

Eyesurge London Limited

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Inspection report

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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 effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

The service, Eyesurge London Limited provides surgical procedures to adults only. We inspected the service using our focused inspection methodology.

The service was previously inspected in February, April and June 2022. As a result of these inspections we took urgent action to suspend the registration of the provider. The service has been suspended for a period of 24 weeks.

This inspection was a focused follow up inspection to review if all areas of concern raised at our previous inspections had been resolved and the risk of harm to patients had been removed. We did not rate the service at this inspection; we were following up on concerns raised at our previous inspections.

We found that:

- The service did not have effective systems and processes for the management of medicines.
- Staff did not always have pre-employment checks completed prior to commencing work.
- Managers did not monitor the effectiveness of the service and did not make sure staff were competent for their roles.
- Leaders did not understand and manage the priorities and issues the service faced.
- Leaders did not have effective governance processes to identify risks and issues.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inspected but not rated	



Summary of findings

Contents

Summary of this inspection

Background to Eyesurge London Limited	5
Information about Eyesurge London Limited	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to Eyesurge London Limited

Eyesurge London Limited was registered with the Care Quality Commission (CQC) in February 2019.

Eyesurge London Limited provides a range of cosmetic surgical and ophthalmic procedures to self-funding patients aged 21 years and over. All patients receiving care at the service are patients of surgeons using the provider's operating facilities under practising privileges. Practising privileges are a well-established system of checks and agreements, whereby doctors can practise in hospitals without being directly employed by them.

The patients receive their pre-operative consultation and the majority have their post-operative care delivered at the surgeon's own consulting rooms. The service can if necessary provide theatre staff to support the surgeon during the operation.

At the time of the inspection there was no registered manager in place.

Following our comprehensive inspection in February 2022, the service was rated inadequate and we suspended the registration of the provider and placed them in special measures. This suspension was extended for a further eight weeks following our focused follow up in April 2022 and again for another eight weeks in June 2022 as the service had not made all the required improvements.

Services placed in special measures will continue to be monitored. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling the registration or to varying the terms of their registration within six months if they do not improve. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

How we carried out this inspection

The inspection was undertaken by a CQC inspector and an inspection manager using our focused inspection methodology and was an unannounced inspection.

During the inspection, we inspected the recovery area, medicines storage area and sluice room. We spoke with two members of staff and reviewed policies and other documentation.

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 that is necessary to comply with its legal obligations.

Action the service **MUST** take to improve:

Summary of this inspection

- Must ensure equipment and control measures are in place to protect patients, staff and others from infection.
- Must ensure that employment checks are complete, and records of these checks held at the service.
- Must ensure the proper and safe management of medicines.
- Must ensure all policies and procedures are up to date reflecting national guidelines and are relevant to the service being delivered.
- Must ensure there are effective governance processes.




Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Inspected but not rated 

We did not rate this domain during this inspection.

Cleanliness, infection control and hygiene

The service did not use control measures to protect themselves and others from harm.

The sluice area was tidy, and most cupboards were locked. The Control of Substance Hazardous to Health (COSHH) cupboard was unlocked in an unlocked room. There were items that should have been stored in a locked cupboard that were stored in an unlocked cupboard in the sluice room. These items were three drugs denaturing kits.

Equipment seen was labelled to show when it was last cleaned. All pieces of equipment were labelled as being cleaned on the day before our inspection and all had the same time stated.

Environment and equipment

Equipment did not keep people safe. Staff did not manage clinical waste well.

The resuscitation trolley was located in the recovery room and the checklist, that stated the equipment, fluids and medicines that should be present, recorded that it had last been checked the day before our inspection. This checklist indicated that all equipment, medicines and fluids were present.

The resuscitation trolley had one item missing but this had been ticked as present on the checklists for the months of July and August 2022 the CO2 sampling line was missing from the resus trolley but was recorded as 'present' on the checklist. The checklist stated that fluids were in drawer three, when checking, these were located in drawer four. One facemask was noted to be in damaged packaging which was open. A suction unit was located on the top of the resuscitation trolley, this had suction tubing and a yankauer attached, both out of their sealed packages. It was unclear when these had been attached and posed an infection control risk.

There were three specimen buckets stored in a blue bin in the sluice room. It was unclear how long these had been left in the sluice room and if the solution in these bins was still effective.

There was a set of surgical instruments in a tray and others in a carrier bag on the floor of the storeroom alongside consumables. It was unclear if these instruments had been used, rinsed and were awaiting sterilisation. These were not present at our previous inspection and could pose an infection control risk.

Surgery

The lockable yellow clinical waste bin was stored alongside residential household waste, in a locked cage, in the building's refuse area. We were told the door to this area was locked and only accessible by the building maintenance team and the service's staff. During our inspection we found the door unlocked and accessible to members of the public. The service had completed a risk assessment for the storage of clinical waste alongside residential waste and the ligature risk the cage posed. However, this risk assessment did not reflect the risks we raised during our previous inspection. The assessment lacked mitigating actions and the review dates were all between 12 and 24 months.

Staffing

The service could not be assured staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm.

Since our last inspection a new member of staff had commenced work at the service without all the necessary pre-employment checks being completed. At the time of our inspection only one permanent member of staff was in post, there were two bank nurses and two members of staff working on a consultancy basis. There was still limited information to confirm pre-employment checks had been completed before staff commenced in post. While professional registration checks had been undertaken and photographic identification was on file for three of the five members of staff, not all staff had application forms or CVs on file, only two of the staff members had two references. Only one of the five staff members had evidence of their interview on file and all disclosure and barring service (DBS) checks were those that had been undertaken with previous employers. We saw evidence that one member of staff had applied for a DBS, five days before our inspection.

We were told that the service had now frozen the recruitment of staff while it was not operational.

Medicines

The service did not use systems and processes for the safe management of medicines.

The service had previously applied for a controlled drugs (CDs) Home Office license. However, the person identified as the responsible officer for controlled drugs and the member of staff who had provided evidence to support the application had both left the service. The service was required to submit a new application to the Home Office. At the time of our inspection this application had not been submitted.

Medicines were stored in locked cupboards; the service could not provide us with a stock list when requested. Therefore we could not check that correct medicines and level of stock were present.

The service had not established effective governance processes for the management of medicines. The medicine policy provided to us had been updated since our previous inspection, however we found it still made no reference to the disposal of controlled medicines and included multiple references to dispensing medicines for patients to take home. The service does not have a license to dispense medicines. This policy had been updated by a non-clinical member of staff and we saw no evidence of who had reviewed or approved these amendments to the policy.

The previous pharmacist who had provided pharmacy advice to the service was no longer in post. The service had not replaced this person at the time of our inspection.

The staff member responsible for the management of medicines, including controlled drugs had left the service. We were told that this role was covered by a bank nurse. We were unable to assess if they had the relevant skills and knowledge for this responsibility as there was limited evidence on their staff file.

Surgery

Are Surgery effective?

Inspected but not rated 

We did not rate this domain during this inspection.

Evidence-based care and treatment

The service did not always provide care and treatment based on national guidance and evidence-based practice.

The service had updated two of their 39 policies since our last inspection. The reviewed and majority of the existing policies had not been personalised to the service being provided and made reference to roles, staff members, groups, documents that the service do not have or are not relevant to the service provided. Some of these policies included out of date references to guidance and some equality impact assessments that had been added in April 2022, were attached to the wrong policy.

We found that the service was not adhering to some of their own policies. For example, the recruitment policy, the service was not adhering to their own policy with regard to pre-employment checks.

Competent staff

The service could not be sure staff were competent for their roles.

There was limited evidence that staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. There was still limited evidence of pre-employment checks to confirm staff's suitability to work at the service.

Are Surgery well-led?

Inspected but not rated 

We did not rate this domain during this inspection.

Leadership

Not all leaders had the skills and abilities to run the service. They did not understand and manage the priorities and issues the service faced.

Leaders were unable to demonstrate there was effective leadership of the service. The service did not have a clear leadership structure with defined lines of responsibility and accountability. Day-to-day leadership was being provided by the service manager who was working at the service on an ad hoc basis. There was no registered manager at the service, no application had been made to register a registered manager with the CQC. We were told one of the bank nurses would be applying to become the registered manager, CQC had not received an application from this individual.

Leaders did not demonstrate a clear understanding of the challenges to quality that the service faced. The senior staff did not clearly understand the day-to-day issues at the service. They had not addressed the issues previously identified and

Surgery

raised by the inspection team relating to pre-employment checks, policies not being personalised to the service, the concerns raised regarding Controlled Drugs and the storage of COSHH items. They continued to allow staff to commence in post without all necessary pre-employment checks being completed and had not updated the staff files for individuals currently working in the service. They had not ensured all policies were reviewed and updated to reflect the service being provided. Leaders had not taken action to address the issues regarding the storage of COSHH items.