

Eye Doctors UK Limited

Inspection report

59 Church Gate
Loughborough
LE11 1UE
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Date of inspection visit: 20 April 2021, 26th April
2021, 27th April 2021, 12 May 2021
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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?

Insufficient evidence to rate



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Insufficient evidence to rate



Are services well-led?

Insufficient evidence to rate



Overall summary

This service is rated as Inadequate overall. (Previous inspection November 2019 – Inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inspected but not rated

Are services caring? – Inspected but not rated

Are services responsive? – Inspected but not rated

Are services well-led? – Inspected but not rated

We carried out an announced comprehensive inspection at Eye Doctors UK Limited in line with our inspection programme. Due to the impact of the COVID-19 pandemic, most of the evidence was reviewed and staff interviews were carried out remotely following the site visit on the 20th April 2021.

At our previous inspection in 2019 we found breaches of regulation in relation to regulation 12 HSCA (RA) Regulations 2014 (safe care and treatment) and regulation 17 HSCA (RA) Regulations 2014 (good governance). The requirement notices issued in November 2019 included issues around medical emergencies and emergency medicines, a lack of clinical audits completed at the service, ineffective governance and leadership and concerns around risks not being safely managed. Whilst we did see improvement in systems for emergency medicines, we were not able to assess that improvements had been made in relation to the rest of the breaches in regulation.

Due to the service only treating one patient since our previous inspection, we were unable to rate effective, caring, responsive and well led at this inspection. Therefore, the previous ratings from November 2019 will continue to apply to the service for these key questions.

Eye Doctors UK Limited is an independent health provider to treat skin conditions such as acne.

Dr Bhojani-Lynch the registered manager for the service. 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.

Our key findings were:

- There had only been one patient treated at the service since our last inspection. Due to only having one consultation to review, we were unable to make a judgement that patients immediate and ongoing needs were always addressed as there was not enough evidence.
- Safeguarding policies were in place, however, they were not relevant to the service.
- There was no evidence of improvement within the service as there had been no significant events or complaints.
- There was a lack of forward planning for the service.
- There was no clear vision or strategy to deliver high quality care.
- There was a lack of processes to identify and monitor risks.
- There were no clinical audits completed at the service.

Overall summary

- We saw no evidence of discrimination when making care and treatment decisions.
- The service sought patient feedback following appointments.
- Appointments were flexible around patient's needs.

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

(Please see the specific details on action required at the end of this report).

This service was placed in special measures in November 2019 which will remain in place. Due to changes of registered manager within the service and the small number of patients seen, the provider has decided to become dormant. A further inspection will be conducted should the provider start operating again.

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 specialist advisor and a member of the CQC medicines team.

Background to Eye Doctors UK Limited

Eye Doctors UK Limited is a service intended to provide acne treatment to private patients. We were told that following the previous inspection in November 2019, the service had not seen a patient until April 2021 when one patient had been seen.

The service has a website <https://eyedoctorsukltd.co.uk/>

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

Before visiting the service, we reviewed a range of information we hold about the service and asked the service to send us a range of information. Eye Doctors UK Limited provided us with information following the inspection.

Due to the ongoing coronavirus pandemic we were unable to use comment cards at this time.

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:

At our previous comprehensive inspection in November 2019, the service received a rating of inadequate for providing safe services. This was because:

- There were insufficient safeguarding policies and processes in place.
- Disclosure and Barring Service (DBS) checks were not always completed for staff within the service.
- There was not always access to emergency medicines at the service.
- Care records needed improvement in relation to patients' medical histories and observations.
- The service did not have adequate arrangements in place to manage emergencies and to recognise those in need of urgent medical attention.
- There was a lack of effective clinical audits at the practice which put patients at risk of unsafe care and treatment.

At this inspection in April 2021, we found some improvements had been made to staff receiving DBS checks and emergency medicines kept within the practice. However, we found:

- Safeguarding policies were in place, but they were not relevant to the service.
- Due to a lack of patients treated at the service, we were unable to assess if patient records had improved.
- There were limited systems in place in relation to infection prevention and control and cleaning of the premises.
- The process for receiving and acting on relevant safety alerts was not effective.

Safety systems and processes

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

- The provider had safeguarding policies which outlined clearly who to go to raise concerns. However, we found the policies were not specific to the service as they referenced other guidance documents which were not available and referenced local guidance which was not within the area.
- Staff received safeguarding and safety training, however, we did not see that the level of training undertaken was appropriate to their role for the doctor. Staff we spoke with knew how to identify and report concerns.
- Since the previous inspection, 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 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).
- There was an infection control policy, however, this did not contain detail regarding cleaning of the premises, the infection control lead and audit requirements. The provider did not complete infection prevention and control audits. Following the inspection, we were sent policies relating to cleaning and systems which had been implemented within the service in relation to the COVID-19 pandemic.
- There was an infection control risk assessment completed, however, it did not contain comprehensive information on risks and actions which were being taken.
- We saw a cleaning schedule for the administration area, which was completed daily, however there was no cleaning rota for the consultation area where patients would be seen. We were told this was due to having no patients within the building since the previous inspection and that a schedule would be put in place when patients did revisit the building. However, we were told that the service had reopened in April 2021.
- The provider had completed a risk assessment for legionella within the premises, however, it did not provide assurance that all risks had been assessed as there were areas which were not accessible. There was no information on precautions that staff were taking regularly.

Are services safe?

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were some systems for safely managing healthcare waste, however, this was on an ad-hoc basis when patients were seen.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service.

Risks to patients

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

- There was an induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The lead clinician provided us with indemnity arrangements, however, it was not clear that they covered the services provided by Eye Doctors UK.
- There were appropriate emergency medicines and equipment to deal with medical emergencies within the location, however, we did not see any evidence that these were checked regularly. We found the emergency medicines were accessible to staff.

Information to deliver safe care and treatment

We were unable to assess if staff had the information, they needed to deliver safe care and treatment to patients.

- The service had treated one patient since the previous inspection therefore we were unable to fully assess if the standard of care records had improved and now contained all the information required.
- We were unable to assess if there were adequate systems for sharing information with other staff and agencies.
- The service did not have 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.
- We were unable to assess if clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The service had a medicines policy; however, it did not contain information to cover all treatments offered within the service.
- There was no evidence of medicine audits being carried out within the service.
- The service did not have a formulary which they would prescribe from. The provider told us that the British National Formulary (BNF) would be used to prescribe from. We were told that controlled drugs would not be prescribed (controlled drugs are medicines which have additional controls due to their risk of misuse and dependence). We were also told that they would not prescribe medicines requiring additional monitoring beyond the remit of this service and would not prescribe oral antibiotics.
- Due to a lack of patients seen within the service, we were unable to assess if staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- It was not clear how the service would confirm patients identify when either attending the service or during remote consultations.

Are services safe?

Track record on safety and incidents

The service could not evidence a good safety record.

- There were some risk assessments in relation to safety issues, however, they did not contain actions required and timelines for actions.
- The practice had completed a risk assessment in relation to fire safety and staff had completed fire safety training. There was a policy for fire safety and management.

Lessons learned and improvements made

The service could not evidence they learnt lessons and made improvements when things went wrong.

- There was a policy for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents, however, there were no incidents which had been reported.
- There were adequate systems for reviewing and investigating when things went wrong.
- The provider was aware of the requirements of the Duty of Candour but could not demonstrate it had been implemented.
- We were told that the provider acted on alerts received relating to medicine thefts or counterfeit medicines.
- At the time of our inspection, the service was not receiving safety alerts and was unaware of any recalls or alerts relating to medicines or equipment which they used in their service. The registered manager told us during our inspection this would be rectified. Following the inspection, we were shown evidence of some safety alerts being received, however, the lead clinician was not aware of the system at the time of the inspection and we could not be assured that previous safety alerts had been acted on appropriately.

Are services effective?

We did not have enough information to rate this key question.

At our previous comprehensive inspection in November 2019, the service received a rating of Inadequate for providing effective services. This was because:

- Patient records were not always effective at giving full medical history and full details of their mental and physical wellbeing were not recorded.
- The service had not conducted any clinical audits and therefore could not demonstrate any quality improvement activity.
- Improvement was needed in how the service obtained consent to care and treatment.

At this inspection in April 2021, we did not have evidence to suggest this had improved however we did not have enough information to rate effective.

Effective needs assessment, care and treatment

- Due to a lack in patients treated at the service, we could not assess if patients' immediate and ongoing needs were fully assessed and included their clinical needs and their mental and physical wellbeing.
- Due to a lack in patients treated at the service, we could not assess if clinicians had enough information to make or confirm a diagnosis.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- At our previous inspection in November 2019 the service had not completed any clinical audits. At this inspection, we found the service had not completed any clinical audits since the previous inspection despite this being issued on the requirement notice.

Effective staffing

We could not be assured that staff had the skills, knowledge and experience to carry out their roles.

- We were told that the service was to treat patients with acne or skin conditions. However, the service website said that Eye Doctors UK Ltd is a medical eye clinic, health advice, acne advice and treatment, mole and skin tag removal and travel vaccinations. We did not see training or competencies for all of these services such as minor surgery and mole removal training.
- The provider had an induction programme for all newly appointed staff.
- There was a training matrix for training required by the provider which we saw was reviewed and up to date. However, there was no record of the lead clinician having completed basic life support training. We were told that the lead clinician had completed this elsewhere, however, there was no assurance of this available within the service.
- We did not see that staff vaccination records were maintained in line with current Public Health England guidance for relevant staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff told us they were encouraged and given opportunities to develop.

Are services effective?

Coordinating patient care and information sharing

We could not assess if staff worked together with other organisations, to deliver effective care and treatment.

- Due to a lack of patients seen within the service, we could not assess that patients received coordinated and person-centred care.
- We could not assess that before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Due to a lack of patients seen within the service, we did not see examples of patients being signposted to more suitable sources of treatment.
- We could not assess if 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.

Consent to care and treatment

Due to a lack of patients seen at the service, we could not assess if consent to care and treatment was obtained in line with legislation and guidance.

Are services caring?

We did not have enough information to rate this key question.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We saw limited evidence of the service requesting feedback on the quality of clinical care patients received as well as customer satisfaction. This was done via telephone following a consultation and reported by the lead clinician. The feedback included that the patient was satisfied with the consultation but there was no additional information.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

Involvement in decisions about care and treatment

We could not be assured that staff helped patients to be involved in decisions about care and treatment.

- Due to a lack of patients treated within the service, we were unable to assess if staff discussed treatment options with patients.
- Staff could not identify how they would support patients who did not have English as a first language as interpretation services were not available. However, the lead clinician was multilingual and could support patients if required.
- We did not see information leaflets within the service.

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?

We did not have enough information to rate this key question.

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. The service offered flexible appointments to meet patient needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- Patients had timely access to appointments and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service had policies and procedures in place to deal with complaints.

- Information about how to make a complaint or raise concerns was available. There was a complaints policy in place and the provider told us 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 did not have enough information to rate this key question.

At our previous comprehensive inspection in November 2019, the service received a rating of inadequate for providing well led services. This was because:

- There was a lack of direction for the service and the statement of purpose did not outline the current or future services.
- There was no clear vision or strategy to deliver high quality care.
- There was a lack of processes to identify and monitor risks.
- There were no clinical audits completed at the service.

At this inspection in April 2021, we did not see any evidence of improvement in these areas however due to a lack of patients at the service, we were unable to rate well-led.

Leadership capacity and capability;

- Leaders were not knowledgeable about issues and priorities relating to the quality and future of services. It was not clear if the future direction of the service had been planned.
- Staff reported leaders were visible and approachable.

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 website indicated the service provided treatments which were not included in the statement of purpose, and the provider was not registered to provide these services such as mole removal.

Culture

- Staff told us they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The provider employed administrative staff; however, they were not involved in the service which was registered with the Care Quality Commission. It was not clear what their role was.
- Staff told us they could raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- Staff had received equality and diversity training.
- There were positive relationships between staff.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.
- Staff were unclear on their roles and accountabilities.
- Leaders had not always established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were arrangements in line with data security standards for the availability and confidentiality of patient identifiable records however we did not see a policy regarding storage of data. At the time of our inspection the service was not registered with the Information Commissioner's Office for the storage of photos. However, the provider rectified this immediately following our inspection and we saw evidence of this.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- The process to identify, understand, monitor and address current and future risks to patient safety were not always effective.
- The service did not have processes to manage current and future performance. Performance of clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions.
- Leaders did not have oversight of safety alerts.
- The service had not received any incidents or complaints at the time of our inspection.
- We did not see evidence of systems to improve the quality of care and outcomes for patients. The service had not completed any clinical audits as they had not seen patient since the previous inspection.
- The provider did not have a business continuity plan in place at the time of our inspection. Staff could tell us how they would deal with major incidents.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- There was no evidence of the service using or monitoring performance information.
- The service had a website which at the time of our inspection stated that mole and skin tag removal and travel vaccinations could be performed. The service was not registered with the Care Quality Commission to perform these activities.
- There was no evidence that quality and sustainability was discussed in relevant meetings.

Engagement with patients, the public, staff and external partners

- The service encouraged and heard views and concerns from patients. We did not see evidence of the service acting on feedback.
- Staff told us they felt confident to feedback to leaders with any concerns or issues.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- At the time of our inspection there was no evidence available through incidents and complaints to demonstrate improvement.



Are services well-led?

The service had not completed any audits.

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> <ul style="list-style-type: none">• There were limited systems in relation to infection prevention and control and cleaning of the service.• Clinicians did not have the appropriate safeguarding training for their role.

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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• There was a lack of governance and leadership at the service in relation to systems and processes.• There were limited number of patient records to evidence improvements had been made from the previous inspection.• The systems for receiving and acting on safety alerts was not effective. <p>There was not enough evidence to demonstrate improvement from the requirement notices issued in November 2019.</p>