

# Eye Doctors UK Limited

## 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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

# Overall summary

**This service is rated as Inadequate overall.** (Previous inspection November 2018 – the service was not rated at this time.)

The key questions are rated as:

Are services safe? – Inadequate Are services effective? – Inadequate Are services caring? – Good Are services responsive? – Good Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Eye Doctors UK Limited in Loughborough as part of our inspection programme.

Eye Doctors UK Limited is a location in central Loughborough at which the provider has been acting as an independent Doctor. The Statement of Purpose reports that the service is to treat skin conditions such as acne, however, we found that the provider was delivering services outside of this remit. The provider had seen four patients at the location since our last inspection in November 2018.

Eye Doctors UK Limited is registered with CQC to provide the following regulated activities: treatment of disease, disorder or injury and is registered as an Independent Healthcare Company.

The provider, Dr Bhojani-Lynch is the registered manager for the service. A registered manager is a person who is registered with CQC 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.

## Our key findings were :

- The provider was not delivering the services as outlined in their Statement of Purpose and there was no clear vision or direction in place for the service.
- The service did not have effective systems to safeguard children and vulnerable adults from abuse.
- Care records required improvement to ensure patient safety.
- There were some effective procedures in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection.
- The service did not have adequate arrangements in place to manage emergencies and to recognise those in need of urgent medical attention.
- The provider had not adequately assessed patients' needs to deliver care and treatment in line with current legislation, standards and guidance.
- Patients were offered convenient, timely and flexible appointments at a location of their choice.
- Staff helped patients to be involved in decisions about their care.
- The service did not have a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- As the service lacked focus and direction we found little evidence of continuous learning and improvement.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

# Overall summary

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, 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 their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. 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 remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to Eye Doctors UK Limited

Eye Doctors UK Limited is a service intended to provide acne treatment to private patients, although this is not what the service was delivering at the time of our inspection. We found that four patients had been seen since our last inspection in November 2018 for a range of medical conditions and that the provider had been acting as a private GP practice.

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 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, supported by three administrative members of staff. The provider informed us that these staff members did not participate in the delivery of the regulated activity.

### How we inspected this service

We inspected Eye Doctors UK Limited on 14 August 2019 as part of our inspection programme. Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser.

Before visiting we reviewed a range of information we hold about the service and asked the service to send us a range of information. This included information about the complaints received in the last 12 months and the details of their staff members, their qualifications and training. Eye Doctors UK Limited provided information on the day of the inspection which included care records and policies.

We sent patient comment cards two weeks prior to the inspection to gain feedback from service users. None of the cards had been completed prior to our inspection. We spoke with the provider and looked at patient feedback they had obtained after seeing patients at the service.

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?

## We rated safe as Inadequate because:

### Safety systems and processes

#### The service did not have clear systems to keep people safe and safeguarded from abuse.

- All staff received up-to-date safeguarding and safety training appropriate to their role. However, the service did not have effective systems in place to safeguard children and vulnerable adults from abuse. We found there was no child and adult safeguarding policy in place, despite the provider having seen and treated a child at the service. We raised this with the provider who told us they would address this immediately.
- The service had not needed to work with other agencies to support patients and protect them from neglect and abuse as yet. However, improvement was needed to ensure this was done safely to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service did not have clear systems in place to assure that an adult accompanying a child had parental authority.
- The provider had carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks had not been undertaken for these staff as we were told they were in administrative roles only. (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). We discussed with the provider that these staff members may have access to medical records and that they may need to review whether these staff needed to have DBS checks completed on them. There were no risk assessments in place to mitigate the risk of these staff members not having DBS checks in place.
- There was an effective system to manage infection prevention and control. We found no infections control concerns at the service and saw that a recent infection control audit had been completed.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

- The provider carried out appropriate environmental risk assessments, which took into account the profile of people who may use the service and those who may be accompanying them.

### Risks to patients

#### Improvement was needed with the systems in place to assess, monitor and manage risks to patient safety.

- There was limited information available on how the service planned to manage emergencies and to recognise those in need of urgent medical attention. There was no information readily available for staff to identify and manage patients with severe infections, for example sepsis. Although the provider was trained in Basic Life Support, there was a lack of medicines and equipment on-site to deal with a medical emergency.
- We were unable to fully assess whether there was suitable medicines and equipment to deal with medical emergencies as we were told that the provider kept these in her bag which was not with her on the day of the inspection. There was a defibrillator on-site, however, there were no emergency medicines available for us to look at.
- There were appropriate indemnity arrangements in place

### Information to deliver safe care and treatment

#### The provider did not always have the information they needed to deliver safe care and treatment to patients.

- Individual care records were not always written and managed in a way that kept patients safe. The care records we saw needed improvement in how patient's medical histories and observations were recorded. We looked at one patient who had been treated for asthma who had no peak flow recorded and no observations recorded prior to treatment. There was a lack of safety netting for this patient.
- The provider had written to patients' GP's following their care and treatment to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

### Safe and appropriate use of medicines

# Are services safe?

## **The service did not have reliable systems for appropriate and safe handling of medicines.**

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment could not be inspected during our inspection as we were told that they were not kept on-site. The provider held emergency medicines in their Doctors bag which was not on the premises at the time of our inspection. No medicines were stored in fridges. There were no risk assessments in place addressing emergency procedures and medicines.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- We looked at the medicines the provider had prescribed for the four patients they had seen since our last inspection and found these to be in line with legal requirements and current national guidance.

## **Lessons learned and improvements made**

### **The service had processes in place to ensure they learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- The provider told us they acted on and learned from external safety events as well as patient and medicine safety alerts. There was no formal mechanism in place for this.
- There were adequate systems for reviewing and investigating when things went wrong. There had been no incidents or significant events at the time of our inspection.
- The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty and was open and honest during the course of our inspection.

# Are services effective?

## We rated effective as Inadequate because:

### Effective needs assessment, care and treatment

**Improvement was needed in how the provider assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance.**

- Patient medical history was not always fully obtained and documented.
- We could not be confident that the provider kept up to date with current evidence-based practice. We found batch numbers and expiry dates missing when medicines were administered.
- Patients' on-going clinical needs and their mental and physical wellbeing was not being adequately assessed and documented in care records.
- Due to some care records being incomplete we could not be confident that the provider always had enough information to make or confirm a diagnosis for patients they saw. We discussed this with the provider who told us they would improve the way they recorded their consultations with patients.
- 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.**

- The service had not yet completed any clinical audits due to the low numbers of patients they had seen at the service.

### Effective staffing

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

- All staff were appropriately qualified.
- The provider was registered with the General Medical Council (GMC) and was in the process of updating their revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## Coordinating patient care and information sharing

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. We saw there was feedback to the patients' GP once the episode of care was completed.
- There was a lack of evidence that the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history prior to delivering any treatment. We raised this with the provider who agreed they needed to improve this.
- The provider told us they had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

## 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 provider gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, the provider redirected them to the appropriate service for their needs.

## Consent to care and treatment

**Improvement was needed in guidance around how the service obtained consent to care and treatment in line with legislation and guidance .**

- The provider did not have a full understanding of the requirements of legislation and guidance when considering consent and decision making. We outlined the requirements in relation to children during our inspection and discussed the Mental Capacity Act with the provider who told us that they would source training for this following our inspection.

# Are services caring?

## **We rated caring as Good because:**

### **Kindness, respect and compassion**

#### **The provider treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treated people. The provider had asked patients to complete a survey which showed high levels of satisfaction.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### **Involvement in decisions about care and treatment**

#### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were not available for patients who did not have English as a first language. However, the provider spoke a number of languages and knew how to access interpretation services if needed and was able to use sign language.
- Patients told us, through service feedback, they felt listened to and supported by the provider and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- The practice complied with the General Data Protection Regulation 2018. All confidential information was stored securely.
- The provider knew 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?

**We rated responsive as Good because:**

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

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. The practice offered flexible appointments to meet patient needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others.

## **Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Waiting times, delays and cancellations were minimal and managed appropriately. There was no clear arrangement in place for out of hours care and follow up circumstances.
- Referrals and transfers to other services were undertaken in a timely way. The GP had a network of appropriate consultants they could refer patients onto should they need to.

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

**The service had policies and procedures in place to ensure they took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. There was a complaints policy in place and the provider was clear that any complaints would be dealt with in line with the policy.
- At the time of the inspection the service had not received any written or verbal complaints.

# Are services well-led?

## We rated well-led as Inadequate because:

### Leadership capacity and capability;

### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. However, the future direction of the service was unclear at the time of our inspection.
- The provider had effective processes to develop leadership capacity and skills, however, the direction for the service was not clear and the Statement of Purpose did not outline the current or future services to be delivered.

### Vision and strategy

### The service did not have a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was no clear vision and set of values for the service and future plans were not formalised at the time of our inspection.
- The service had yet to develop its vision, values and strategy.

### Culture

### The service had a culture of high-quality sustainable care.

- 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.
- The service promoted equality and diversity and a policy was in place to outline how this would be done.

### Managing risks, issues and performance

### There were ineffective processes for managing risks, issues and performance.

- As the provider was unclear as to the vision and direction of the service, we found there to be a lack of process to identify, understand, monitor and address current and future risks including risks to patient safety.

- The service did not have processes to manage current and future performance.
- There was no evidence of any clinical audits taking place at the service to ensure the service had a positive impact on quality of care and outcomes for patients.

### Appropriate and accurate information

### The service acted on appropriate and accurate information.

- The provider was aware of how and when to submit data or notifications to external organisations as required. However, the service had recently changed some of its services and had not updated its Statement of Purpose (SoP). We discussed this with the provider who said they would address this following our inspection.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

### The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients and staff and acted on them to shape services and culture.
- The provider could describe to us the systems in place to give feedback. Patients were given the opportunity to complete a survey following their consultation. We saw evidence of feedback opportunities for staff who had regular contact with the provider.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

### There was little evidence of systems and processes for learning, continuous improvement and innovation.

- As the service lacked focus and direction we found little evidence of continuous learning and improvement.

There were no internal reviews of incidents and complaints as none had been recorded as having taken place at the time of our inspection.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• There was a lack of knowledge in relation to recognising and managing medical emergencies.</li><li>• The provider did not have a safe system in place to provide emergency drugs on-site to patients.</li><li>• There was a lack of effective clinical audits at the practice which put patients at risk of unsafe care and treatment.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider had failed to ensure there was effective governance and leadership at the practice. There were no quality assurance systems in place to monitor the quality of care and treatment delivered across the practice.</li><li>• Risks were not being safely managed and assessed. <b>a</b></li></ul> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>