provided to HIW.</p> <p>Noted. Evidence provided to HIW.</p>	Lauren Eaton	<p>Effective Immediately 3rd May 2023</p> <p>Implemented 16th June 2023</p>

appropriately.				
The registered person must ensure that all policies are reviewed and updated as prescribed.	Regulation 9 (5) (a) (b) and (c) of The Independent Healthcare (Wales) Regulations 2011	Noted. I have reviewed all policies and ensured that they have been updated as required. I have also created reminders for future policy reviews on my outlook calendar	Lauren Eaton	Immediately 3rd May 2023
The registered person must log all concerns, including low level verbal dissatisfaction in how successful (or not) a treatment is.	Regulation 24 of The Independent Healthcare (Wales) Regulations 2011	Noted. Register is in place as proven during inspection - I will in future record all low level dissatisfaction.	Lauren Eaton	Immediately 3rd May 2023

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):	Lauren Eaton
Job role:	Registered Person / Owner Operator
Date:	15 June 2023