

# Independent Healthcare Inspection Report (Announced)

Neat Sweet Feet, Penarth

Inspection date: 09 October 2023

Publication date: 09 January 2024



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

Digital ISBN 978-1-83577-364-2

© Crown copyright 2024

# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.

We are:

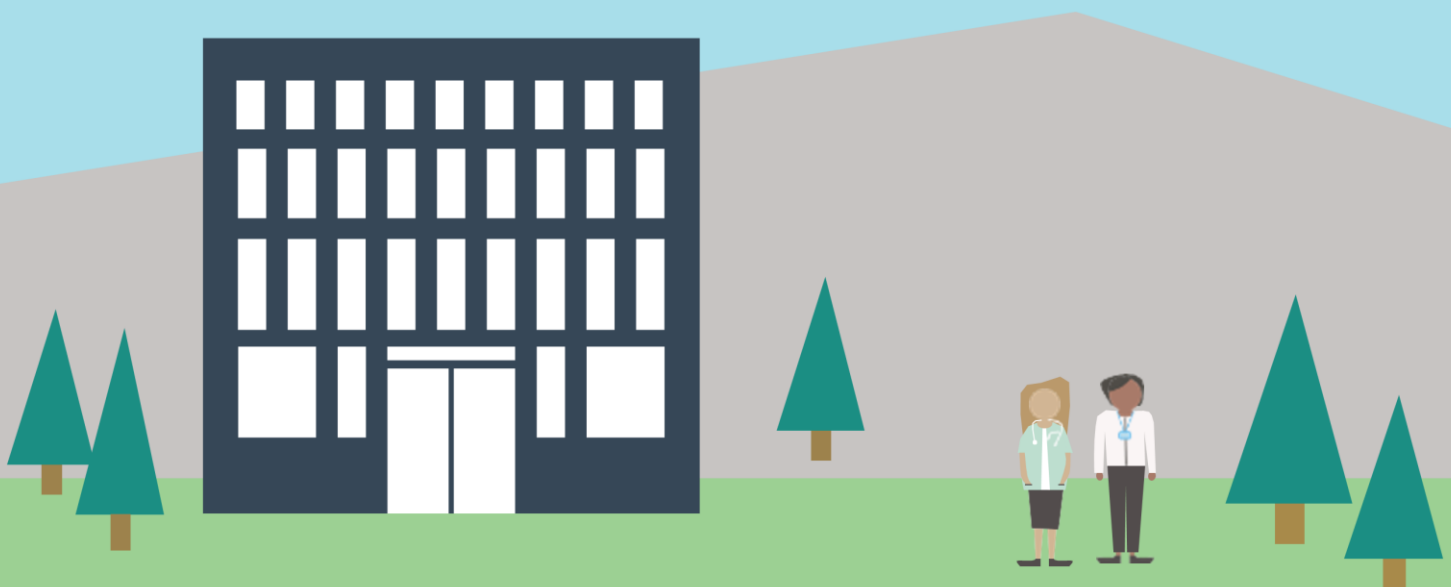
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



# Contents

1. What we did .....	5
2. Summary of inspection .....	6
3. What we found .....	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	10
• Quality of Management and Leadership .....	12
4. Next steps.....	13
Appendix A - Summary of concerns resolved during the inspection .....	14
Appendix B - Immediate improvement plan.....	15
Appendix C - Improvement plan .....	16

# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Neat Sweet Feet on 09 October 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of four were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

It was evident that staff at Neat Sweet Feet were committed to providing a high standard of care for patients, in a welcoming and well- maintained environment. Patients expressed positive feedback about the service and treatments that they had received. All patients who completed HIW questionnaires rated the service as 'very good'.

This is what the service did well:

- The setting was clean, tidy, and maintained to a high standard
- Staff were committed to providing a professional service and positive experience for their clients
- Patients had access to extensive and up-to-date information about the services provided, both via the setting's website and the patient information leaflet.

### Delivery of Safe and Effective Care

Overall summary:

It was evident that the service provided patients with safe and effective care. Suitable arrangements were in place for the maintenance and on-going safety of the IPL/laser equipment. We also saw comprehensive risk assessments in place for infection control and fire safety. Patient records were stored securely and well maintained.

This is what we recommend the service can improve:

- We require the registered manager to arrange for the fire extinguisher to be serviced annually and provide evidence of this service.

This is what the service did well:

- The treatment room was clean, well equipped and fit for purpose
- Patient records were stored securely and maintained to a good standard.

### Quality of Management and Leadership

Overall summary:

It was clear that both individuals working at Neat Sweet Feet had the appropriate skills and relevant knowledge to deliver safe treatment to patients. We saw evidence

of both having completed relevant training to be able to deliver laser treatments safely and effectively. The setting also had a comprehensive register of policies and procedures in place which was up-to-date and annually reviewed.

This is what the service did well:

- Both the registered manager and the staff member working at the setting were up to date with mandatory training
- An up-to-date complaints policy was in place and included HIW contact details
- We saw evidence of annual appraisals taking place and DBS checks in place for the registered manager and staff member.

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received four completed questionnaires. Two of the completed questionnaires were from patients who had been a patient at the practice for two months or less. The remaining two questionnaires were from patients who had been patients for a year or more.

#### Health protection and improvement

We saw evidence of patients completing a comprehensive medical history form during their initial consultation. Staff confirmed that the medical history form is reviewed with the patients at the start of each appointment. We were told that any changes are recorded in patient records and the forms updated accordingly.

All four questionnaire respondents said that their medical history was checked before undertaking treatment. Three confirmed that they were given a patch test before receiving new treatment. The remaining respondent did not provide an answer to this section.

#### Dignity and respect

Neat Sweet Feet is a podiatry clinic which also offers laser treatment for advanced pain relief. There was a designated room in which staff carry out laser consultations and treatments and the room was lockable, preventing unauthorised access. Staff also told us that, should a patient require a chaperone, they would be able to attend the appointment and suitable eye wear would be provided.

All questionnaire respondents felt they were treated with dignity and respect and felt staff listened to them and answered their questions.

#### Communicating effectively

We saw evidence of extensive information available for patients regarding the treatments provided at the setting. This was found on the setting website, in the patient information leaflet and the statement of purpose.

Appointments at Neat Sweet Feet could only be obtained via telephone or in person by visiting the practice.



The registered manager informed us that there are currently no patients who prefer to communicate in Welsh. However, we were told that staff would have documentation translated if requested.

### **Patient information and consent**

The registered manager confirmed that patients are provided with all relevant information during their consultation. All patient files reviewed contained completed consultation forms and we saw evidence of patients signing to confirm consent to treatment. We also confirmed that consent was taken prior to the initial treatment and at subsequent appointments.

All questionnaire respondents informed us that they had received enough information to understand the treatment options available to them, as well as the risks and benefits. Two patients who completed questionnaires confirmed that they were given adequate aftercare instructions to aid healing. The remaining two patients did not provide an answer to this question.

### **Care planning and provision**

We saw evidence of a treatment register in place, which was well maintained and up to date. Our review of a sample of patient records also confirmed that these were maintained to a good standard.

### **Equality, diversity and human rights**

The practice offered full disabled access. This included a disabled toilet and ground floor access to the laser treatment room, as well as the podiatry rooms. There was also street parking available around the setting.

We were told that there are currently no transgender patients attending the setting. However, it was clear from conversations with staff that they were aware of the importance of using preferred pro nouns and preferred names if they did ever have transgender patients.

During our inspection, the setting did not have an Equality and Diversity policy in place. However, we have seen evidence that a relevant policy has since been developed and implemented at the setting.

### **Citizen engagement and feedback**

The registered manager informed us that feedback could be provided in person at the setting and via google reviews. We confirmed that the patient guide encourages individuals to provide feedback following treatments received.

# Delivery of Safe and Effective Care

## **Managing risk and health and safety**

We reviewed evidence of annual portable appliance testing (PAT) being carried out at the setting. Staff also provided an up-to-date annual gas safety certificate for the premises. During our visit, staff were unable to provide evidence of a five yearly wiring check being completed. However, immediately after our visit, the registered manager sent evidence of the check having been carried out.

We reviewed the arrangements for fire safety. The fire exit was clearly sign posted and the setting had smoke detectors installed throughout. There was a CO2 fire extinguisher in the staff room, however the registered manager was unable to provide a servicing record for the extinguisher.

**The registered manager must arrange for annual servicing of the extinguisher and provide us with evidence of service as soon as possible.**

Our review of staff training records highlighted that both members of staff were out of date with their fire safety training. However, shortly after the inspection, we were provided with up-to-date fire safety training certificates for both staff members.

There was an emergency first aid kit available, however the contents expired in 2021. We have since received photographic evidence of a new first aid kit being received for use in case of injury.

We saw evidence that both staff members at Neat Sweet Feet had recently completed first aid training.

## **Infection prevention and control (IPC) and decontamination**

The setting was visibly clean and tidy. The practice also had a comprehensive infection prevention and control (IPC) policy in place which covered hand hygiene, decontamination of equipment and cleaning of the environment. Although staff were able to give a detailed account of the cleaning schedule for the laser treatment room, there was no physical schedule which was filled out when cleaning was completed. Since our visit, we have been sent evidence of a cleaning schedule being implemented, which outlines all areas to be cleaned and signed off once complete.

All patients who completed questionnaires felt that infection and prevention control measures were being followed and that the setting was 'very clean'.

### **Safeguarding children and safeguarding vulnerable adults**

The setting had a comprehensive safeguarding policy in place, which was up to date and contained details of the local safeguarding team. The document also clearly outlined the procedures to follow in the event of a safeguarding concern.

Both members of staff were up to date with adult and child safeguarding training.

### **Medical devices, equipment and diagnostic systems**

We reviewed documentation that confirmed that the laser machine had an annual service and calibration certificate in place, both of which were in date.

We viewed the contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machines. The local rules had been regularly reviewed by the LPA and signed by the laser operator.

### **Safe and clinically effective care**

We inspected the protective eyewear provided for clients during appointments. All pairs were in good condition and consistent with the local rules.

There was one room used for laser treatments at the setting. The room had appropriate signage on the door and was lockable from the inside. Also, when laser treatments are not being provided, we observed a keypad lock on the outside of the door, preventing any unauthorised access.

The registered manager informed us of the pre-treatment checks carried out with each client. A skin type assessment is carried out for each patient prior to treatment and patch tests completed accordingly. Results of both checks were recorded in patient files.

### **Participating in quality improvement activities**

The registered manager informed us that they regularly discuss feedback received with the other staff member working at the practice. Since providing laser treatments, feedback received has been positive.

### **Records management**

Patient records were kept both electronically, in a password protected folder, and in paper files, stored securely in a locked cabinet. We examined five samples of patient records and found that these were maintained to an adequate standard.

# Quality of Management and Leadership

## **Governance and accountability framework**

Neat Sweet Feet is overseen by a registered manager and an additional staff member, both of whom are registered to provide laser treatments at the setting.

We saw evidence of a comprehensive policies and procedures register in place. All policies reviewed were in date and were signed by both staff members.

## **Dealing with concerns and managing incidents**

We confirmed with the registered manager that there had been no concerns or complaints reported since the business has been set up.

There was a comprehensive complaints procedure in place, clearly displayed in the waiting area. The procedure was up-to-date and included contact details for HIW.

## **Workforce planning, training and organisational development**

We saw evidence that both members of staff had completed Core of Knowledge training and manufacturer training in the use of the laser machines.

Staff provided evidence of annual appraisals and we were informed of the induction process in place for new members of staff.

## **Workforce recruitment and employment practices**

We confirmed that both members of staff had an in-date Disclosure and Barring Services (DBS) check in place.

The registered manager confirmed the pre-employment checks carried out for new employees. As well as DBS checks, all candidates are asked to provide references prior starting work at the practice.

## 4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

# Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns identified			

## Appendix B - Immediate improvement plan

**Service:** Neat Sweet Feet

**Date of inspection:** 09/10/2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No improvements identified				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

# Appendix C - Improvement plan

**Service:** Neat Sweet Feet

**Date of inspection:** 09/10/2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
We require the manager to arrange for annual servicing of the extinguisher and provide us with evidence of service as soon as possible.	22. Managing risk and health and safety, 4. Emergency planning arrangements and 12. Environment	We are in the process of arranging an appointment with PHS for them to service our fire extinguisher.	Sian Lee (Registered Manager)	Have been told the availability for an appointment is within the next 3 weeks.



The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print):** Sian Lee

**Job role:** Director/Owner/Podiatrist (Registered manager)

**Date:** 1/12/2023