

# Inspection Summary Report

Coral Laser, Cardiff

Inspection date: 02 May 2023

Publication date: 02 Aug 2023



This summary document provides an overview of the outcome of the inspection



Overall, we found that Coral Laser was committed to providing a positive experience for their patients in a modern and welcoming environment. 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.

The registered person displayed a good knowledge and understanding of the governance required to operate the service safely and effectively.

All patients rated the service they received as 'very good' in the patient questionnaires completed. However, we found some improvements were necessary in order to ensure that laser treatments are provided in a safe and effective manner.

HIW issued the setting with a non-compliance notice for the regulatory breaches to ensure prompt improvement. Further details can be found in Appendix B of the main report.

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



## 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 unannounced inspection at Coral Laser on 02 May 2023.

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

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



# 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.

## What we found this 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.

### Patients told us:

*“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.”*

*“Excellent service, Lauren is knowledgeable and friendly, explains every step of the way and treatment is very individualised.”*

# 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.

## Where the service could improve

- 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.

## What we found this 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.

## Where the service could improve

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

## What we found this 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.

## 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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

