

Eyesurge London Limited

Eyesurge London Limited

Inspection report

Unit 4A, Trinity House
383 Kensington High Street
London
W14 8QA
Tel: 07999990007

Date of inspection visit: 11 April 2022
Date of publication: 01/06/2022

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 2022. As a result of this inspection we took urgent action to suspend the registration of the provider, for a period of eight weeks.

This inspection was a focused follow up inspection to review if all areas of concern raised at our last inspection 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 last inspection

We found that:

- The service did not control infection risk well. They did not manage medicines well.
- The service did not always provide care and treatment based on national guidance and evidence-based practice.
- The service did not have effective processes in place to safely manage medicines.
- 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

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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 a registered manager and nominated individual in place. However, the registered manager had informed the CQC that they were absent from the service for three months and were not available during the focused follow up inspection.

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 focused follow up found the service had not made all the required improvements, therefore, we suspended the registration of the provider for a further eight weeks.

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 a specialist advisor using our focused inspection methodology. The inspection was overseen by Nicola Wise, Head of Hospital Inspection.

During the inspection, we inspected the theatre, the recovery area, sluice room and staff changing area. We spoke with three 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

A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described.

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 |

Inspected but not rated

Surgery

| | |
|-----------|---|
| Safe | Inspected but not rated <input type="radio"/> |
| Effective | Inspected but not rated <input type="radio"/> |
| Well-led | Inspected but not rated <input type="radio"/> |

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 control infection risks well.**

Not all areas were clean, there was high level dust in a number of areas in the theatre. The theatre's daily cleaning check list showed the theatre had not been cleaned since 12 February 2022, however, the theatre had not been in use for any purpose since our previous inspection. During this inspection the service's cleaner had been on site and when we drew the dust issues to the attention of the staff they seemed surprised that the work had not been undertaken whilst the cleaner had been on site.

The sluice area was cluttered and untidy. Cleaning solutions were not all locked away. Mops were not stored away safely, they were sitting in the mop bucket. The control of substances hazardous to health (COSHH) cupboard was unlocked. There were items that should have been stored in the COSHH cupboard that were stored on the countertop and in other cupboards in the sluice room.

None of the equipment seen was labelled to show when it was last cleaned.

Environment and equipment **The facilities, premises and equipment did not keep people safe. Staff did not manage clinical waste well.**

The recovery room remained unfit for purpose. There were two recovery beds in the recovery room which did not allow for adequate movement around the beds in an emergency. We were told that there would never be two patients being recovered at the same time, so we were unsure of the requirement for the second bed.

The resuscitation trolley was now located in the recovery room. It remained unlocked and unsecure because the lockable door on the front was unlocked and the key was left in the lock. The draws of the trolley were not secured using tamper tags. This meant all medicines and equipment could be accessed by unauthorised people.

The safe disposal of clinical waste was still not in line with National guidance. Staff we spoke with stated the service had permission from the building owner to use the general refuse area to store their lockable yellow clinical waste bin

Surgery

alongside residential household waste. The service provided evidence they had ordered and paid for a metal cage which was to be located in the general refuse area. This would allow the yellow clinical waste bin to be locked away from general residential waste. This had not been delivered or installed at the time of the inspection. We did not see any evidence that the service had requested permission from the building owner to build this cage in the refuse storage area.

Staffing

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

The service did not employ nursing staff. If nurses were required to support in theatres, they were employed daily as self-employed nurses. There was still very limited information to confirm these staff had provided the service with the necessary checks such as disclosure and barring service (DBS) checks, references, photographic identification, or that they had completed an application form or that they held personal indemnity before they worked at the location. We found that only two out of the eight self employed staff had provided any documentation requested by the service at the time of our inspection.

Medicines

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

The service was holding and storing controlled drugs (CDs) without a Home Office license. The service was awaiting the Home Office validation visit at the time of our focused follow up inspection. The service had removed the controlled drugs they held and were storing them in a locked filing cabinet in the reception area and not in the controlled drugs cabinet. We were told the controlled drugs were being stored there in readiness for the pharmacist to destroy them. However, storing of controlled drugs in this manner is not in line with National guidelines and the proposed destruction of some of the controlled drugs was not in line with current legislation.

There were still no effective arrangements for the disposal of medicines and controlled drugs. The clinic manager still demonstrated no knowledge of the correct procedure to dispose of CDs or an awareness the current procedure was not in line with regulations or the instructions outlined in the service's medicines' management policy.

We found the paperwork and process of reporting the refrigeration temperatures of medicines stored in the fridge had not been established.

The resuscitation trolley had missing medicines. There was no anaphylaxis box and some medicines that would be required in an emergency were still missing. These medicines had been ordered but had not yet been received by the service. This posed a risk that timely treatment would not be delivered to a patient in an emergency.

Are Surgery effective?

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.

Surgery

Staff did not had access to relevant, up to date policies based on best practice or national guidance. Whilst the service had made progress with updating and reviewing the services policies and procedures, only half of the policies and procedures had been updated at the time of the focused follow up inspection. The service did not have a plan to demonstrate by which date the rest of the policies would be updated by.

Competent staff

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

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

Are Surgery well-led?

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 managed 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. The registered manager was not present at the service and had informed the CQC that they would be absent from the service for three months following the initial inspection.

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 identified the issues with out of date medication, inappropriate storage of CDs, that their plans to dispose of the CDs were not in line with legislation, storage of COSHH and cleanliness in theatre which were identified by the inspection team and did not demonstrate that they understood the severity of the issues and concerns when fed back to them.