

Inspection Report

24 February 2022



The Fitter Feet Clinic

Type of service: Independent Hospital – Cosmetic Laser
Address: 15 Glenarm Road, Larne BT40 1RW
Telephone number: 028 2556 8593

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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 the [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: The Fitter Feet Clinic 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>A variation to registration application was submitted to RQIA prior to this inspection as The Fitter Feet Clinic has relocated to new premises.</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> <p>Laser protection supervisor (LPS) Mrs Martina McGarel</p>	

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 care and variation to registration inspection, undertaken by a care inspector on 24 February 2022 from 10.00 am to 1.00 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection, assess compliance with the legislation and minimum standards and review the readiness of the establishment associated with the variation to registration application.

An RQIA estates support officer reviewed the variation to registration application in relation to matters relating to the premises and will inform Mrs McGarel, Registered Person, of the outcome of their review in due course.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser safety; management of medical emergencies; infection prevention and control (IPC); the clinic's 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.

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

The variation to registration application in relation to the new premises is granted from a care perspective. Mrs McGarel is aware that separate approval has yet to be confirmed by the RQIA estates team.

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.

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

- the submitted variation to registration application
- the statement of purpose
- the client guide
- documentation in relation to the new premises

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

We issued posters to the clinic prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed staff or client questionnaires were submitted prior to the inspection.

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 The Fitter Feet Clinic was undertaken on 11 November 2020; 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 clients?

Mrs McGarel confirmed that she is the only authorised operator working in The Fitter Feet Clinic and stated that laser treatments are carried out only 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, 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.

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

It was confirmed that no other staff work in the establishment. Mrs McGarel manages all client's bookings and appointments and she is confident that she is able to meet the needs of her clients.

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

As discussed The Fitter Feet Clinic does not employ any other staff. However, there were robust recruitment and selection policies and procedures that adhered to legislation and best practice guidance should authorised operators be recruited in the future. This would ensure that all required recruitment documentation would be sought and retained for inspection. There was evidence of job descriptions and induction checklists for authorised operators.

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

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 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 clients, 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 has up to date training in infection prevention and control.

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 clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Mrs McGarel who outlined the measures taken by The Fitter Feet Clinic 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 client 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?

As previously discussed, The Fitter Feet Clinic has relocated to new premises. The premises had recently been completely refurbished and were maintained to a high 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.

As discussed, an RQIA estates support officer undertook a desktop review of the variation to registration application to move premises and corresponded directly with Mrs McGarel about matters relating to the premises. This variation has not yet been approved from an estates perspective.

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 expires in February 2023.

Up to date local rules were in place which have been developed by the 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.

As discussed, Mrs McGarel is the sole authorised operator and told us that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been endorsed by Dr Jules Handley who will review the medical treatment protocols when due. The medical treatment protocols contained the relevant information about the treatments being provided.

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.

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 client and operator as outlined in the local rules.

The Fitter Feet Clinic has a laser register in place however due to the relocation, the laser has not been operational for some time. Mrs McGarel informed us 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 15 December 2020 and should be serviced every 400 days. Mrs McGarel provided written confirmation that the engineer planned to service the laser machine on 9 March 2022.

It was determined that appropriate arrangements were in place to operate the laser equipment.

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

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client 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 client.

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

Four client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- 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 which is in line with legislation.

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 the treatment room with only 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.

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

Mrs McGarel told us that she encourages clients to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to clients and other interested parties. However due to the impact of the COVID-19 pandemic, the number of completed laser treatments undertaken had fallen and only a small number of clients had completed a course of treatment. Mrs McGarel stated that when an adequate number of client satisfaction completed questionnaires are returned, the results of these will be collated to provide a summary report which will be made available to clients 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 indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

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.

A new certificate of registration will be issued to Mrs McGarel following the approval of the variation to registration application. Mrs McGarel was aware that the RQIA certificate of registration must be displayed in a prominent place.

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 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.

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

5.3 Is the Statement of Purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A Statement of Purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The Statement of Purpose had been updated to reflect any changes detailed in the variation to registration application.

5.4 Is the Client Guide in keeping with Regulation 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A Client Guide was available in a recognised format which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The Client Guide had been updated to reflect any changes detailed in the variation to registration application.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



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