

Mjollnir Medical Ltd

Cambridge Clear Ear

Inspection report

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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection on 25 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

Summary of findings

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides.

Mjollnir Medical Limited is an independent provider of aural care services and offers a specialist service of microsuction treatment to people on a pre-bookable appointment basis. Microsuction is treatment to remove wax from patients' ears.

Mjollnir Medical Limited is registered with the Care Quality Commission to provide services at Cambridge Clear Ear, 47 Norfolk Street, Cambridge CB1 2LD. The clinic is based close to the city centre of Cambridge. The property is a house that has been converted to provide rooms to a number of different practitioners. The accommodation used by Cambridge Clear Ear Clinic consists of a patient waiting room, reception area and two consulting rooms which are located on the ground floor of the property. There is on site car parking. We only inspected the areas used by the provider during this inspection.

The service offers services to patients aged over 18 years old who reside primarily in East Anglia and surrounding areas, however the clinic also see patients who live in other areas of England who require their services.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection we reviewed 20 of the 70 provider's questionnaires, collected between April 2016 and February 2018, where patients and members of the public shared their views and experiences of the service; all of the cards were positive about the service experienced. Patients said they were offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients reported they received information to help them make informed decisions about their care and treatment. We received one Care Quality Commission comment card, this was positive about the care and service the patient had received.

The provider who is a GP registered with the General Medical Council delivers the service to patients supported by one employed nurse.

The service is open from 8am until 5pm on Sundays.

After treatment, the provider gives each patient treated a direct contact number to call in case of concerns and patients are made aware they can call 111 to access out of hours services. This is detailed on the service website and its patient guide.

Our key findings were:

- Although none had been reported, we were assured there was an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand. Although none had been received, we were assured that the systems and processes in place would ensure that complaints were fully investigated and patients responded to with an apology and full explanation.
- Staff had received a Disclosure and Barring Service (DBS) check.
- Risks to patients were assessed and well managed. We found that the provider had taken mitigating actions where shortfalls in the accommodation could affect patients. For example, the provider brought supplies such as soap and hand towels each Sunday when they were providing services.
- The service held a comprehensive central register of policies and procedures which were in place to govern activity; staff were able to access these policies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment. Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- Although none had been reported, we saw there were systems and processes to manage unintended or unexpected safety incidents. Staff we spoke with detailed how patients would receive reasonable support, detailed information and a verbal and written apology. They would be told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes, and services in place to keep patients safe and safeguarded from abuse.
- There were recruitment processes in place. Staff had received a Disclosure and Barring Service (DBS) check. The GP and nurse saw all patients jointly and therefore patients were not offered additional chaperones.
- There were various risk assessments in place. However the landlord who was regulated by other bodies such as the local council carried some of the assessments out. The provider did not have direct access to the report for providing safe water and the control of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The provider gave us this information after the inspection.
- The service held evidence of Hepatitis B status and other immunisation records for clinical staff members. The service did not use any sharps equipment.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- All members of staff were suitably trained to carry out their roles. We saw evidence that the GP provider had undertaken 20 supervised microsuction appointments to ensure they were competent.
- There was evidence of appraisals, induction processes and personal development plans for all staff. The provider fully supported the nurse through revalidation.
- The service ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. There was a consent policy in place and we saw that written consent was always obtained.
- The provider had carried out audits to monitor and improve their effectiveness in areas such as consent and effectiveness of treatment. The provider had only treated a small number of patients and the audits did not identify any concerns.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The provider was able to evidence patient feedback cards. We viewed 20 of the 70 feedback questionnaires and they were wholly positive.
- Staff had received training in confidentiality and the Mental Capacity Act.

Summary of findings

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The provider offered pre bookable consultations. The patients received an initial assessment by telephone to ensure they were suitable to use the service. For example, the service had a clear exclusion criteria which included checking the date of birth of the patients to ensure they were aged over 18, checking their medical history as certain pre-existing medical conditions were excluded and patients were unsuitable to receive microsuction in a community setting.
- Information for patients about the services available to them and the related fees was easy to understand and accessible. A schedule of fees was provided to all patients.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, easy to understand. At the time of our inspection, the service had not received any complaints.
- The service did not have access to interpretation services such as Language Line for patients whose first language was not English. The provider and staff made this clear to patients or their relatives and ensured that patients understood the process, charges, and consent before they agreed to treatment. At the time of our inspection, the staff told us they had not received any requests for treatment from patients who were not able to speak or fully understand English.
- There was an information guide and written information was available to patients. This information was available in large print and Braille for those patients whose sight or hearing was impaired.
- Fees were explained to patients as part of the booking process to ensure openness and honesty.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. The business plan was reviewed on an annual basis.
- There was a clear leadership structure and staff felt supported by management. The provider had a number of policies and procedures to govern activity and discussed these with the nurse.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider encouraged a culture of openness and honesty.
- Staff told us they had received comprehensive induction and training programmes.
- The provider proactively sought feedback from staff and patients and made changes to the service delivery as a result.

Cambridge Clear Ear

Detailed findings

Background to this inspection

The inspection was carried out on 25 February 2018. Our inspection team was led by a CQC Lead Inspector and was supported by a practice nurse specialist advisor.

We carried out an announced, comprehensive inspection on 25 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive, and well-led?

. During our visit we:

- Spoke with staff including the provider who is a local GP, and the specialist nurse.
- Reviewed the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. This included alerts from the Medicines and Healthcare products Regulatory Agency. There were clear systems to manage unexpected or unintended safety incidents which would ensure;

- The service gave affected people reasonable support, detailed information and a verbal and written apology.
- They kept written records of correspondence.

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the provider of any incidents or significant events and there was a recording form available.
- Staff told us they would discuss any significant events. They told us of changes made as a result of development rather than of a significant event. For example, the provider agreed to change the supply of probes used to an alternative supplier and this had proved positive.
- The service held a system to record significant events which included details of investigations and actions taken as a result of the significant event. However, at the time of our inspection none had been recorded and staff we spoke with told us that none had occurred.

Reliable safety systems and processes (including safeguarding)

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The provider was responsible

for safeguarding. Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. The GP provider and specialist nurse were trained to safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. We saw evidence of chaperone training certificates during our inspection. A chaperone policy was in place.
- We reviewed the two personnel files and found all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, training undertaken, qualifications and registration with the appropriate professional body.

Medical emergencies

The service had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and were experienced in dealing with emergencies. The provider had a risk assessment in place to evidence their decision not to hold emergency medicines or equipment. This risk assessment included the number of patients they see (70 patients since April 2016) and that they only offer services on one day per week. It also contained the details of where local equipment was within 3 minutes collection (defibrillator), and their city centre location is in easy reach for emergency services. A first aid kit was located on the ground floor and an accident book was available.
- There were notices on display which gave clear instructions on actions to be taken in the event of an emergency.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This plan included arrangements to be taken in the event of major disruptions to the service in the event of adverse weather conditions. The service held emergency contact numbers for all members of staff.

Staffing

There was adequate staffing levels in place to meet the demands of the service, staff we spoke with confirmed that levels of cover were adequate. Staff were also supported by the provider.

There were effective recruitment and training policies in place. We saw evidence of medical indemnity insurance for

Are services safe?

the staff. The GP provider and the nurse received regular clinical supervision from each other in face to face sessions. The specialist nurse also demonstrated how they shared their experience and knowledge from their other employment within a larger Ears Nose and Throat department. The provider had access to consultants in the local acute trust.

Monitoring health & safety and responding to risks

Risks to patients were always assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a comprehensive health and safety policy in place and was accessible to staff in paper format. We observed that this policy was in date. There was a health and safety risk assessment completed.
- All members of staff had received up to date health and safety training.
- The service had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. The premises had an up to date fire risk assessment in place and a fire action plan was on display informing patients and staff what to do in the event of a fire. All staff had received fire safety training. Fire doors were clearly identified and were free from obstruction; staff described to us actions they would take in the event of a fire. We saw evidence that the fire alarm system was tested on a weekly basis.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence of certification that showed an accredited external contractor had checked all electrical and clinical items. We saw that all electrical items and equipment calibration had been completed in March 2017.
- The service held a risk register which contained numerous risk assessments such as manual handling and health and safety.

Infection control

The provider and nurse shared responsibility for the infection control lead and had received infection control training. The service had an infection control (IPC) policy in place. We saw evidence that the staff considered the importance of IPC and ensured where shortfalls due to

shared premises may have a negative effect they took actions to mitigate risks to patients. For example, the provider transported the equipment and cleaning material to site. We saw that these were transported in suitable containers. The staff ensured the premises were clean and tidy when setting up their sessions before any patient arrived.

The provider was assured that a risk assessment was in place for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However on the day of the inspection they were unable to provide evidence of this. This was provided after the inspection.

Suitable processes were in place for the storage, handling, and collection of clinical waste.

The provider held evidence of Hepatitis B status and other immunisation records for clinical staff members. They service did not use sharps equipment such as injection needles or blood samples but they did have appropriate boxes for the destruction of wax removed from patient's ears.

Premises and equipment

- The service maintained appropriate standards of cleanliness and hygiene. During our inspection we conducted a tour of the premises used by the provider which included consulting rooms and patient areas. We observed the premises to be very clean and tidy. There was a process in place to ensure these were assessed each session.

Safe and effective use of medicines

- During our inspection we noted that the service did not hold, administer, or use medicines. The service did not provide NHS prescriptions. If an infection was identified and the patient required medicine, the provider could issue a private prescription. We saw that since April 2017 the provider had issued one private prescription. The staff told us that if they did identify any infection, the patients chose to take a letter to their GP to have the medicine prescribed under the NHS by their own GP.
- The service did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Staff were able to give specific examples of updates relating to microsuction, the treatment their service provided.

The provider held a register of all audits carried out which included timescales for further re-audit. The provider carried out audits such as an audit of effectiveness and consent. The service was small and the number of patients treated was low (70 since April 2017) and therefore the audits were limited in the frequency and identity of improvements needed.

Staff training and experience

The provider had a comprehensive induction and training programme for all newly appointed staff. Training covered such topics as safeguarding, hand washing techniques, fire safety, health and safety and confidentiality. We noted that the provider had only employed one nurse since opening in April 2017.

All members of staff were suitably trained to carry out their roles. Training records showed that staff had received all mandatory training.

The learning needs of staff were identified through a system of appraisals; we saw evidence that all staff had received a review within the last 12 months by the lead doctor. All staff had a continual professional development record held on their personnel file which recorded details of all training undertaken such as basic life support, fire safety and health and safety.

The provider monitored the training closely and we saw that all staff were up to date with training.

Working with other services

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the provider's patient record system. This included care assessments, treatment and medical records,

The provider ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. There was a stringent process in place to ensure this happened and consent was audited regularly. Due to restrictions in communication links with NHS stakeholders, the provider did not have access to a full medical history from the patients GP medical or hospital records and relied solely on the patient offering their history freely during a consultation.

Staff worked together to meet the range and complexity of people's needs and to assess and plan care and treatment. The provider made referrals to NHS services where appropriate.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The service had a comprehensive consent policy in place. Patients were required to sign a written consent form.
- The lead doctor told us that any treatment including fees was fully explained prior to the procedure and that people then made informed decisions about their care.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the doctor assessed the patient's capacity and, recorded the outcome of the assessment.

The provider offered full, clear, and detailed information about the cost of consultation and treatment. We saw evidence of a schedule of fees displayed in the patient pack. The lead doctor told us that fees were explained to patients prior to consent for procedures and was discussed as part of the pre-consultation process.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- The consulting rooms suitable to maintain patients' privacy and dignity during examinations and treatments. The service had a low number of patients using the service; they told us it was rare for more than one patient to be in the premises at any one time.

- All staff had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and had signed a confidentiality agreement.

Involvement in decisions about care and treatment

We received one CQC comment card and the provider had their own feedback form which they asked every patient to complete. Patient feedback on 20 of the 70 providers questionnaires, collected between April 2017 and February 2018, told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

- Access to the service was suitable for disabled persons. Patient toilet facilities were on the ground floor. The ground floor was accessible for disabled patients and all consultation rooms were on the ground floor.
- The patient waiting room was small but it was usual for only one patient to be present at any time. Patients contacted the service via a mobile telephone number or by email and these were managed by the provider.
- The service did not have access to interpretation services such as Language Line for patients whose first language was not English. The provider and staff made this clear to patients or their relatives and ensured that patients understood the process, charges, and consent before they agreed to treatment. On the day of the inspection the staff told us that they had not received any requests for treatment from patients who were not able to speak and fully understand English.
- There was a comprehensive provider information guide which included arrangements for dealing with complaints, arrangements for respecting dignity and privacy of patients and the service available. This was available in large print and in Braille, this ensured patients who had sight or hearing impairments had the information they required.

Tackling inequity and promoting equality

The service offered appointments to anyone who requested one and who met the criteria for the service offered and did not discriminate against any client group or staff members. The service had clear exclusion criteria to ensure patients who would not understand, cope or benefit with the procedure were not offered the service. There were facilities for disabled patients available. There was an equal opportunities policy in place.

Access to the service

The clinic was open from 9am until 5pm on Sundays and appointments were available on a pre-bookable basis.

Concerns & complaints

The provider had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were detailed and thorough.
- The provider was the designated responsible person who handled all complaints in the service.
- The provider had not received any complaints but staff we spoke with were knowledgeable about actions they would take should they receive any.
- A complaints form was available to help patients understand the complaints system. There was information on how to complain in the patient guide, patient waiting area and on the website.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The provider held a register of all professional registrations for clinical staff such as the General Medical Council (GMC) and Registered General Nurse (RGN). The register included details of medical indemnity insurance, renewal dates, dates checks were undertaken, Hepatitis B status, and held training certificates.
- Provider specific policies were implemented and were available to all staff. The provider held a comprehensive central register of policies and procedures. During our inspection we looked at policies which included consent, confidentiality, health and safety, chaperone, equal opportunities and safeguarding. All policies and procedures were available to staff.
- A comprehensive understanding of the performance of the service was maintained through continual audit and meetings.
- There were arrangements in place for identifying, recording, and managing risks, issues, and implementing mitigating actions.

Leadership, openness and transparency

The lead doctor and specialist nurse had the experience, capacity, and capability to run the business and ensure high quality care. They prioritised safe, high quality and compassionate care and were visible in the clinic.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the service and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the provider. All staff were involved in

discussions about how to run and develop the service, and the lead doctor encouraged the staff to identify opportunities to improve the services delivered by the provider.

- Staff were encouraged to participate in training and develop their skills.

Learning and improvement

The lead doctor and specialist nurse had a strong vision for the future development of the service and their values were clearly embedded. The provider completed a business plan to continually review the future development of the service. There was a strong focus on continuous learning and improvement at all levels within the service. The lead doctor encouraged and participated in training and development of their skills. The provider was keen to develop the service and increase the number of patients they treated.

The provider was open to feedback and offered patients the opportunity to reflect on their experiences. The provider also had an audit programme to monitor their effectiveness and safety.

Provider seeks and acts on feedback from its patients, the public and staff

The provider encouraged and valued feedback from patients, the public, and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The provider had gathered feedback from patients through feedback forms. We saw patient feedback forms were used to encourage patients to give feedback about the service they had received including their views on the professionalism of the service, cleanliness, privacy and dignity, the quality and speed of the service, overall rating of the service and an opportunity to give any other feedback. Patients were encouraged to give the service a rating on each of these areas.

The provider had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the provider. Staff told us they felt involved and engaged to improve how the service was run. We observed a notice in waiting room to promote and welcome feedback.