

Inspection Report

31 March 2023



Fit Feet Podiatrists

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 15 Old Glenarm Road, Larne, BT40 1RW
Telephone number: 028 2556 8593

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

<p>Organisation/Registered Provider: Mrs Martina McGarel</p>	<p>Registered Manager: Mrs Martina McGarel</p> <p>Date registered: 8 November 2019</p>
<p>Person in charge at the time of inspection: Mrs Martina McGarel</p>	
<p>Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)</p>	
<p>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.</p> <p>During February 2022 RQIA received a variation to registration application from Mrs McGarel, Registered Person, as the establishment had moved to new premises and changed the name of the service from The Fitter Feet Clinic to Fit Feet Podiatrists. Following due process the variation to registration application was approved and the service name was formally changed to Fit Feet Podiatrists.</p> <p>Equipment available in the service:</p> <p>Laser equipment Manufacturer: Intermedic 530 Model: Podylase Serial Number: BE43558 Laser Class: Class 4 Wavelength: 900 -1064nm</p> <p>Laser protection advisor (LPA) Mr Simon Wharmby (Lasersafe)</p>	

Laser protection supervisor (LPS)

Mrs Martina McGarel

Medical support services

Dr Jules Handley

Authorised operator

Mrs Martina McGarel

Laser treatments

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 31 March 2023 from 1.30 pm to 3.30 pm.

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 (IPC); adherence to best practice guidance in relation to COVID-19; the management of clinical records; and effective communication between patients and staff.

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

One area for improvement has been identified against the regulations to ensure the laser medical treatment protocols are endorsed by a suitable qualified and experienced medical practitioner.

Three areas for improvement have been identified against the standards to ensure; the authorised operator's mandatory training is kept up to date; to ensure there is evidence of the appointment of a LPA; and to ensure there is an up to date risk assessment and set of local rules in place that have been produced by the current appointed LPA.

Mrs McGarel informed us that due to a high demand for other non-laser podiatry treatments, the podiatry laser service has not been operational since the previous inspection. Therefore, no immediate concerns were identified regarding the delivery of front line patient care. Addressing the areas for improvement identified will ensure laser podiatry treatments are safely undertaken.

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

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

As previously discussed, the podiatry laser service has not been operational since the previous inspection. However, 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 24 February 2022; no areas for improvement were identified.

5.2 Inspection outcome

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

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 the safe use of the laser equipment in place, basic life support and fire safety awareness, in keeping with the RQIA training guidance. It was noted that safeguarding adults at risk of harm, infection prevention and control and core of knowledge training were in need of renewal.

An area for improvement has been made against the standards to ensure authorised operator training is kept up to date and completed in line with the 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. Evidence of this should be provided to RQIA upon return of the QIP.

Mrs McGarel confirmed that in the event of appointing a new authorised operator, induction training would be provided on commencement of employment.

As previously discussed Mrs McGarel informed us that laser podiatry treatments have not been provided since the previous inspection. Mrs McGarel confirmed that there are plans to re-establish laser podiatry treatments later this year and she is confident that she will be able to meet the needs of her patients.

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. However, Mrs McGarel informed us that there is another podiatrist who works for Fit Feet Podiatrists who is interested in becoming 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. However as previously discussed this training was in need of renewal and an area for improvement has been made against the standards in this regard.

It was confirmed that copies of the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were both available for reference.

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?

As discussed previously Mrs McGarel had 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 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 previously discussed Mrs McGarel was due to complete IPC refresher training and an area for improvement has been made against the standards in this regard.

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?

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their patients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Mrs McGarel who outlined the measures taken by Fit Feet Podiatrists to ensure current best practice measures are in place. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the patient pathway to include COVID-19 screening prior to attending appointments.

The management of COVID-19 was in line with best practice guidance and it was determined that 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 and were up to date.

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 LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expired in February 2023. An area for improvement has been made against the standards to provide RQIA with confirmation of the appointment of a certified LPA.

The establishment's LPA completed a risk assessment of the premises on 21 February 2022 and it was demonstrated that recommendations made by the LPA have been addressed. Local rules developed by the LPA, were in place which were dated February 2022. The local rules were discussed with Mrs McGarel as these should have been reviewed on or before the end of February 2023. An area for improvement has been made against the standards in this regard.

Mrs McGarel, sole authorised operator, told us that laser procedures are carried out following medical treatment protocols provided by the laser supplier. The medical treatment protocols had been endorsed by Dr Jules Handley who last reviewed the medical treatment protocols in February 2022. The medical treatment protocols contained the relevant information about the treatments being provided. It had been established at previous inspections that Dr Jules Handley would review the medical treatment protocols annually on an ongoing basis.

An area for improvement has been made against the regulations to ensure that the treatment protocols, provided by the laser supplier, are endorsed on an annual ongoing basis by a trained and experienced medical practitioner from the relevant discipline in which treatments are to be provided. Evidence of this should be provided to RQIA upon return of the QIP and also retained in the laser safety file.

Mrs McGarel, as the laser protection supervisor (LPS) and sole 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 she had read and understood the local rules and medical treatment protocols. Mrs McGarel stated that she would sign and date the updated version of the local rules and treatment protocols when in place.

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

The laser treatment room should be controlled to protect other persons while treatment is in progress. There are two doors to the treatment room, both can be locked from inside the room when the laser machine is in use but can be opened from the outside in the event of an emergency. The treatment room is a controlled area that is clearly defined and not used for other purposes, or as access to areas when treatment is being carried out.

Mrs McGarel confirmed that the laser safety warning signs are only displayed when the laser equipment is in use and removed when not in use.

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 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 patient and operator as outlined in the local rules.

The Fit Feet Podiatrists has a laser register in place however due to high demand for non-laser podiatry treatments the laser has not been operational for some time. Mrs McGarel informed us that she plans to offer laser podiatry treatments later in the year and 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

Arrangements have been established for the laser equipment to be serviced and maintained in line with the manufacturers' guidance. A review of records evidence that the laser machine was previously serviced on 9 March 2022 and should be serviced every 400 days.

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

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

Patients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the patient pre and post treatment which outlines the treatment provided, any 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 patient.

During the initial consultation, patients are asked to complete a health questionnaire. There are systems in place to contact the patient's general practitioner (GP), with their consent, for further information if necessary.

Patient care records were discussed with Mrs McGarel who demonstrated that an accurate and up to date treatment record will be in place for every patient to included:

- patient 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 patient 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 which is in line with legislation.

It was demonstrated that arrangements are in place to ensure that patients will have a planned programme of care and have sufficient information to consent for treatment.

5.2.10 How does the service ensure that patients 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 patients are treated with dignity and respect. The consultation and treatment are provided in the treatment room with only the patient and authorised operator present. Information is provided to the patient in verbal and written form at the initial consultation and subsequent treatment sessions to allow the patient to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain patient confidentiality and observations made evidenced that patient care records were stored securely in a lockable storage case.

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.

The service has a process in place 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 entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Mrs McGarel is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available outlining the arrangements associated with the laser treatments. Observations made confirmed that policies and procedures were retained in an accessible format. It was noted that some policies had not been reviewed within the previous three years in keeping with best practice. It is recognised that, due to other work priorities, the laser podiatry treatments have not been provided. Discussion with Mrs McGarel provided assurances that all policies and procedures will be reviewed at the earliest opportunity and prior to re-establishment of laser podiatry treatments.

A copy of the complaints procedure was available in the establishment. Mrs McGarel evidenced a good awareness of complaints management.

Mrs McGarel confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Mrs McGarel demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes.

The RQIA certificate of registration was seen to be displayed in a prominent place in keeping with best practice.

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

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 patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mrs McGarel.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

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	3

Areas for improvement and details of the QIP were discussed with Mrs McGarel, Registered Person/Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 39 (1) Stated: First time To be completed by: 31 May 2023	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 provided to RQIA upon return of the QIP and also retained in the laser safety file. Ref: 5.2.8
	Response by registered person detailing the actions taken: Dr Hadley has agreed to sign off on treatment protocols again and I am expecting them imminently and will forward them on when they arrive.

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 13.1 Stated: First time To be completed by: 31 May 2023	The registered person shall ensure all authorised operator's training is up to date and completed in line with the 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. Evidence of this should be provided to RQIA upon return of the QIP Ref: 5.2.1
	Response by registered person detailing the actions taken: Core of knowledge has previously been sent to you. The other certificates will be sent to you next week, there is an issue with the BMJ login currently.
Area for improvement 2 Ref: Standard 48.6 Stated: First time To be completed by: 31 May 2023	The registered person shall ensure there is written confirmation of the appointment of a certified laser protection advisor that is renewed annually. Evidence of this should be provided to RQIA upon return of the QIP Ref: 5.2.8
	Response by registered person detailing the actions taken: Simon Wharmby at Laser Safe is my LPA and has updated his documents accordingly, and these have already been sent on.
Area for improvement 3 Ref: Standard 48.4 Stated: First time To be completed by: 31 May 2023	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. Evidence of this should be provided to RQIA upon return of the QIP Ref: 5.2.8
	Response by registered person detailing the actions taken: Simon Wharmby at Laser Safe is my LPA and has updated his documents accordingly, and these have already been sent on.

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



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