

# Eye Doctors UK Limited Medex House

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 6 November 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was not providing safe services in accordance with the relevant regulations.

##### **Are services effective?**

There was insufficient evidence available to support any judgement in this key question.

##### **Are services caring?**

There was insufficient evidence available to support any judgement in this key question.

##### **Are services responsive?**

There was insufficient evidence available to support any judgement in this key question.

##### **Are services well-led?**

There was insufficient evidence available to support any judgement in this key question.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the practice service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Medex House is a service intended to provide acne treatment to private patients.

The sole doctor at Medex House is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that only two patients had been treated at Medex House since April 2017. No patients were on the premises during the course of the inspection.

As a result the provider had not undertaken any feedback or patient satisfaction exercise nor had any CQC feedback cards been completed.

#### **Our key findings were:**

- The provider had a range of policies and protocols to support safe care and treatment.
- The doctor and staff had received training appropriate to their role.
- The provider had not undertaken an infection prevention and control audit.

# Summary of findings

- No legionella risk assessment or five yearly fixed wiring check had been carried out.

We identified regulations that were not being met and the provider must:

- Ensure that the premises are subject to a legionella risk assessment.
- Ensure the premises have a five yearly check of the fixed electrical wiring.

- Ensure that an infection prevention and control audit is undertaken.

You can see full details of the regulations not being met at the end of this report.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

# Medex House

## Detailed findings

### Background to this inspection

Medex House is a service intended to provide acne treatment to private patients. The provider, Eye Doctors Ltd, is registered with CQC to provide the regulated activity of treatment of disease, disorder or injury from a single location at Medex House, 59 Church Gate Loughborough LE11 1UE.

Consultations are by prior telephone arrangement. The service has no regular opening times.

The service is run by a sole doctor.

No staff are employed other than staff with administration functions and neither of those staff were present during the course of the inspection.

Our inspection team was led by a CQC lead inspector. The team included an additional CQC inspector and a GP specialist adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that this service was not providing safe services in accordance with the relevant regulations.

### Safety systems and processes

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service had a system in place to enable it to work with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role.
- Whilst there was an infection prevention policy in place, the registered manager informed us that no audit had been undertaken.
- The registered manager informed us that no legionella risk assessment of the building had been undertaken and that the premises had not been subject to a five yearly fixed electrical wiring inspection.
- The provider ensured that facilities and equipment were safe.
- Testing of portable electrical equipment had been completed in November 2018.
- There was no medical equipment on the premises that required calibration.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- The doctor understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The records we saw showed that information needed to deliver safe care and treatment was available in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with DHSC guidance
- The clinician made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe prescribing of medicines.

- The doctor prescribed to patients and gave advice on medicines in line with legal requirements and current national guidance.
- No medicines were kept on the premises.

### Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The service had systems in place to make improvements if things went wrong.

- There was a system for recording and acting on significant events. However no significant events had been recorded.
- There were adequate systems for reviewing and investigating if things went wrong.

## Are services safe?

- The provider was aware of the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents
- The service had a system to learn from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

There was insufficient evidence available to enable a judgement to be made in this key question.

### Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- There had been insufficient numbers of patients to make any clinical audit worthwhile or meaningful.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills and training were maintained.

### Coordinating patient care and information sharing

- Patients received coordinated and person-centred care. Due to the small numbers of patients there was no evidence to show co-ordinated working with other services or health care providers.
- Before providing treatment, the doctor at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP.

### Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, the doctor gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

There was insufficient evidence available to enable a judgement to be made in this key question.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

There was insufficient evidence available to enable a judgement to be made in this key question.

### **Responding to and meeting people's needs**

- The facilities and premises were appropriate for the services delivered.

### **Timely access to the service**

- Patients had timely access to an initial assessment through prior arrangement of a consultation directly with the provider.

### **Listening and learning from concerns and complaints**

- Information about how to make a complaint or raise concerns was available.
- The service had complaint policy and procedures in place.



# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

There was insufficient evidence available to enable a judgement to be made in this key question.

### **Leadership capacity and capability;**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

### **Vision and strategy**

- There was a vision that the location would be used by more services including haematology and respiratory. We were told that preliminary talks were underway to bring the vision to fruition.

### **Culture**

- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour should the need arise.
- There no evidence that the two non-clinical members of staff had received appraisal in the last 12 months.
- There was an emphasis on the safety and well-being of all staff.

- The service promoted equality and diversity.

### **Governance arrangements**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out in a suite of policies and a clear governance structure chart.

### **Managing risks, issues and performance**

- The process to identify, understand, monitor and address current and future risks including risks to patient safety had not been clearly identified and acted upon. For example there had been no legionella risk assessment, no electrical safety check or infection prevention and control audit.

### **Appropriate and accurate information**

The service had appropriate and accurate information.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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   |
|--|--|
| Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The registered persons had not carried out an assessment of the risk to patients, staff and others from healthcare associated infections.</p> <p>The registered persons had not mitigated the risk to persons using the premises by not having undertaken a check of the fixed electrical wiring or a legionella risk assessment.</p> |