

Optegra UK Limited

# Optegra Eye Hospital London

## 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Overall summary

We rated this service for the first time. 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. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- 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 using reliable information systems 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.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Refractive eye surgery

### Rating

Good



### Summary of each main service

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- 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.
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# Summary of findings

accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

We rated this service as good because it was safe, effective, caring, responsive and well-led

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# Summary of findings

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# Summary of this inspection

## Background to Optegra Eye Hospital London

Optegra Eye Hospital London is an acute hospital specialising in cataract surgery, refractive eye surgery and laser eye corrections. The hospital is set over six-floors and has six consulting rooms, a reception area, five diagnostic rooms, three operating theatres including one used for minor laser procedures, a treatment room, four patient liaison rooms and pre and post-operative areas. The service is based in central London location and is provided by Optegra UK limited. The service is aimed towards to the self-pay patient demographic and service users are primarily UK based from the London area. The service has had a registered manager in place since it first registered with the CQC. The service only saw patients aged 18 and above. The service was previously inspected in October 2017 and the report was published in January 2018. At the time of the last inspection CQC did not rate refractive eye services, which was the main procedure provided at the time.

The regulated activities provided at this location are:

- Treatment of Disease, Disorder and Injury
- Surgical procedures
- Diagnostic and Screening services.

The main service provided by this hospital was refractive laser correction, therefore we used the refractive eye surgery framework to report our findings. Activity data for the service in period of October 2021 to September 2022 is as below:

- Refractive laser total 1231
- Cataract surgery 501
- Refractive lens exchange total 411

The service had service level agreements for the following services:

- Clinical pharmacy services
- CCTV monitoring and security
- Decontamination and sterilisation of equipment services
- Facilities management
- Treatment machine servicing and maintenance

## How we carried out this inspection

We carried out this unannounced inspection on 4 October 2022. The inspection team consisted of a lead inspector, a supporting inspector and an inspector who was shadowing for induction purposes. The team was overseen by an inspection manager and the inspection was authorised by regional Deputy Director of Operations, Nicola Wise. During the inspection we visited all clinical areas, conducted interviews with managerial staff, checked equipment and observed care and treatment. We spoke to 12 members of staff which included managerial, administrative, medical and non-medical clinical staff. We spoke to three patients. We checked 10 patient records.

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

## Outstanding practice

We found the following outstanding practice:

- The service directly contributed to research by undertaking research studies in partnership with industry manufacturers. We saw various examples of published work in scientific journals.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a provider **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service SHOULD take to improve:**

- The service should consider placing a written sign on doors of the laser-controlled area to explain to patients, visitors and staff that they are approaching a controlled area.

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Refractive eye surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good



# Refractive eye surgery

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are Refractive eye surgery safe?

Good 

We rated safe for the first time at this service. We rated it as good.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Clinical staff, which included medical, nursing and optometry staff, and administrative staff received and kept up-to-date with their mandatory training. Data from the service showed that 92% of staff had completed their training at the time of the inspection. The mandatory training was comprehensive and met the needs of patients and staff. Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Managers monitored mandatory training and alerted staff when they needed to update their training.

### Safeguarding

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**

All staff received training specific for their role on how to recognise and report abuse. All staff had completed adult and children safeguarding training level one and two, local leaders had completed level three training and staff had access to a provider wide level four trained member of staff. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff followed safe procedures for children accompanying patients.

### Cleanliness, infection control and hygiene

**The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff 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 furnishings which were clean and well-maintained. The service audited: decontamination and clinical waste, environmental hygiene, hand hygiene and scrub procedures. Results from all

# Refractive eye surgery

audits showed between 93% to 100% compliance against policy for the period of October 2021 to October 2022. Staff worked effectively to prevent, identify and treat surgical site infections. Patients were provided with suitable anti-biotic treatment during and post treatment in line with national guidance. Data for the service showed there were no surgical site infections for the period of October 2021 to October 2022. Staff followed infection control principles including the use of personal protective equipment (PPE). The service had an infection, prevention and control policy in line with the Royal College of Ophthalmologists standards and guidance. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The service had a service level agreement for the decontamination and cleaning of re-useable surgical equipment.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe, except that there was no sign to warn people that they were near a laser controlled area. Staff were trained to use equipment. Staff 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 service had enough suitable equipment to help them to safely care for patients. The service had first-aid bags located on each floor of the premises. Staff disposed of clinical waste safely. The service operated in line with the Medicine and Healthcare products Regulatory Agency "*Guidance on the safe use of lasers, intense light source systems and LEDs in medical, surgical, dental and aesthetic practices*" (September 2015). The service had a laser protection advisor and laser protection supervisor present on site during operational hours. The service had warning lights outside of laser controlled areas, however the service did not have a sign to explain that staff or patients were entering a laser controlled area. Staff carried out regular safety checks of specialist equipment such as laser machines. The service had service level agreements in place for the maintenance and service of specialist equipment.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration**

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff completed risk assessments for each patient pre-admission and on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service had an admission policy which outlined what type of patients the service was able to safely treat. Staff used the World Health Organisation (WHO) surgical checklist for cataract surgery. Staff understood how to manage a deteriorating patient and were provided with adequate training to stabilise the patient through the use of first-aid equipment until an ambulance was called through '999' services. Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. The service had a policy in place for the emergency treatment of post-operative endophthalmitis and staff were aware of how to escalate patients if necessary. Patients were provided with appropriate post-procedural information including a hotline number in case they needed urgent advice.

## 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 service had enough staff to keep patients safe. The service had three medical staff who were trained in ophthalmology and cataract surgery, three registered nurses, four health care technicians, three optometrists and six administrative staff. Managers accurately calculated and reviewed the number of clinical staff needed for each shift in accordance with national guidance. Data from the service showed that fill rates for shifts between March 2022 and

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September 2022 varied between 92% to 100%. Managers could adjust staffing levels daily according to the needs of patients. The service had no vacancies. The service had low turnover rates. The service had low sickness rates. The service had low rates of bank and agency nurses. Managers made sure all bank and agency staff had a full induction and understood the service.

The service had enough medical staff to keep patients safe. Medical staff were employed through practising privileges granted to them by the medical director and authorised by the medical advisory committee. All medical staff had appropriate qualifications or were on the GMC specialist Register in ophthalmology

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive and all staff could access them easily. The service used paper based notes which were kept securely in a locked room in locked cabinets. We reviewed a total of 10 patient notes and found them to contain pre-assessment information and treatment records in line with national guidance. The service had mechanisms to share patient notes with GP's if the patient provided consent.

## Medicines

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

Staff followed systems and processes to administer medicines safely. The service prescribed eye-drops by registered prescribers, patients would have to collect their medicine through a private pharmacy. Medicines that were to be taken home by patients were dispensed by competent nursing staff authorised by a valid prescription. The service ensured nursing staff completed clinical competencies in the dispensing of medicine and the correct use of eye drops. Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed all medicines and prescribing documents safely. Staff followed national practice to check patients had the correct medicines before being discharged. The service had local microbiology protocols to ensure the safe use of anti-biotics.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. The service had no never events. The service had one serious incident in August 2022, which did not result in any patient harm. The service had a total of 29 incidents for the period of October 2021 to October 2022. Managers shared learning about incidents with their staff and across the provider wider network. Staff reported serious incidents clearly and in line with trust policy. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff received feedback from investigation of incidents. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. Managers investigated incidents thoroughly. Managers debriefed and supported staff after any serious incident.

## Are Refractive eye surgery effective?

# Refractive eye surgery

This is the first time we rated effective at this service. We rated it as good.

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. National and professional guidance was assessed by a provider wide team who then disseminated the information through the provider wide network, at a local level the governance team then disseminated the information through staff meetings. We saw that policies and protocols made reference to relevant national and professional guidance.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health.**

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Patients waiting to have surgery were not left nil by mouth for long periods.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff administered and recorded pain relief accurately.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The service participated in the Royal College of Ophthalmologists National Ophthalmology Database Audit, this audit is done to quality assure cataract surgery for NHS and other publicly funded cataract surgery. The service contributed to research in the field of optometry. In June 2021 the service published a retrospective research study to The College of Optometrist scientific journal. The research study aimed to report on the short term visual and refractive outcomes for the correction of myopia using a specific laser treatment. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service also conducted a variety of operational, infection control, waste management and treatment related safety audits. Managers shared and made sure staff understood information from the audits.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service collected Patient Reported Outcome Measures (PROM). Data for the period of November 2021 to October 2022 showed that 100% of patients agreed that their quality of life improved after multifocal cataract procedure, 100% of patients agreed that

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their quality of life improved after laser correction procedure and 75% of patients agreed that their quality of life improved after monofocal cataract procedure. Data from the service showed that for the period of November 2021 to October 2022 that 99% to 100% of procedures were conducted without operative complications. Managers and staff used the results to improve patients' outcomes.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work. Managers identified poor staff performance promptly and supported staff to improve. Managers made sure staff attended team meetings or had access to full notes when they could not attend. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. All staff had access to a variety of professional development opportunities such as training events, external and internal courses, educational lectures and seminars. The local medical director and national provider wide medical advisory committee oversaw professional development, training and competency of medical staff.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff worked across health care disciplines and with other agencies when required to care for patients. The service supported extended roles for non-medical staff. Staff that were authorised to conduct extended roles were supported by training, competency framework and patient group directives. Staff communicated with GPs if patients provided permission.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support in patient waiting areas. Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

## Are Refractive eye surgery caring?

Good 

## Refractive eye surgery

Good 

This is the first time we rated caring at this service. We rated it as good.

### Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Data from the service showed that a total of 76 patients completed a feedback survey for the period of October 2021 to October 2022 from which 97.4% expressed very positive feedback.

### Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

### Understanding and involvement of patients and those close to them

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. Staff 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 staff supported them to do this. Staff supported patients to make advanced decisions about their care. Staff supported patients to make informed decisions about their care. Patients gave positive feedback about the service. The service provided a clear pricing structure and terms and conditions to patients.

## Are Refractive eye surgery responsive?

Good 

This is the first time we rated responsiveness at this service. We rated it as good.

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## 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.**

Managers planned and organised services so they met the needs of the local population. Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support or specialist intervention. Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. The service ensured patients were provided with information about what to expect on the day of their treatment.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to communication aids to help patients become partners in their care and treatment.

## Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. For the period of September 2021 to October 2022 the average wait time from self-referral to consultation was 2.9 weeks and the average wait time from referral to treatment was 7.4 weeks, it was explained that the average wait times figures were influenced by patient choice as some patients chose to have consultations or treatments later to suit their convenience. Managers worked to keep the number of cancelled appointments to a minimum. The service had a 5% "did not attend" rate out of 10106 appointments from November 2021 to October 2022. If patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. The service had policies in place for the un-planned return of patients to theatre. In the period of September 2021 to October 2022 there was one un-planned return to theatre.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.**

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. The service had a total of 43 complaints for the 12 months prior to the inspection. Out of the 43 complaints, 14 were formal and 29 were informal. The main themes of the informal complaints were appointment bookings and communication. The main theme of the formal complaints was unsatisfactory outcomes. The service was subscribed to an independent complaints adjudication service and no complaints were escalated to the service in the 12 months prior to this inspection.

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## Are Refractive eye surgery well-led?

Good 

We rated well-led for the first time at this service. We rated it as good.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

Leaders had the skills, knowledge and experience they needed to run the service. Leaders understood the challenges the service faced. Leaders were visible and approachable to staff. The service had a strategy in place for developing staff in leadership roles and promoting a sustainable, compassionate, inclusive and effective leadership team.

The service was a part of the provider's wider hospital network. The service was managed by a regional director, who line managed the regional head of operations and the regional head of clinical services. The patient liaison team was led by an administrative lead who was managed by the regional head of operations. The optometry team was led by the optometry lead who was directly managed by the regional director. The nursing team and other clinical staff such as health care assistants and laser technicians were managed by the regional head of clinical services. Medical staff were overseen by the lead ophthalmologist, regional director and provider wide medical director.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.**

The service had a clear vision and a set of values, these were created to compliment the provider wide global vision and strategy. Local goals included preparing the service for regulatory review, developing the leadership team, developing clinical staff, improving clinical flow and improving the working culture. The service monitored progress against its delivery of the strategy and local goals through regular service performance meetings which and results were presented to the provider wide governance team. We found that staff understood the service's vision, values and strategy and their role in achieving them.

### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Most staff we spoke with during the inspection felt supported, respected and valued. The culture was centred on the needs and experience of people who use services. The service ensured that patients were given a clear pricing structure and the terms and conditions of their care before the patient paid for their treatment. The service's marketing was conducted on a provider level and was in line with national guidance. Most staff felt positive and proud to work in the organisation. Data from the most recent staff survey conducted in May 2021 showed that staff gave a score of 6.7 out of 10 for the question related to how proud staff were working for the organisation.



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The service had a culture which encouraged openness and honesty at all levels within the organisation, including with people who use services. Data from the most recent staff survey showed gave a score of 7.3 out of 10 for the question related to the organisation doing the right thing, promoting ethical values and promoting inclusivity and diversity. There was a provider led initiative to promote inclusivity and diversity across all locations. In an internal report published in August 2022 the provider demonstrated their progress against the nine workforce race equality indicators (WRES). The service had a diversity and inclusion action group led by the regional director which raised awareness, provided a safe space and supported staff. We saw evidence of multiple events held throughout the year promoting different groups of protected characteristics.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The service had effective governance structures, processes and systems of accountability to support the delivery of the strategy and good quality sustainable services. Local governance processes were led by regional directors and reported into the provider wide governance structure. Local governance meetings were held on a quarterly basis led by the regional director, these meetings were attended by all local leads. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. The service had a structure in place to govern and manage the relationship with partners and third-party providers.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

The service conducted regular performance meetings to assess the service performance against key performance indicators. The service had comprehensive assurance systems and performance issues were escalated appropriately through clear structures and processes on a provider level. The service had a systematic programme of internal audits to monitor quality, operational and financial processes. Managers used these systems to identify where action should be taken.

The service had processes in place for identifying, recording and managing risks, issues and mitigating actions. The service had an active risk register and all items on the register had been risk assessed using established methodologies. The risks identified on the risk register were in alignment with what staff told us during the inspection.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

The service had robust arrangements, including internal and external validation, to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. The data security and protection toolkit is an online self-assessment tool that allows organisation to measure their performance against the National Data Guardians' 10 data security standards which reflect legal rules and Department

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of Health policy. A provider wide submission in June 2022 showed that the whole organisation was compliant with all mandatory and non-mandatory requirements. The service had policies in place for the promotion of good electronic information security and management such as password protection, secure information transfer and compliance with the Data Protection Act 2018 and General Data Protection Regulation.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff and equality groups.**

Patient and staff views and experiences were gathered and acted on to shape and improve the services and culture. The service conducted a regular patient survey and had ways for patients to provide comments and suggestions in a discreet way. The service had “you said, we did” posters and staff could explain how some aspects of the service were altered as a result of patient feedback. Staff were engaged with through staff meetings, one to one meetings, annual engagement survey and inclusivity and diversity events.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

Leaders promoted continuous learning, improvement and innovation. Staff were given opportunities to conduct improvement projects and suggest new ways of working. The service had established systems in place which encouraged the review and improvement of policies and processes. The service had initiated some local improvement projects such as optometry virtual consultations and optometrist independent prescribing.

The service participated in national audits such as the Royal College of Ophthalmologists National Ophthalmology Database Audit. The service directly contributed to research by undertaking research studies in partnership with industry manufacturers. We saw various examples of published work in scientific journals.

We saw examples of various provider wide innovation and improvement initiatives which aimed to utilise closer working with industry partners in order to adopt the latest technologies related to refractive eye surgery and cataract surgery in all provider locations.