Eagle Eyecare Limited

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Inspection report

194 Totley Brook Road
Sheffield
S17 3QY
Tel: 01143480781

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inspected but not rated
Are services safe?	Inspected but not rated
Are services well-led?	Inspected but not rated

Summary of findings

Overall summary

Due to the focused nature of this inspection we inspected but did not rate the service.

The CQC carried out a second responsive follow up inspection at Eagle Eyecare Limited on 29 September 2021. This inspection was undertaken following notices of decision served to the provider under section 31 of the Health and Social Care Act 2008.

The Section 31 notices of decision were served in April 2021 and July 2021 and required the provider to immediately suspend the carrying out of regulated activities at the registered premises and from satellite locations including 'The Surgery@Wheatbridge'.

We undertook this inspection to review progress the provider had taken to address the concerns we had previously identified.

At this inspection we found that the provider continued to not have the leadership and management to effectively run the service; and we had ongoing concerns about the oversight the registered manager had in the running of the service.

There was an absence of underpinning governance arrangements and audits to ensure patient safety.

The arrangements for the service to use facilities at the 'Surgery@Wheatbridge' remained unclear and there was still no service level agreement in place.

We did not find evidence the registered manager had developed procedures to ensure staff were competent through the provision of training and development.

We remained concerned that patients would be exposed to the risk of harm if the service resumed the provision of care and treatment.

Following this inspection, under Section 31 of the Health and Social Care Act 2008, we suspended the provider in respect to the regulated activities for a further time limited period to give the provider opportunity to take action to reduce and mitigate the risks. We took this urgent action as we believed a person would or may be exposed to the risk of harm if we had not done so.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inspected but not rated	Due to the focused nature of this inspection we inspected but did not rate the service. Policies and procedures were not in place to ensure staff would have training in key skills, so they could understand how to protect patients from abuse, or manage safety well. The service did not control infection risk well. Staff did not assess risks to patients, act on them or keep good care records. The service did not manage safety incidents well and learn lessons from them. Staff did not collect safety information and use it to improve the service. The registered manager/clinician did not monitor the effectiveness of the service and did not make sure staff had the skills and competence to undertake their roles. The registered manager/clinician did not run services well using reliable information systems and did not support staff to develop their skills. The service had not developed procedures and plans for the completion and review of risk assessments such as pre assessment of existing health conditions relating to the health, safety and welfare of service users. The service had not developed a safeguarding adults policy or a safeguarding children policy that included clear guidance for staff to take in response to suspicions and allegations of abuse. The service had not developed robust systems and processes to ensure staff employed would be of good character and have the qualifications, competence, skills and experience necessary for their roles. However, people could access the service when they needed it and did not have to wait too long for treatment. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Summary of findings

Contents

Summary of this inspection

Background to Eagle Eyecare Limited

The service provides ophthalmic diagnostic and eye treatment services for the treatment of glaucoma and cataract.

The service is registered for treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

A transitional monitoring approach call was held with the service on 22 February 2021. This call raised concerns about the management of the service and the safety of patients. In response, a focused responsive inspection was undertaken in April 2021 resulting in the suspension of regulated activities. A further focused responsive inspection in July 2021 resulted in the continuation of suspension of regulated activities.

Throughout this report 'registered manager/clinician' is used to refer to the owner of the business and their wider roles and responsibilities as registered manager.

The service has registered premises at 194 Totley Brook Road, Sheffield, S17 3QY and undertakes consultation and diagnostic services at a local general practitioner premise, the 'Surgery@Wheatbridge', under licence from the property owner. This is referred to as 'the surgery' throughout this report.

The service has not been inspected since registration in August 2017.

How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Our team consisted of an inspection manager and an inspector. It was overseen by Sarah Dronsfield, the Head of Hospital inspection (North East).

We spoke with the Registered Manager. Documents including some policies and procedures were reviewed prior to the onsite visit.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

We told the service that it must take action to bring services into line with the following legal requirements. This action related to treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures:

Summary of this inspection

- The service must ensure that mandatory training in key skills is available, particularly safeguarding, to all staff (Regulation 12 (1));
- The service must develop processes to assess and record the risks to the health and safety of service users of receiving the care or treatment (Regulation 12 (1));
- The service must maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (Regulation 17 (1)(3));
- The service must develop a service level agreement with the owner of the premises used by the service to ensure they are safe to use for their intended purpose and are used in a safe way (Regulation 12 (1));
- The service must ensure systems or processes are established and operated effectively to ensure compliance with the requirements to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities (Regulation 17 (1)(3));
- The service must ensure systems or processes are established and operated effectively to ensure compliance with the requirements to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities (Regulation 17 (1)(3)); and
- The service must ensure systems or processes are established and operated effectively to ensure staff are recruited in full accordance with Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA regulations).

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall.

- The service should ensure that it adheres to government Covid-19 guidance, by reviewing or updating any of their policies or patient pathways accordingly (Regulation 12); and
- The service should ensure the employment status of staff including the senior patient advisor, clinical secretary and housekeepers is clarified (Regulation 17).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Inspected but not rated

Surgery

Safe	Inspected but not rated
Well-led	Inspected but not rated

Are Surgery safe?

Inspected but not rated

We inspected but did not rate safe.

Mandatory training

The service did not provide mandatory training in key skills to all staff.

During our previous inspection in April 2021, staff told us they did not complete mandatory training in any modules.

We were not provided either before or during this inspection with any plans to develop and implement mandatory training in key skills for current or future staff.

We were not assured the service had identified and ensured staff would be up to date with mandatory training requirements.

Safeguarding

Staff did not understand how to protect patients from abuse and the service did not work well with other agencies to do so. Staff had not received training on how to recognise and report abuse and they did not know how to apply it.

Staff had not received effective training in safeguarding systems, processes and practices.

Prior to inspection in July 2021, we were provided with an 'Aims of Safeguarding Adults Statement' and a 'Zero Tolerance Statement'. These outlined the aims of safeguarding adults, the expectation and principles applied to staff at Eagle Eyecare Limited, and confirmed the service would have a zero-tolerance approach to anyone who abused staff or other patients.

However, we confirmed at this inspection the service had not developed and implemented a specific safeguarding policy that identified a nominated safeguarding lead within the service and that contained clinical commissioning group and local authority safeguarding contacts.

This continued to put service users at potential risk of harm because there was no clear guidance for staff for the actions they needed to take in response to suspicions and allegations of abuse.

There was no evidence the service had developed systems and processes to investigate any allegation or evidence of abuse.

Inspected but not rated

Surgery

We were not assured systems and processes had been developed to ensure staff would be aware of the definitions of abuse, how to recognise abuse, local safeguarding guidance and reporting procedures to fulfil their role in safeguarding children and adults at risk.

Cleanliness, infection control and hygiene

Staff did not use records to identify how well the service prevented infections, and staff did not follow infection control principles including the use of personal protective equipment (PPE).

Prior to this inspection we were provided with procedures for staff assessment of risk associated with treatments and the need for personal protective equipment. The service also provided a 'Standard Infection Control Policy', 'Personal Protective Equipment', an 'Infection Control Statement' and a 'Hand Hygiene Statement'.

The service had not developed systems and procedures to identify and prevent post-operative infections. A system had not been developed to monitor how many patients had subsequently been for follow up appointments or treatment related to surgical site infections.

We were not assured that all infection risks to patients would be identified and managed.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not keep people safe.

At our previous inspection in April 2021, we told the service it must develop arrangements with the owner of the premises used by the service to ensure they were safe to use for their intended purpose and were used in a safe way.

However, we were not provided with an updated licence agreement, details of any arrangements or a service level agreement. We were not assured a service level agreement was in place with the landlord of the surgery, which would outline expected standards and monitoring and review arrangements in communal areas.

We were not assured that systems and procedures were in place to ensure the design, maintenance and use of facilities and premises were safe to use for their intended purpose.

Assessing and responding to patient risk

At our inspection in April 2021, staff did not complete and update risk assessments for all patients and did not remove or minimise risks. Staff did not complete risk assessments for each patient on arrival, using a recognised tool, and review this regularly, including after any incident.

The service did not carry out patient risk assessments or develop patient risk management plans in line with national guidance.

However, prior to inspection in July 2021, we were provided with the procedure to be followed in the event of a deteriorating patient and escalation to emergency services ('Management of Deteriorating Patient') and confirmation the service had no restriction regarding gender and only treated adults ('The Service Eligibility Criteria').

Inspected but not rated

Surgery

We confirmed at this inspection the service had not developed plans for the completion and review of individual service user risk assessments, and for the inclusion of safer surgery checklists in patient records. The service had not developed a risk management policy.

We did not find evidence the service provided care which reflected evidence-based guidance or standards such as guidance from the Royal College of Ophthalmology or NICE guidance.

We were not assured risks would be managed appropriately and that staff would be able to identify and respond effectively to changing risks to patients, wellbeing or challenging behaviour.

We previously told the service it must develop robust systems and processes in place to comply with and implement 'patient safety alerts'. Although the service provided a statement that patient safety alerts can mitigate risks, there was no evidence the service had a system to comply with and implement 'patient safety alerts.

Support staff

The service did not have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Staff did not undertake mandatory, safeguarding or other training modules or external courses to ensure their competencies.

Prior to inspection in July 2021, we were provided with the outline role and duties of the senior patient advisor ('Role of the Senior Patient Advisor') and confirmation future recruitment of staff will be in full accordance with Schedule 3 of the Health & Safety Care Act 2008 ('Staff').

We confirmed at this inspection the service had not developed procedures that would be implemented to obtain and record documentation relevant to recruitment, for example proof of identity, disclosure and barring service certificates, satisfactory evidence of conduct in previous employment.

The service was managed by a registered manager/clinician who was also the nominated individual.

Medical staffing

The service had enough staff with the right qualifications, skills, training and experience.

Consultations and diagnostic assessments were carried out at the surgery.

The registered manager/clinician was the main surgeon at the service. They carried out all surgery undertaken by the service under practising privileges at local independent hospitals.

We saw the registered manager/clinician's proof of practising privileges to undertake surgery at the local independent hospital.

Records

Inspected but not rated

Surgery

At our inspection in April 2021, staff did not keep clear, up to date and detailed records of patients' care and treatment. Records were not stored securely.

However, prior to inspection in July 2021, we were provided with a policy outlining the creation, retention, security and destruction of patient records to be adopted within the service ('Health Record Management Policy').

Further, the service had provided plans to audit patient files held at the registered address, every three months. Audits aimed to ensure that all the information has been recorded for each patient, for example registration form, examination/ continuation sheet, investigations and findings, biometry.

Medicines

The service did not use systems and processes to safely prescribe and administer medicines.

The service provided a medicines policy (November 2018) before the April 2021 inspection and confirmed this at our July 2021 inspection. The service intended to use eye drops which didn't need fridge storage and could be kept at room temperature.

Incidents

The service did not manage patient safety incidents well.

At our inspection in April 2021, the service did not have a policy or process in place for staff to report or monitor incidents. There were no agreed identifiable criteria on what constituted a notifiable serious incident (SI) both for the service or to report to other bodies.

There were no never events or serious incidents reported by the service during the twelve months before inspection.

Are Surgery well-led?

Inspected but not rated

We did not rate well-led.

Leadership

Leaders did not have the skills and abilities to run the service. They did not understand and did not manage the priorities and issues the service faced. They did not support staff to develop their skills.

The service was led by the registered manager/clinician, who was also owner of the business and the main surgeon. They were responsible for the governance of the service, as well as providing care and treatment to patients. Their management of the service was supported by a senior patient advisor and an administrator/clinical secretary.

Inspected but not rated

Surgery

The registered manager/clinician was unable to demonstrate full understanding of their responsibilities in carrying out or managing regulated activities and meeting the standards required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA regulations).

During our monitoring call in February 2021, the senior patient advisor discussed the consultation, diagnosis and treatment of patients. At our inspection in April 2021, patients were listed for consultation and diagnostics on the same afternoon. However, the registered manager/clinician stated the service had never seen any patients.

We asked for details of the patients referred to by the senior patient advisor and in what capacity they had been seen as the arrangements to see patients at the surgery was unclear. The registered manager/clinician was unable to clarify this.

At the inspection in July 2021, the registered manager/clinician stated patients were being seen under an undocumented practising privileges arrangement with a different provider.

Following the inspection we requested audits, policies, procedures and protocols relevant to the effective running of the service. The registered manager/clinician had provided documentation in response, for example:

- a procedure for management of a deteriorating patient;
- a statement titled patient safety alerts;
- a service eligibility criteria and procedures for staff on the use of personal protective equipment (PPE);
- a safeguarding adults statement;
- a zero-tolerance statement.
- an infection control statement and policy;
- hand hygiene policy;
- environmental risk assessment for Eagle Eyecare Limited;
- a healthcare record management policy and details for two audits;
- a role description for the senior patient advisor (SPA). and confirmation that future recruitment would comply with schedule 3 of the HSCA 2008.

However, these did not give assurance the service had written or recorded policies, procedures or documentation to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

We were not assured robust systems and processes were in place for effective oversight of the services provided. For example there were no comprehensive patient lists that contained details of when and where patients were seen, and the service did not know how many patients had been seen in the previous 12 months.

We were not assured a service level agreement was in place with the landlord of the premises of the surgery detailing expected standards and monitoring and review arrangements in communal areas.

Governance

Leaders did not operate effective governance processes throughout the service. Staff at all levels were unclear about their roles and accountabilities and did not have regular opportunities to meet, discuss and learn from the performance of the service.

Inspected but not rated

Surgery

We asked for written or recorded policies, procedures or documentation prior to inspection and at inspection. Although we received some of the requested documentation, some did not contain the detail necessary to give assurance about their implementation, for example future recruitment in full accordance with Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA regulations).

Following inspection in July 2021, we were given assurance further documentation would be provided, however at the time of this inspection we have not received assurance the following are in place;

- procedures and plans for the completion and review of risk assessments such as pre assessment of existing health conditions relating to the health, safety and welfare of service users;
- procedures to ensure care delivered would reflect evidence-based guidance or standards such as guidance from the Royal College of Ophthalmology or NICE guidance;
- a system to comply with and implement 'patient safety alerts;
- plans to implement safer surgery checklists in patient records in line with best practice;
- a safeguarding policy relevant to your service in place;
- systems and processes in place to investigate any allegation or evidence of such abuse;
- safeguarding training;
- written or recorded policies, procedures or documentation to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users;
- plans to carry out clinical or individual risk assessments;
- a service level agreement with the landlord of the premises of the surgery;
- a system to ensure staff records were created and stored in accordance with current legislation and guidance;
- an effective system which showed that staff employed would be of good character, have the qualifications, competence, skills and experience necessary for their roles;
- recruitment procedures.

We previously told the service it must ensure a service level agreement was in place with the landlord/owner of the surgery which would outline expected standards and monitoring and review arrangements in communal areas. At this inspection, the registered manager/clinician confirmed there was no service level agreement in place.

We were not assured the registered manager and provider could not demonstrate that there was sufficient oversight of the regulated activities.

Managing risks, issues and performance

Leaders and teams did not use systems to manage performance effectively.

We were provided with documentation that identified the current environmental risks at the registered address associated with running the service ('Risk Assessment'), and identified how the service will meet its duty of care to patients and staff (and others) by creating a culture of undertaking risk assessments ('Risk Assessment Eagle Eyecare').

The service has not provided plans to carry out any clinical and individual risk assessments for service users when they recommenced regulated activities. The registered manager/clinician provided evidence that the service had developed procedures and plans for the completion and review of risk assessments such as pre assessment of existing health conditions relating to the health, safety and welfare of service users.

Inspected but not rated

Surgery

Prior to inspection in July 2021, we were provided with the procedure to be followed in the event of a deteriorating patient and escalation to emergency services ('Management of Deteriorating Patient'). This included informing surgery staff to enable them to '…co-ordinate the arrival of an ambulance and ambulance staff'.

Managing information

The service did not collect and analyse reliable data. Staff could not find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

At inspection in April 2021, we were unable to identify up-to-date and comprehensive information on all patients' care and treatment. We were told policies and procedures were stored on electronic systems in the registered premises, but we could not corroborate this.

At this inspection we were not assured patient information and records would be stored safely and securely in lockable cabinets, in line with the Data Protection Act 2018.

Engagement

Leaders and staff actively and openly engaged with patients. They did not collaborate with partner organisations to help improve services for patients.

Before inspection, we were provided with the procedure for conducting patient satisfaction surveys after appointment ('Patient Outcome Audits').

We were provided with 'Personal Cataract/YAG Audit Report' completed audits of patient cases carried out from 1 January 2021.

We were unable to identify any service improvements resulting from patient feedback.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The service was putting service users at risk of harm through a potential lack of recognition of safeguarding issues and inappropriate responses due to unclear processes and procedures.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Service users were at risk of harm because care and treatment was provided without full and complete service user records and procedures to measure the effectiveness of treatment.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The service exposed service users to the risk of harm through a lack of evidence that staff are suitably qualified, competent, skilled and experienced.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	The service was putting service users at risk of harm because they may receive care and treatment inappropriate to their individual needs.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	S31 Urgent suspension of a regulated activity The provider must immediately suspend the carrying out of regulated activities from 00:00 on 6 October 2021 until 23:59 on 11 January 2022 at or from the following location: Eagle Eyecare Limited, 194 Totley Brook Road, Sheffield, South Yorkshire, S17 3QY; and from satellite locations including the following: 'The Surgery@Wheatbridge', 30 Wheatbridge Road, Chesterfield, Derbyshire, S40 2AB.