

The Clear Ear Clinic

Inspection report

Tel: 020 7495 6314
www.clearearclinic.com

Date of inspection visit: 28 October 2019
Date of publication: 11/12/2019

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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

CQC inspected the service on 13 July 2017. In line with CQC policy at the time, the service was not rated as a result of that inspection. We asked the provider to make improvements regarding their understanding of the duty of candour, infection control, medicines management, safeguarding training, risk management and governance. We checked these areas as part of this comprehensive inspection and found improvements had been made with regards to those specific failings at the inspection of 28 October 2019.

The Clear Ear Clinic is a stand-alone aural care service which specialises in ear wax removal by microsuction.

Feedback we received from patients who have used the service was positive. We received 15 completed comment cards and spoke with two patients during the inspection.

Our key findings were :

- The service had systems to assess, monitor and manage risks to patient safety. However, we have said the provider should review and improve its processes for significant events management and the taking of medical histories.

- The service assessed need and delivered care in line with current legislation, standards and evidence-based guidance.
- The service treated patients with kindness, respect and compassion.
- The service organised and delivered services to meet patients' needs. Patients were able to access services within an appropriate timescale and complaints were managed appropriately.
- There was a clear leadership structure in place, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- The service had a governance framework in place, however we have said the provider should review and improve quality monitoring activity, including clinical audits.

Although we did not find any breaches of the regulations, we have said the provider **should:**

- Review and improve its current arrangements for significant events to ensure there is a service specific policy and procedure in place.
- Review the questionnaire currently in use to ensure a comprehensive medical history is taken so that staff have the complete information required before providing care and treatment
- Review quality improvement activity, including clinical audits.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team consisted of a CQC lead inspector, a GP specialist adviser and a practice nurse specialist adviser.

Background to The Clear Ear Clinic

The Clear Ear Clinic is a stand-alone aural care service which specialises in ear wax removal by microsuction. Microsuction is a wax-removal technique which uses a binocular operating microscope to look straight into the ear canal and then wax is removed from the ear canal using a suction device at low pressure. Services are provided on a fee-paying basis only. No NHS funded treatment is available. The service offers consultations and treatment to both adults and children. More information can be found at: .

The service is located on the third floor of Lister House 11-12 Wimpole St, London, W1G 9ST. The building also houses several dental services which are not connected with this service. The building is owned by an overseas company. The service has a lease for the use of the rooms it occupies. The building is owned and managed on a day to day basis by a separate company.

The service is situated in central London and is well served by public transport. Its opening hours are Monday, Tuesday and Thursday 9am to 7pm, Wednesday and Friday 9am to 5.30pm and Saturday 9am to 5pm. The provider also has another service located in Oxford. This is separately registered with CQC and so was not visited as part of this inspection.

The service was founded by a Consultant ear, nose and throat (ENT) surgeon and a nurse specialist, who is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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. It is a nurse led clinic

which is operated by two ENT nurse specialists, one being the registered manager. The ENT consultant does not see patients at the micro-suction clinic. There is also a healthcare assistant (HCA), three part time reception staff and two administrative assistants.

The service is registered with CQC to provide the following regulated activities: Treatment of disease, disorder or injury.

How we inspected this service

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers and to follow up on regulatory breaches found during a previous inspection. Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor and a nurse specialist adviser. The inspection was carried out on 28 October 2019. During the visit we:

- Spoke with the two specialist nurses and the non-clinical members of the leadership team.
- Spoke with two patients who use the service.
- Reviewed a sample of patient care and treatment records.

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?

We rated safe as Good because:

The service had clear systems to keep people safe and safeguarded from abuse. There were systems to assess, monitor and manage risks to patient safety. Staff had the information they needed to deliver safe care and treatment to patients. The service had reliable systems for appropriate and safe handling of medicines. The service had a good safety record and learned and made improvements when things went wrong.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had workplace related health and safety folders and an accident book which gave general information about how to manage safety incident. However, it did not have a tailored significant events policy in place setting out for staff its specific processes for the identification and management of significant events. We have said the provider should review and improve this.
- Staff had undergone some training to enable them to recognise medical emergencies. All clinical staff underwent basic life support and non-clinical staff underwent first aid training annually. They also had a folder containing information and guidance about how to identify and respond to medical emergencies. However, we were told staff had not undergone specific training in recognising and responding to acutely unwell or deteriorating patients who may have sepsis. Following the inspection, we received evidence from the provider that sepsis training had since been undertaken by clinical staff.
- The service received safety alerts and updates via mobile applications such as the BNF (British National Formulary) app. We were told alerts such as from the MHRA (Medicines and Healthcare products Regulatory Agency) and Central Alerting System (CAS) were circulated by the Consultant.
- The service had systems to safeguard children and vulnerable adults from abuse. They had a safeguarding policy covering both child and vulnerable adult's protection and reporting procedures for any concerns. We saw all staff signed to confirm they had read the policy, most recently in 2018. Contact details for the relevant authorities was on display in a communal area. At the inspection on 13 July 2017 we found not all staff had undergone safeguarding training to the required level. At this inspection we found all staff had undergone safeguarding training to the appropriate level within the previous year. Locum staff were required to demonstrate they had undergone appropriate safeguarding training.
- The two nurses acted as chaperones. The availability of chaperones was not advertised to patients. The service's policy was that all staff underwent Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service had systems in place to ensure that an adult accompanying a child had parental authority. Staff were prompted within the patients' record system to ask relevant questions to ensure the details of the person accompanying a child were recorded and ascertain whether or not they had parental authority.
- There was an effective system to manage infection prevention and control. The premises were cleaned regularly by a contract cleaner. We saw there was a general cleaning schedule in place which listed the frequency of cleaning of equipment and areas of the service. At the previous inspection of 13 July 2017, we observed appropriate handwashing protocols not being followed. At this inspection we did not have cause for similar concerns. Each room had adequate supply of liquid soap and paper towels were provided at all sinks in clinical rooms and toilets. Supplies of PPE, such as gloves and aprons, were available. Handwashing instructions were on display next to sinks.
- Waste disposal policies (including for sharps) were available. Sharps bins were managed safely. Infection control audits were carried out regularly and actions were completed. For example, a broken toilet seat had been replaced. All staff had undergone infection control training and hand hygiene audits were carried out.
- The service used mainly single use equipment. The service re-used two instruments and we saw suitable and appropriate measures were in place for cleaning and sterilising these using an autoclave (a machine that is used to eradicate biohazardous waste from the

Are services safe?

surface of tools or instruments). Records showed the autoclave was regularly checked and serviced (most recently serviced 4 January 2019) and was in good working order.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- We saw evidence of safety checks carried out such as equipment calibration (26 February 2019), oxygen cylinder (4 February 2019), legionella (28 March 2019) electrical safety (February 2019) and fire extinguishers (5 March 2019).
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. One of the nurses was not seeing patients at the time of the inspection and therefore staffing responsibilities had been rearranged so that this nurse carried out more administrative duties which allowed the other nurse to see more patients. As a result, there was no need for temporary cover arrangements to be made. Cover for leave was arranged between existing staff.
- There was an effective induction system for agency staff tailored to their role. The service had occasionally used locum nurses in the past and there were adequate arrangements in place to ensure they were familiarised with the service including safety arrangements and house-keeping prior to working there. We saw checks carried out in advance included identity, qualifications, registration, indemnity and DBS checks.
- Staff understood their responsibilities to manage emergencies. The service had a medical emergency folder which included information to help staff identify and respond to medical emergencies, for example, the location of the oxygen cylinder and emergency medicines. However, staff had not had training in how to

identify and manage patients with severe infections, for example sepsis. Following the inspection, we received evidence that clinical staff had since undertaken sepsis training.

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately. The service also had a defibrillator and oxygen. They were checked regularly and the medicines were all in date.
- The nurses and consultant had appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Patients' medical histories were taken although this was limited to questions relating directly to ear health only. It did not include questions about patients' general health and if there were any contraindications. We have said the provider should review this.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. Patient records were all scanned and stored electronically. Any paper records were stored externally and would be held there as required.
- The service did not make referrals; however, patients were advised to see their GP if their condition required treatment not provided by the clinic.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. At the previous inspection

Are services safe?

we found an expired vial of adrenalin in the resuscitation bag. At this inspection we found emergency medicines were appropriately checked and managed.

- One of the nurses had recently qualified as a nurse prescriber and was able to prescribe for conditions such as otitis (bacterial or viral infection) and fungal infections, although that nurse was not seeing patients at the time of the inspection.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events, although this was not underpinned by a written policy. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong.
- 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 an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

The service assessed need and delivered care in line with current legislation, standards and evidence-based guidance. The service was actively involved in some quality improvement activity, although some improvements could be made. Staff had the skills, knowledge and experience to carry out their roles. Staff worked together, and worked well with other organisations, to deliver effective care and treatment. Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence. The service obtained consent to care and treatment in line with legislation and guidance.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- We reviewed ten patient records and found the provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines in relation to ear care.
- Patients' immediate and ongoing needs were fully assessed and clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- We were told patients who attended repeatedly were those who chose to do so because even relatively normal levels of ear wax could be problematic for them, for example patients who used hearing aids or musicians for who it was important to have clear ears for professional reasons.
- There was no pain associated with the type of procedure carried out by the service.
- The service provided an alternative treatment for excessive ear wax which, according to the provider, provided a more accurate and safer way to remove ear

wax as they were able to see where the wax was situated within the ear canal and remove it without the risk of causing damage or aggravating existing damage to the ear canal or ear drum.

- Patients were provided with leaflets which provided education about general ear care.

Monitoring care and treatment

There was evidence of some quality improvement activity.

- The service used information about care and treatment to make improvements. For example, following a complaint by a patient about being kept waiting, the service now ensured patients were kept informed of any delays to their appointments and kept informed if they had to wait.
- Activity audits were generated by the service's patient software system. This system allowed the provider to capture appointment numbers by appointment type. From this they were able to monitor usage, for example new appointments, children's appointments and planned and unplanned review appointments and make operational decisions accordingly. This also enabled the provider to quantify the quality of the service being provided.
- All patients were given the opportunity to return for a complimentary follow-up appointment within two weeks of their initial appointment if they had any concerns. Patients with infections were always given a planned review appointment to ensure their ear/s was/ were healing.
- Patients were advised about possible side effects such as tinnitus (a sensation or awareness of sound that is not caused by a real external sound source) and/or dizziness and were asked to come back to the service if they experienced any complications. However, there were no examples of instances where this had occurred.
- Patients also tended to indicate at registration they did not wish to be contacted following their treatment. Therefore, it was challenging for the service to ask patients for feedback following their appointment.
- Examples of non-clinical audits that had been carried out of included hand hygiene, equipment safety and environmental cleaning. No issues had been identified.

Effective staffing

Are services effective?

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, where the service was unable/not the appropriate service to treat the patient, they were signposted to other services which may be more suitable such as their GP.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. For example, they were aware of possible side effects such as tinnitus or dizziness following the procedure and advised patients accordingly before their appointment. However, the provider told us due to the service's location it was unlikely patients would drive there and hence the risk was minimal.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and

deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. Various patient information leaflets were available for patients to take. These included educational information about various ear conditions and standard ear care advice.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients were advised that one of the possible side effects of the treatment was tinnitus. They were provided with advice and an information leaflet about the condition and treatment options.
- Where patients needs could not be met by the service, staff redirected them to the more appropriate service, for example their GP.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Patients were asked to complete a consent form detailing whether or not they consented to the examination and treatment involved.
- Staff supported patients to make decisions. Staff understood the requirements of the Mental Capacity Act 2005 and Gillick competence and we saw evidence of this in clinical records we examined. (Gillick competence is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge).

Are services caring?

We rated caring as Good because:

Patients were treated with kindness, respect and compassion. Staff helped patients to be involved in decisions about their care and treatment. Staff respected patients' privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Patient surveys were carried out twice a year. There was a patient feedback box in the waiting area at all times and patients were provided with feedback forms, although it was rarely received through that channel. Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- We were told patients who had some difficulty speaking or understanding English attended with someone who could interpret for them. However, they would be able to provide interpretation services if requested. We did not see notices on display making patients aware of this.

- Patients told us through comment cards, that 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. We received 15 completed patient comment cards, all of which were positive about the care and treatment they received.
- For patients with learning disabilities, carers were appropriately involved and these patients were offered longer appointments to ensure they were afforded adequate time to understand and receive the treatment.
- Staff treating patient as individuals and respected patients' privacy and dignity. They gave examples of patients who required particular support due to a disability or preference and described how they altered their approach to meet that patient's needs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients were asked on the consent form completed by all patients if they wanted the service to share details of their treatment with their GP or not.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The service understood their patients prioritised speed of service and convenience and ensured appointments ran on time and patients were not kept waiting. Most appointments were 15 minutes long which was sufficient time for the treatment to be carried out.
- Late appointments were available three days a week and the service was open on Saturdays for patients' convenience.
- An audiologist attended the service once a week to carry out hearing tests as an additional service offered to patients. (Audiologists are health-care professionals who evaluate, diagnose, treat, and manage hearing loss, tinnitus, and balance disorders).
- Patients we spoke with were complimentary about the speed and convenience of the service.
- The service offered an initial assessment which was free of charge, meaning if the treatment was deemed unsuitable then the patient was not charged.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was

located on the third floor of an old building which had a small lift. We were told patients who used a wheelchair may have difficulties accessing the service due to the size of the lift, however due to the nature of the building, the service was unable to improve this.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Same day appointments were available. Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The service had received two complaints within the previous 12 months. We saw these were responded to and managed appropriately and to the patients' satisfaction.

Are services well-led?

We rated well-led as Good because:

Leaders had the capacity and skills to deliver high-quality, sustainable care. The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. The service had a culture of high-quality sustainable care and there were clear responsibilities, roles and systems of accountability to support good governance and management. There were clear and effective processes for managing risks, issues and performance. The service engaged with staff and patients and there was evidence of systems and processes for learning, continuous improvement and innovation.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the service was aware that access for patients using wheelchairs could be difficult due to the size of this lift. Whilst they could not address this issue themselves they ensured patients were made aware of this issue in advance in case they would be affected. They told this very rarely became an issue.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The two nurses who ran the service both worked full time. An ear, nose and throat consultant was also part of the leadership team and attended once a week.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The practice had supported the development of their healthcare assistant (HCA) to train and specialise in microsuction at the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff. The provider's strategy was to increase public awareness of this procedure as an alternative to traditional ear syringing. They told us they were aware ear syringing was no longer widely available at GP practices and they had been contacting Clinical Commissioning Groups (CCGs) and GP practices to make patients aware of their service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients. They ensured they planned the operation of the service around its patients needs. For example, with regards to ease of appointment booking, availability of same day appointments and speed and efficiency of treatment.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, complaints were investigated and responded to in a timely manner. Patients were offered an explanation and apology and where appropriate, were offered recompense. Complaints were discussed with all staff at team meetings.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Nurses were given protected time for professional time for professional development and evaluation of their clinical work.

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- At the previous inspection we found some staff had not familiarised themselves with some policies. At this inspection we found staff were aware of where policies were held and had read them.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The provider had policies, procedures and activities in place to ensure safety and good governance with the exception of a policy governing significant event identification and management.
- Although there was no written significant events policy in place we found leaders were able to maintain oversight of safety alerts, incidents, and complaints. This was possible due to the size and nature of the service; however, the provider understood the risks of not having a documented process and policy in place and undertook to address this immediately.
- The service had processes to manage current and future performance. The provider told us they would use feedback from patients obtained via the bi-annual patient survey, online reviews and complaints to identify risks and make improvements.
- The service carried out two annual surveys which it used to monitor the quality of care it provided. We saw the results of the surveys carried out in January and August 2019. The results were all positive and did not highlight any areas for development.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients and staff. Staff meetings were held monthly. Staff told us they felt able to raise and discuss any issues at any time with the leadership and were confident their comments would be acted upon. Minutes of staff meetings were circulated to all staff by email.
- Staff could describe to us the systems in place to give feedback. Feedback was gathered from patient surveys, comment cards and online reviews. Staff were able to give feedback at any time, not just at monthly meetings and annual appraisals. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The nurses who ran the service trained nurses from walk-in centres in microsuction.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

There was evidence of systems and processes for learning, continuous improvement and innovation.

- Activity audits were generated by the service's patient software system. This allowed the provider to capture information to monitor the quality of the service such appointment types (review or new appointments).
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The provider told us the service they

provided was a specialist service, only available through an outpatient's referral at hospitals. There was a long wait for this service at hospital which could be provided on the same day by the service. The provider told us this procedure carried less risk of complication than ear syringing as they could see into the ear, allowing for more targeted removal of ear wax.

- One of the nurses had recently qualified as a prescriber, meaning they could treat and prescribe medicines for ear infections, meaning patients did not have to go to their GP to be prescribed treatment. Review appointments for patients prescribed medicines were booked in the same day for patient safety and convenience.