University Of Bradford (The)

Electrodiagnostic Testing Unit

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	Good
Are services safe?	Requires Improvement
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We undertook a comprehensive inspection of the Electrodiagnostic Testing Unit on 2 March 2022.

The service was registered in 2013 and was set up to provide a clinical testing service for ophthalmologists across the Yorkshire region.

The service' objective was to provide a high quality visual electrodiagnostic service to the local region located at the Bradford School of Optometry and Vision Science (BSOVS), an academic department within the University of Bradford. The service uses and builds upon the research expertise and clinical infrastructure that already exists in the School of Optometry and Vision Science.

We rated this service as good because the service was caring, effective, responsive and well led, however improvement was needed in safe.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. Staff assessed risks to patients and acted on them; • Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care; • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers; • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment; • Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually. However: • Although a contract was in place for an annual calibration of diagnostic equipment, the service was unable to give assurance this had been completed since 2017;

Summary of findings

- Conductive neurodiagnostic paste used to adhere electrodes to patients, as well as saline used to relieve sensitive eyes were all out of date;
- Consent from patients for their care and treatment was not always recorded in line with legislation and guidance;
- Governance arrangements for the service had changed since registration, the service 'Statement of Purpose' had not been updated.

See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Electrodiagnostic Testing Unit

The service provides a range of key diagnostic tests (electro-retinography, electro-oculography and visual evoked potential recording) that form part of the clinical ophthalmological assessment of patients who may be suffering from a variety of hereditary or acquired eye diseases.

Patients from two months old to over 90 years old were tested under standards from the International Society for Clinical Electrophysiology of Vision.

The service is registered for the regulated activity of diagnostic and screening procedures.

A registered manager was in place and they are the sole clinician undertaking tests. Throughout this report the registered manager/sole clinician is referred to as the 'registered manager'.

This service was previously inspected in 2013.

How we carried out this inspection

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.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Requires Improvement	Inspected but not rated	Good	Good	Good	Good
Overall	Requires Improvement	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic and screening services

Safe	Requires Improvement
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Diagnostic and screening services safe?

Requires Improvement

We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to the registered manager and confirmed completion.

The registered manager received and kept up-to-date with their mandatory training. Mandatory training was comprehensive and met the needs of patients and the registered manager. We saw copies of certificates for courses attended, for example 'First Aid at Work' (2022), 'General Data Protection Regulations' (2019), 'Returning to Campus' (2020), 'Safeguarding Children' (2022).

The registered manager had completed an 'Introduction to Good Clinical Practice' in 2020. This included modules on introduction to Health and Social Care Research, good clinical practice, informed consent, data collection, and safety reporting.

The registered manager adhered to the policies and procedures of the university, such as the 'Accident/Incident Reporting, Recording and Investigation Policy' and 'First Aid Policy'.

Safeguarding

The registered manager understood how to protect patients from abuse. The registered manager had training on how to recognise and report abuse and they knew how to apply it.

The registered manager received training specific for their role on how to recognise and report abuse. They knew how to identify adults and children at risk of, or suffering, significant harm.

Although a safeguarding referral had not been made, the registered manager knew how to make a safeguarding referral and who to inform if they had concerns.

The registered manager followed safe procedures for children visiting the service.

Good

Diagnostic and screening services

Cleanliness, infection control and hygiene

The service controlled infection risk. The registered manager used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable and well-maintained furnishings. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

The registered manager followed infection control principles including the use of personal protective equipment (PPE). Soap, hygiene gel and wipes were available. However, the registered manager did not always follow 'bare below the elbows' guidelines.

The registered manager cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Environment and equipment

The design, maintenance and use of facilities and premises kept people safe. The registered manager managed clinical waste well.

The design of the environment followed national guidance. The service had suitable facilities to meet the needs of patients' families.

The registered manager disposed of clinical waste safely. A contract was in place with an external company for the disposal of used electrodes.

Although a contract was in place for an annual calibration of diagnostic equipment, the sticker on the equipment indicated the last service was in June 2016 and the next calibration was due in June 2017. Although, the registered manager stated the equipment was last calibrated in 2019, we did not see evidence of this. It was uncertain whether this would impact upon the accuracy of test results.

We checked conductive neurodiagnostic paste used to adhere electrodes to patients, as well as saline used to relieve sensitive eyes; these were all out of date, potentially affecting their efficacy.

Assessing and responding to patient risk

The registered manager completed risk assessments for each patient and removed or minimised risks. The registered manager identified and quickly acted upon patients at risk of deterioration.

Patient risks were identified on the patient referral form from the referring ophthalmologist.

The registered manager responded promptly to any sudden deterioration in a patient's health. Although procedures were of very low risk to the patient, the registered manager knew what to do if a patient suffered a medical emergency while undergoing a diagnostic procedure.

A process was in place to raise an alert through security services and for an ambulance to be called. The registered manager had received first aid training and training in the use of a defibrillator which was available on the ground floor of the building.

Good

Diagnostic and screening services

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The registered manager worked as the sole clinician. Patients arrived at the building reception before their appointment and university staff informed the registered manager of their arrival.

We saw evidence the registered manager had the required educational and professional qualifications for their clinical role. They spent one to two days testing and report writing, one day research and three days lecturing. Patients had to be re-booked if the registered manager was unavailable.

Records

The registered manager kept records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available.

Patient notes were kept in filing cabinets in the clinic room. This room was secure out of hours; the clinic door was kept locked, keys held by the registered manager, the departmental manager and also the head of school.

Referrals were received in post and email, direct to the registered manager. The provider ensured electronic patient records were securely stored. Paper referrals were kept in folders in filing cabinets.

We reviewed 20 patient records. These combined patient feedback and consent; in some consent was partially completed and in others, not recorded.

Patient results were stored in online folders with access restricted to the registered manager. Results were sent by university secure email to secure only addresses.

Medicines

The service used systems and processes to safely administer, record and store medicines.

The registered manager followed systems and processes to administer medicines safely. The service used only a medication to widen (dilate) the pupil of the eye in preparation for examination and adhered to the College of Optometrists guidelines.

Medication was kept in a refrigerator in a central store and the registered manager accessed supplies for the required number of patients that day. We saw a patient information leaflet which explained what the medicine was, how it would be used, what an adverse reaction would be and what action to take.

Incidents

The service managed patient safety incidents well. The registered manager recognised incidents and near misses.

The registered manager knew what incidents to report and how to report them. The university had a process in place for the service to report incidents - no incidents had been reported.

The service had no never events.

Good

Diagnostic and screening services

The registered manager understood the duty of candour.

Are Diagnostic and screening services effective?

Inspected but not rated

We do not rate effective.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

The registered manager performed all tests and complied with standards prescribed by the International Society for Clinical Electrophysiology of Vision (ISCEV).

We saw patient information which explained what the testing was and what it entailed. There was information about expectations when attending appointments. This information was provided to patients pre-appointment.

Pain relief

The registered manager assessed and monitored patients regularly to see if they were in pain.

Although tests carried out did not cause pain to patients, the service had an emergency process in place.

In the event of an emergency requiring first aid (or ambulance), the registered manager would contact security immediately for assistance, reporting details of the emergency, location and symptoms of the casualty.

Patient outcomes

The registered manager monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent and met expectations, such as ISCEV national standards.

The registered manager carried out quarterly reviews to check performance over time.

We saw evidence the registered manager had sent feedback forms to referrers; all feedback was complimentary and showed no negative feedback.

Competent staff

The service made sure the registered manager was competent for their role.

The registered manager was experienced, qualified and had the right skills and knowledge to meet the needs of patients.

The registered manager was able to identify development needs through yearly, constructive appraisals of their work. We saw evidence they had their annual appraisal in October 2021.

Good

Diagnostic and screening services

The registered manager attended team meetings or had access to full notes when they could not attend.

The registered manager had an annual appraisal.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Although the registered manager worked as the sole clinician within the unit, they were supported by other clinicians through departmental meetings and faculty management.

The provision of the visual electrodiagnostic service relied upon developing close relationships with local ophthalmologists to develop and maintain the service within the West Yorkshire area.

Seven-day services

Key services were available to support timely patient care.

The service was available between 9.30am and 3.30pm on Monday and Wednesday with some availability on Friday, depending upon demand.

Appointments were made around the registered manager's teaching and research work in the University.

Health promotion

The registered manager gave patients practical support and advice to lead healthier lives.

The School of Optometry and Vision Science had relevant information promoting healthy lifestyles and support in patient areas.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The registered manager supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Although, the service only carried out elective procedures, the registered manager did not always record consent from patients. Nine of the 20 patient records reviewed did not have consent recorded.

The registered manager understood how and when to assess whether a patient had the capacity to make decisions about their care.

The registered manager received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. They ensured vulnerable patients were accompanied by a friend or family member.

Are Diagnostic and screening services caring?

Good

Diagnostic and screening services

Good

We rated it as good.

Compassionate care

The registered manager treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

The registered manager was discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way.

The registered manager understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

We observed the registered manager collect patients, call them by name and assessed their mobility. The registered manager discussed the reason for the referral and ongoing symptoms with the patient, before beginning tests.

The service received patient feedback form responses. The main issue identified by patients was signage and location of the clinic room; the registered manager had raised this with the university and awaited improvements.

If requested, the patient was emailed a copy of their test report sent to the referring ophthalmologist. The patient was able to follow up any specific comments with the registered manager.

Emotional support

The registered manager provided emotional support to patients, families and carers to minimise their distress.

The registered manager gave patients and those close to them help, emotional support and advice when it was needed.

We saw the registered manager interacted well with patients during and throughout their examination. They established good rapport with patients and relatives if present, answered questions, and gave initial advice.

The registered manager discussed and explained their initial findings.

Understanding and involvement of patients and those close to them

The registered manager supported patients, families and carers to understand their condition and make decisions about their care and treatment.

The registered manager made sure patients and those close to them understood their care and treatment.

The registered manager talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and the registered manager supported them to do this.

Good

Diagnostic and screening services

Patients gave positive feedback about the service.

Are Diagnostic and screening services responsive?

Good

We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Facilities and premises were appropriate for the services being delivered.

The environment was appropriate, and patient centred. There was a suitable waiting area with seating and facilities suitable for all ages and accessible for people with disabilities. Any private conversations were held in the clinic room where procedures were carried out.

The registered manager had developed a patient information leaflet which defined visual electrodiagnostic testing (visual evoked potentials, electroretinograms (ERGs), electro-oculograms), how recordings are made, the potential use of eye drops, directions to the unit and who can accompany the patient, and the complaints procedure.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences.

The registered manager understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss, signers were arranged through the health and safety office.

There was a translation service available through the university; the referral form enabled the referrer to identify if English was not the patients' first language or the patient had disabilities, visual or auditory issues.

We saw lists of contact numbers linked to the local council which included support for safeguarding, abuse and Alzheimer's. If a patient disclosed any of these issues, they would be signposted to relevant support.

Access and flow

People could access the service when they needed it and received the right care promptly.

Patients were able to receive an appointment in consultation with the clinical or registered manager without delay.

When patients had their appointments cancelled, the registered manager made sure they were rearranged as soon as possible.

The registered manager made sure patients could access emergency services when needed.

The registered manager ensured test reports were sent to the referrer within three days.

Good

Diagnostic and screening services

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

A 'complaints and feedback' standard operating procedure was in place to ensure '… service users and staff are fully aware of the complaints and feedback procedures and that any complaints or feedback are reported promptly'.

No complaints had been received. Information how to complain was included in patient information sent out pre-appointment.

Patients, relatives and friends knew how to complain or raise concerns.

The service provided information about how to raise a concern in patient areas.

The registered manager understood the policy on complaints and knew how to handle them.

Are Diagnostic and screening services well-led?

Good

We rated it as good.

Leadership

The registered manager had the skills and abilities to run the service.

At the time of registration, the service was managed by the 'EDU Management Team' reporting ultimately to the dean of faculty. Although the service 'Statement of Purpose' had not been updated, this had changed, and performance management reports were now provided through departmental staff meetings.

The registered manager explained the main priority was to provide a service in response to ophthalmology testing requests with an overall aim to improve ophthalmologic services for patients.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

Although, we were not provided with a written strategy, the registered manager clearly identified the aim was to develop new analytical techniques to improve diagnostic testing.

We saw evidence of this in research papers written by the registered manager.

Culture

The registered manager was focused on the needs of patients receiving care. Patients, their families and the registered manager could raise concerns.

The registered manager told us they felt part of the university and the wider group of ophthalmologists within their field of expertise.

Good

Diagnostic and screening services

Governance

The registered manager operated governance processes and was clear about their role and had regular opportunities to meet colleagues, discuss and learn from the performance of the service.

We saw agendas and minutes of departmental staff meetings held in February and March 2022. These showed there was a 'Clinic Updates' standing item, where matters relating to the provision of clinical eye care services or teaching can be reported.

We were also provided with 'Quarterly Reviews' from October 2020 to March 2022, covering 199 patients, adverse events, equipment failure, patient and ophthalmologist feedback. These did not show any negative comments.

Management of risk, issues and performance

The registered manager used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

We saw a completed risk assessment for the service; risks were reviewed and escalated appropriately. There was a clear process for the identification, discussion and management of risk through departmental meetings.

The registered manager had identified risks of corneal abrasion due to the insertion of DTL (Dawson Trick Litzkow) corneal fibre electrodes and also, the instillation of eye drops. Procedures had been identified for the mitigation of these risks consistent with clinical guidelines issued by the College of Optometrists.

The registered manager had identified and mitigated specific risks associated with the impact of COVID-19.

Information Management

The service collected reliable data and analysed it.

The registered manager viewed records and diagnostic results in both paper and electronic formats. All records were stored securely.

The registered manager had completed mandatory information governance training.

Engagement

The registered manager actively and openly engaged with patients and referrers to plan and manage services.

The registered manager requested feedback from patients and following inspection provided completed forms. These did not show any adverse comments about the clinical procedures, but did identify issues with finding the location. The registered manager had requested clearer signage for the unit.

Feedback from referrers to the service was positive. For example, ophthalmologists said 'I am very impressed with the service provided. It really supports clinical decision making, '... excellent' and '…the reports are always of a high quality and complement my clinical findings'.

This section is primarily information for the provider

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
Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The service must ensure that equipment is calibrated, and all medical consumables used are within expiry dates. Regulation 15 (1)(c)(e) (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose • The service should ensure that its Statement of Purpose is reviewed and updated. Regulation 12(2)(3) (Care Quality Commission (Registration) Regulations 2009).

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service should ensure that consent is recorded for all people using the service, before any care or treatment is provided in accordance with Regulation 17 (1)(2) (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).