

Inspection Report

15 March 2024



Fit Feet Podiatrists

Type of service: Independent Hospital-Cosmetic Laser

Address: 15 Old Glenarm Road, Larne, BT40 1RW

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Provider: Mrs Martina McGarel	Registered Manager: Mrs Martina McGarel Date registered: 8 November 2019
Person in charge at the time of inspection: Mrs Martina McGarel	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	
Brief description of how the service operates: Fit Feet Podiatrists is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers. The establishment provides a range of podiatry treatments. This inspection focused solely on those treatments using a laser machine that fall within regulated activity and the category of care for which the establishment is registered. Equipment available in the service: Laser equipment: Manufacturer: Intermedic 530 Model: Podylase Serial Number: BE43558 Laser Class: Class 4 Wavelength: 900 -1064nm Types of laser treatments provided: Onychomycosis (fungal nail) Plantar warts Intractable plantar keratosis (IPK) also known as corns	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 15 March 2024 from 9.00 am to 11.30 am.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser safety; management of medical emergencies; infection prevention and control; adherence to best practice guidance in relation to COVID-19; the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

An area for improvement has been identified against the regulations to ensure systems are in place for the continuous review of the laser medical treatment protocols by the appointed registered medical practitioner. See section 5.2.8.

An area for improvement has been identified against the standards to ensure the requirement to register with the Information Commissioners Office is assessed by the register provider. See section 5.2.11.

No immediate concerns were identified regarding the delivery of front line client care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the service

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by Fit Feet Podiatrists.

Posters were issued to Fit Feet Podiatrists by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

Mrs McGarel advised that the podiatry laser service has not been operational since the previous inspection. Mrs McGarel stated that there are plans to re-establish laser podiatry treatments later this year.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Fit Feet Podiatrists was undertaken on 31 March 2023.

Areas for improvement from the last inspection on 31 March 2023		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 39 (1) Stated: First time	The registered person shall ensure that treatment protocols provided by the laser supplier are endorsed by a trained and experienced medical practitioner from the relevant discipline in which treatments are to be provided. Evidence of this should be retained in the laser safety file.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. A further area for improvement has been made in relation to the medical treatment protocols. Further detail is provided in section 5.2.8	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for Improvement 1 Ref: Standard 13.1 Stated: First time	The registered person shall ensure all authorised operator's training is up to date and completed in line with RQIA training guidance. Mrs McGarel should complete safeguarding adults at risk of harm (level 2); infection prevention and control and core of knowledge refresher training.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.1	

Area for Improvement 2 Ref: Standard 48.6 Stated: First time	The registered person shall ensure there is written confirmation of the appointment of a certified laser protection advisor that is renewed annually.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.8	
Area for Improvement 3 Ref: Standard 48.4 Stated: First time	The registered person shall ensure that up to date local rules are in place that have been produced by the current appointed laser protection advisor.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.8	

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?

Mrs McGarel confirmed that she is the only authorised operator working in Fit Feet Podiatrists and stated that laser treatments will only be provided by her as the sole authorised operator. A review of the register of authorised operators for the laser machine reflected that Mrs McGarel is the only authorised operator.

A review of training records evidenced that Mrs McGarel has up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. It was determined that area for improvement 1, made against the standards as outlined in section 5.1, has been addressed.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

As previously discussed Mrs McGarel informed us that laser podiatry treatments have not been provided at Fit Feet Podiatrists since the previous inspection. Mrs McGarel confirmed that there are plans to re-establish laser podiatry treatments later this year.

It was determined that appropriate staffing levels were in place to meet the needs of clients and that staff are suitably trained

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

As discussed Fit Feet Podiatrists does not currently employ any other authorised operators.

Mrs McGarel informed us that there is another podiatrist working for Fit Feet Podiatrists who is completing core of knowledge training in order to become an authorised operator. Advice and guidance was provided to Mrs McGarel on this matter.

A review of the recruitment and selection policies and procedures provided assurance that adherence to these would ensure any new authorised operator would be recruited in line with legislation and best practice guidance. Mrs McGarel was aware of all required recruitment documentation to be sought prior to the commencement of any new authorised operator and that this should be retained for inspection.

There was evidence of job descriptions and induction checklists for authorised operators.

Discussion with Mrs McGarel demonstrated that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

Arrangements were in place to ensure the recruitment of authorised operators complies with the legislation and best practice guidance.

5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

Mrs McGarel stated that laser treatments are not provided to persons under the age of 18 years. Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm.

The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Mrs McGarel confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Mrs McGarel, as the safeguarding lead, has completed formal level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was determined that the service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

Mrs McGarel has up to date training in basic life support and was aware of what action to take in the event of a medical emergency.

There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

The service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control (IPC) and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas.

The laser treatment room was clean and clutter free. Discussion with Mrs McGarel evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided.

As discussed previously, Mrs McGarel had up to date training in IPC.

It was determined that the service had appropriate arrangements in place in relation to IPC and decontamination.

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

The management of operations to minimise the risk of COVID-19 transmission were discussed with Mrs McGarel who outlined the measures that taken by Fit Feet Podiatrists to ensure current best practice measures are in place.

It was determined the management of COVID-19 was in line with best practice guidance and appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.8 How does the service ensure that laser procedures are safe?

A laser safety file was in place which contained the relevant information in relation to laser equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 28 February 2025.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the laser equipment being used. It was therefore determined that areas for improvement 2 and 3, made against the standards as outlined in section 5.1, have been addressed.

The establishment's LPA completed a risk assessment of the premises during October 2023 and all recommendations made by the LPA have been addressed.

Laser procedures are carried out following medical treatment protocols provided by the laser supplier and they contained the relevant information about the treatments being provided.

A review of the medical protocols evidenced they were endorsed by a qualified, registered medical practitioner and evidence retained thereof. It is determined that area for improvement 1, made against the regulations as outlined in section 5.1, has been addressed.

It had been established at previous inspections that the appointed medical practitioner would review the medical treatment protocols annually and on an ongoing basis however, discussion with Mrs McGarel established that systems are not currently in place to review these medical treatment protocols when due. An area for improvement has been identified against the regulations in this regard.

Mrs McGarel, as the laser protection supervisor (LPS) and authorised operator has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Mrs McGarel had signed to state that they had read and understood the local rules and medical treatment protocols.

When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The door to the treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency. Mrs McGarel aware that the laser safety warning sign should only be displayed when the laser equipment is in use and removed when not in use.

The laser machine is operated using a key. Arrangements are in place for the safe custody of the key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Fit Feet Podiatrists has a laser register in place and Mrs McGarel confirmed that the register will be completed each time the equipment is operated. The laser register was seen to provide the following information:

- the name of the person treated
- the date

- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report of the laser was reviewed.

It was determined that addressing the identified area for improvement will strengthen the arrangements to ensure that laser procedures are safe.

5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?

Mrs McGarel confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. There is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes.

The service has a list of fees available for each laser procedure. Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation each client's personal information is recorded including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

Patient care records were discussed with Mrs McGarel. A treatment record template was available for review during the inspection. Mrs McGarel confirmed this will be completed on the commencement of the laser podiatry service to ensure that an accurate and up to date treatment record for every client is maintained. The care record included the following:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

The service has a policy for advertising and marketing.

It was determined that appropriate arrangements were in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

5.2.10 How does the service ensure that clients are treated with dignity, respect and are involved in the decision making process?

Discussion with Mrs McGarel regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

As previously discussed the laser podiatry treatments have not been provided since the previous inspection. Mrs McGarel confirmed that when laser podiatry treatments are re-established, patients will be invited to complete a satisfaction survey when their treatment is complete. The results of these will be collated to provide a summary report and made available to patients and other interested parties. Mrs McGarel confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity, respect and to seek the views and opinions of the service users.

5.2.11 How does the registered provider assure themselves of the quality of the services provided?

Where the business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mrs McGarel was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

Policies and procedures were available outlining the arrangements associated with the laser treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Advice was provided to Mrs McGarel to further develop the complaints procedure to identify the staff member responsible for managing complaints at the establishment. Mrs McGarel agreed to address this matter following inspection.

Clients were made aware of how to make a complaint by way of the client's guide. Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with Mrs McGarel confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs McGarel confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Mrs McGarel demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Advice and guidance was provided to update the establishment's details in the statement of purpose and client's guide. Mrs McGarel agreed to action this and gave assurances that these documents would be kept under review, be revised and updated when necessary and made available on request.

Mrs McGarel was advised that the RQIA certificate of registration must be displayed in a prominent place.

A certificate of registration with the Information Commissioner's Office (ICO) had been retained on file but was found to have expired. Advice and guidance was provided Mrs McGarel to review the establishment's requirement to register with ICO and to inform RQIA of the outcome. An area for improvement against the standards has been made in this regard.

Observation of insurance documentation confirmed that current insurance policies were in place.

It was determined that suitable arrangements are in place to enable Mrs McGarel, Registered Person, to assure themselves of the quality of the services provided.

5.2.12 Does the service have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Mrs McGarel.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the QIP were discussed with Martina McGarel, Registered Person, as part of the/following inspection process and can be found in the main body of the report. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 39 (1) Stated: First time To be completed by: 30 April 2024	The registered person shall ensure that there are robust systems in place for the continuous review of the laser medical treatment protocols by the named registered medical practitioner. Ref: 5.2.8 Response by registered person detailing the actions taken: Dr Hanley's documentation will be e-mailed as soon as it is received. We have approached him again to expedite this.
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 16.14 Stated: First time To be completed by: 30 April 2024	The registered person shall complete the Information Commissioners Office (ICO) self-assessment and if registration is required, ensure that evidence of this is retained by the establishment and made available to RQIA upon return of the QIP. Ref: 5.2.11 Response by registered person detailing the actions taken: This will be sent through by e-mail.

Please ensure this document is completed in full and returned via Web Portal



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