

Announced Care Inspection Report 11 November 2020



The Fitter Feet Clinic

Type of Service: Independent Hospital (IH) – Cosmetic Laser Service

Address: 109 Broughshane Street, Ballymena, BT43 6EE

Tel No: 028 2556 8593

Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



In respect of cosmetic laser services for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key client safety areas:

- management of operations in response to COVID-19 pandemic;
- laser safety;
- infection prevention and control (IPC);
- organisational governance arrangements;
- staff and client feedback; and
- review of areas for improvement identified during the previous care inspection (if applicable)

2.0 Profile of service

The Fitter Feet Clinic is registered 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 with RQIA.

Laser equipment

Manufacturer: Intermedic 530
 Model: Podylase
 Serial Number: BE43558
 Laser Class: Class 4
 Wavelength: 900 -1064nm

Laser protection advisor (LPA)

Mr Simon Wharmby (Lasersafe)

Laser protection supervisor (LPS)

Mrs Martina McGarel

Medical support services

Dr Jules Handley

Authorised operators

Mrs Martina McGarel

Proposed types of treatment

Onychomycosis (fungal nail)
 Plantar warts
 Intractable plantar keratosis (IPK) also known as corns

3.0 Service details

Organisation/Registered Person: Mrs Martina McGarel	Registered Manager: Mrs Martina McGarel
Person in charge at the time of inspection: Mrs Martina McGarel	Date manager registered: 8 November 2019
Category of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

4.0 Inspection summary

We undertook an announced inspection on 11 November 2020 from 10:00 to 11:45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing clients that an inspection was being conducted was displayed during the inspection.

We found evidence of good practice in relation to the management of operations in response to the COVID-19 pandemic; laser safety; IPC procedures; and the organisational and governance arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. We discussed the findings of the inspection with Mrs Martina McGarel, Registered Person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent announced pre-registration care inspection dated 15 March and 17 April 2020

Other than those actions detailed in the quality improvement plan (QIP) no further actions were required to be taken following the most recent inspection which commenced on 15 March and concluded on 17 April 2020.

5.0 How we inspect

Prior to the inspection, we reviewed a range of information relevant to the service. This included the following records:

- notifiable events since the previous care inspection;
- the registration status of the establishment;
- written and verbal communication received since the previous care inspection;
- the previous care inspection report; and
- the returned QIP from the previous care inspection.

Questionnaires were provided to clients prior to the inspection by the establishment on our behalf. Returned completed client questionnaires were analysed prior to the inspection and are discussed in Section 6.9 of this report. We invited staff to complete an electronic questionnaire prior to the inspection however none were returned as Mrs McGarel was the only authorised operator working in the clinic at the time of this inspection.

We undertook a tour of the premises, met with Mrs McGarel, reviewed relevant records and documents in relation to the day to day operation of the establishment.

We reviewed areas for improvement identified at the last care inspection and assessment of compliance was recorded as met, partially met, or not met.

The findings of the inspection were provided to Mrs McGarel at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 March and 17 April 2020

The most recent inspection of The Fitter Feet Clinic was an announced pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 March and 17 April 2019

Areas for improvement from the last care inspection		
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 applicant registered person shall ensure that treatment protocols are produced 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.	Met
	Action taken as confirmed during the inspection: We confirmed that Dr Jules Handley had been appointed and had endorsed the medical treatment protocols developed for use in the clinic. We were able to confirm that Dr Handley is an experienced medical practitioner in the relevant discipline.	

Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 48.3 Stated: First time	The applicant registered person shall ensure that treatment protocols should include the procedure to follow in the event of equipment failure. Evidence of this should be provided to RQIA upon return of the QIP and also be retained in the laser safety file.	Met
	Action taken as confirmed during the inspection: We reviewed the laser safety file which contained the medical treatment protocols and confirmed the procedure to be followed in the event of equipment failure was included within these protocols.	

6.3 Inspection findings

6.4 Management of operations in response to the COVID-19 pandemic

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.

We discussed the management of operations in response to the COVID-19 pandemic with Mrs McGarel who outlined the measures taken by The Fitter Feet Clinic to ensure current best practice measures were in place. We observed that practice arrangements in relation to the management of COVID-19 were in line with best practice guidance and we determined that, appropriate actions had been taken in this regard.

We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed the establishment had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with DoH guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced IPC procedures; and the client pathway.

Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.5 Laser Safety

We reviewed the arrangements in respect of the safe use of the laser equipment.

We reviewed the laser safety file and found that it contained all of the relevant information in relation to the laser. We confirmed that a Laser Protection Advisor (LPA) had been appointed and that the LPA contract was in place for three years and remained valid for a further two years. We found up to date Local Rules in place which have been developed by the LPA and these contained the relevant information pertaining to the laser equipment being used.

We confirmed that Mrs McGarel was the only authorised operator working in the clinic. In accordance with best practice guidance, authorised operators must sign and date the authorised operator register. The purpose of signing the register is to confirm that they have read and understood the Local Rules and medical treatment protocols. We reviewed the authorised operator register and evidenced that it had been signed by Mrs McGarel and was up to date. Mrs McGarel was aware that should new authorised operators commence employment that they should sign this register.

We reviewed the medical treatment protocols endorsed by Dr Jules Handley during October 2019 and confirmed that arrangements were in place to review the medical treatment protocols every year.

We noted the medical treatment protocols set out the arrangements in relation to the following:

- contraindications;
- technique;
- pre-treatment tests;
- pre-treatment care;
- post-treatment care;
- recognition of treatment-related problems;
- procedure if anything goes wrong with treatment;
- permitted variation on machine variables; and
- procedure in the event of equipment failure.

We reviewed the LPA risk assessment of the premises undertaken during January 2019 and noted the issues identified have been addressed by the laser protection supervisor (LPS).

We confirmed that Local Rules were in place and were dated January 2019. We confirmed arrangements are in place to review the Local Rules on an annual basis. We reviewed the Local Rules and confirmed they included the following:

- the potential hazards associated with the laser;
- controlled and safe access;
- authorised operators' responsibilities;
- methods of safe working;
- safety checks;
- personal protective equipment;
- prevention of use by unauthorised persons; and
- adverse incident procedures.

We established that Mrs McGarel is the LPS and has overall on-site responsibility for safety during laser treatments. We confirmed that Mrs McGarel was recorded as the LPS within the Local Rules.

We reviewed training records and found that Mrs McGarel had up to date training in core of knowledge, safe application for the equipment in use, basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

We were informed that all other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

We confirmed that a laser register is maintained for every time the laser is operated and includes:

- the name of the person treated;
- the date;
- the operator;
- the treatment given;
- the precise exposure; and
- any accident or adverse incident.

Mrs McGarel told us that an initial consultation is undertaken and clients are asked to complete a health questionnaire. Mrs McGarel confirmed that systems are in place to contact the client's general practitioner, with their consent, for further information if necessary.

We confirmed that electronic and paper client records are retained. We reviewed a selection of client care records and found an accurate and up to date treatment record for every client which includes:

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

We reviewed the laser treatment room. The laser treatment room should be controlled to protect other persons while treatment is in progress. We noted the door to the treatment room can be locked when the laser machine is in use but can be opened from the outside in the event of an emergency. We confirmed that 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 was aware that when laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

We confirmed that protective eyewear is available for the client and operator as outlined in the local rules.

We observed laser safety warning signs and confirmed these will be displayed when the laser is in use and removed when not in use, as described within the Local Rules.

We observed that the laser is operated using a key. We reviewed the arrangements in relation to the safe custody of the key and confirmed the arrangements to be satisfactory.

Arrangements have been established for equipment to be serviced and maintained in line with the manufacturers' guidance. Mrs McGarel told us the laser machine was due to be serviced however due to the COVID-19 pandemic travel restrictions the engineer was unable to travel from England. On 20 November 2020 Mrs McGarel provided written confirmation that the engineer planned to service the laser machine in December 2020. Mrs McGarel stated that a copy of the service report will be provided to RQIA at the earliest opportunity.

We observed carbon dioxide (CO₂) fire extinguishers suitable for electrical fires were available in the clinic. We confirmed that arrangements are in place to ensure these fire extinguishers will be serviced in keeping with the manufacturer's instruction.

Areas of good practice: Laser safety

We reviewed the current arrangements with respect to laser safety and evidenced good practice that was being actively reviewed.

Areas for improvement: Laser safety

We identified no areas for improvement regarding the management of laser safety within the establishment.

	Regulations	Standards
Areas for improvement	0	0

6.6 Infection prevention control (IPC)

We reviewed arrangements for IPC procedures to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We confirmed that the establishment had overarching IPC policies and procedures in place which were readily accessible to staff.

In relation to the management of operations in response to the COVID-19 pandemic we observed that staff practice was in line with best practice guidance and we determined that appropriate actions had been taken in this regard.

We undertook a tour of the premises and noted that the clinic was clean, tidy and uncluttered. We found that all areas of the clinic were fully equipped to meet the needs of clients.

We confirmed that no reusable medical devices are used in the clinic. We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. We observed perspex screens had been provided at the reception desk to encourage social distancing and that hand sanitisers were readily available for staff and client use throughout the clinic.

We confirmed waste management arrangements were in place and we observed clinical waste bins were pedal operated in keeping with best practice guidance.

We found that arrangements were in place to ensure that IPC and COVID-19 training had been provided to other staff in the establishment commensurate with their roles and responsibilities. Mrs McGarel demonstrated good knowledge and understanding of IPC procedures.

Mrs McGarel told us that appointments for all treatments are scheduled to minimise the number of clients in the waiting area and that following every appointment the seating in the waiting area and all touch points (door handles etc.) are decontaminated.

Areas of good practice: Infection prevention and control (IPC)

We reviewed the current arrangements with respect of IPC practice and evidenced good practice that was being actively reviewed.

Areas for improvement: Infection prevention and control (IPC)

We identified no areas for improvement regarding IPC practice.

	Regulations	Standards
Areas for improvement	0	0

6.7 Visits by the Registered Provider (Regulation 26)

Where the business entity operating a cosmetic laser service is a corporate body or partnership or an individual owner who is not in day to day management of the service, 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. We established that Mrs McGarel was in day to day charge of the service, therefore the unannounced quality monitoring visits by the Registered Provider were not applicable.

6.8 Equality data

We discussed the arrangements in place regarding 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. We confirmed that equality data collected was managed in line with best practice.

6.9 Client and staff views

The establishment distributed questionnaires to clients on our behalf and nine clients submitted responses to RQIA. We found all nine clients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care.

Comments included in submitted questionnaire responses are as follows:

- 'Excellent treatment, clean practice, friendly staff, relaxed atmosphere.'
- 'My treatment is always done so professionally and the staff are so friendly.'
- 'Very friendly and efficient staff.'
- 'Wonderful and thoughtful treatment at all times.'

We invited staff to complete an electronic questionnaire prior to the inspection however none were returned. Mrs McGarel was the only authorised operator working in the clinic at the time of this inspection.

6.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

We identified no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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