

Eyesurge London Limited

Eyesurge London 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

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 and April 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 16 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 manage medicines well.
- Staff did not always have pre-employment checks completed prior to commencing work.
- 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 no registered manager in place, the application that had been made to the CQC by the clinic manager to become the registered manager had been withdrawn. No other registered manager application had been submitted at the time of our 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 suspension was extended for a further eight weeks following our focused follow up in April 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 announced 24 hours prior to our inspection to ensure staff were present at the clinic as the service was currently suspended.

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

Summary of this 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
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 control infection risks well.

The theatre's daily cleaning check list showed the theatre had not been cleaned daily for the last 48 hours. However, the theatre had not been in use for any purpose since our previous inspection.

The sluice area was tidy, and all cupboards were locked. Cleaning solutions were locked away, but some hazardous cleaning solutions were not stored in the locked control of substances hazardous to health (COSHH) cupboard. The COSHH cupboard had very few items in it and some were out of date. There were items that should have been stored in the COSHH cupboard that were stored in other cupboards in the sluice room.

Equipment seen was labelled to show when it was last cleaned, all were labelled as being cleaned on the day of our inspection.

Environment and equipment

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

The recovery room had been reorganised and one of the two recovery beds had been removed.

The resuscitation trolley was located in the recovery room and the checklist recorded that it had been checked 24 hours prior to our inspection. The service had changed the resuscitation trolley since the last inspection and the draws were now locked using anti-tamper tags. However, while a anti-tamper tag was in place this was not secured, and the trolley was unlocked. This meant all medicines and equipment could be accessed by unauthorised people.

The resuscitation trolley had missing equipment and additional equipment on the trolley that was not recorded on the check list. A suction unit was located on the top of the resuscitation trolley, this had suction tubing and a yanker attached, both out of their sealed packages. It was unclear when these had been attached and posed an infection control risk.

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

Surgery

team and the service's staff. During our inspection we found the door unlocked and accessible to members of the public. We were told the building management team had requested the service enclose the clinical waste bin within a cage. However, we were not provided with evidence of this request and the service had not completed a risk assessment for the storage of clinical waste alongside residential waste or a ligature risk assessment.

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 had updated its recruitment policy and was planning to review their recruitment processes. The service had changed its nursing staffing model from what we were told at our last inspection. The service was now recruiting a number of nursing staff and an operating theatre practitioner. These staff would be supported by bank staff on an ad hoc basis.

Since our last inspection some new staff had commenced work at the service without all the necessary pre-employment checks being completed. At the time of our inspection only three permanent members of staff were in post and one bank nurse. A pre-employment spreadsheet had been developed to record the checks that had been completed and when staff were required to provide updated information, such as evidence that professional qualifications had been renewed. There was still limited information to confirm pre-employment checks had been completed prior to staff commencing in post. While professional registration checks had been undertaken and photographic identification was on file for three of the four members of staff, not all staff had application forms or CVs on file, only one of the staff members had two references. Only one of the four 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.

Medicines

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

The service had applied for a controlled drugs (CDs) Home Office license. The Home Office had completed their validation visit at the time of our focused follow up inspection, but the outcome of this visit was not known.

The service did not have effective processes in place for the safe disposal of controlled drugs (CDs) to ensure they were disposed of in line with legal requirements. The service had returned all the CDs they previously held to the company who had supplied these medicines. However, while the service had a list of the medicines they had returned to the company and their batch numbers there was no evidence of the quantity that had been returned. The company receiving the returned medicines sent an acknowledgement that they had received the medicines but, in this confirmation, did not state what medicines or the quantity they had received.

We found the paperwork and process of reporting the refrigeration temperatures of medicines stored in the fridge had been established and recording taken for the day prior to our inspection and on the day we visited.

Medicines were stored in locked cupboards; however, some were out of date and additional medicines not on the stock list were found in the medicine cupboard. Some medicines had a maximum storage temperature, these were stored in a cupboard next to the water heater, which could impact on their effectiveness.

Staff had signed to confirm the resuscitation trolley had been checked, however we noted that there were missing medicines. There was no evidence that these medicines had been ordered or record that staff checking the trolley had noted they were missing. This posed a risk that timely treatment would not be delivered to a patient in an emergency.

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The service had not established effective governance processes for the management of medicines. The medicine policy provided had been updated to reflect the feedback provided on inspection. This had been updated to reflect the disposal of medicines but made no reference to the disposal of controlled medicines and had not been approved by the clinical governance committee. This policy included reference to medicine boxes that were not in the consulting room at the time of our inspection and instructions for dispensing medicines which as there was no pharmacist on site was unable to do.

The previous pharmacist who had provided pharmacy advice to the service was no longer in post. The service had not replaced this person and there were no plans for how the service would secure pharmacy advice in the future.

The staff member responsible for the management of medicines, including controlled drugs had left the service. We were told that the service would be identifying a registered nurse to take on this responsibility but at the time of our inspection this individual had not been identified. Therefore, we were unable to assess if they had the relevant skills and knowledge for this responsibility.

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 all policies and procedures, however, the majority of these had not been personalised to the service being provided and make reference to roles, staff members, groups, documents that they do not have or are not relevant to the service provided. We found that the service was not adhering to some of their own policies. For example the medicines management policy, the service was not adhering to their own policy with regard to the storage, disposal and expiry date management.

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 were limited 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.

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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. The clinic manager had resigned from the service and day-to-day leadership was being provided by the service manager who was working at the service in an ad hoc basis while she was working her notice with her current employer. There was no registered manager at the service no application had been made to register a registered manager with the CQC.

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 allowed staff to commence in post without all necessary pre-employment checks being completed, issues with out of date medication, inappropriate return of CDs, that was not in line with legislation and storage of COSHH which were identified by the inspection team.

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
Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• The service did not manage medicines well.• Staff did not always have pre-employment checks completed prior to commencing work.• The service did not have effective processes in place to safely manage medicines.
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• 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.