

Clear Ear Clinic Oxford

Inspection report

69-71 Banbury Road
Oxford
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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	

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

We carried out an announced comprehensive inspection at Clear Ear Clinic Oxford on 8 April 2022. The service was registered with the Care Quality Commission (CQC) in November 2017. We carried out this first rated inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The clinic is a stand-alone aural care service which specialises in cerumen (earwax) removal by microsuction. Microsuction is a treatment where trained clinicians use a microscope to view the ear canal and a small suction device to remove cerumen.

The service was founded by a Consultant ear, nose and throat (ENT) surgeon and an ENT nurse specialist, who is also the registered manager. A registered manager is a person who is registered with the CQC 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.

Clear Ear Clinic Oxford is registered with the CQC to provide the following regulated activity:

- Treatment of disease, disorder or injury

Our key findings were:

- The service had systems to assess, monitor and manage risks to patient safety.
- In response to COVID-19, the service had implemented enhanced infection control procedures to keep patients, staff and visitors safe.
- The service assessed need and delivered care in line with current legislation, standards and evidence-based guidance for ear microsuction.
- 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.
- The service had a governance framework in place and had a focus on continuous learning and improvement. This included using the findings from an inspection at the sister clinic in London to make safety improvements at the Oxford clinic.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a Care Quality Commission (CQC) Inspector who had access to advice from a specialist advisor.

Background to Clear Ear Clinic Oxford

Clear Ear Clinic Oxford is one of two registered locations for the provider Clear Ear Clinic Limited. This report and findings refer solely to the service provided at the Oxford clinic.

Clear Ear Clinic Oxford opened in 2017 and is an 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.

The service is provided from:

- Clear Ear Clinic Oxford, 69-71 Banbury Road, Oxford, Oxfordshire OX2 6PE

The building also includes an orthodontic service and a medical imaging service which are not connected with the Clear Ear Clinic.

The clinic website is: www.clearearclinic.com

The service is open every Tuesday, Wednesday and Friday with core opening hours of 9am to 5pm. This service is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services. This is detailed in patient literature supplied by the service.

The service is a nurse led clinic which is operated by two ENT nurse specialists, one being the registered manager. The ENT consultant and co-founder does not see patients at the micro-suction clinic.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out this inspection on 8 April 2022. Before visiting the location, we looked at a range of information that we hold about the service. During our visit, we interviewed staff, reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from.

Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, we were shown examples of patient feedback which the provider monitored on an ongoing basis. We did not speak to patients on the day of the site visit.

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:

Safety systems and processes

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

- The service conducted safety risk assessments for the areas of the clinic patients visited. There were appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems in place to assure that an adult accompanying a child had parental authority. The system had been reviewed and improved following the inspection at the sister clinic in London and had been implemented at the Oxford clinic to strengthen existing safeguarding processes.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. At the appointment booking stage, patients were asked if they would like a chaperone. This then allowed the clinic to make suitable chaperone arrangements. The availability of chaperones was also displayed within the clinic room. Staff who acted as chaperones were trained for the role and had received a DBS check. Chaperone arrangements at the Oxford clinic had been reviewed and improved following the inspection at the sister clinic in London.
- There was an effective system to manage infection prevention and control. This included a COVID-19 response policy. We saw the policy included information for patients and staff, sections of policy included initial COVID-19 screening and the use of personal protective equipment (PPE). Appointment times had been extended to allow for additional cleaning between patients.
- The service had agreements with the host site who maintained all areas of the buildings. We saw there was a general cleaning schedule in place for the clinic room which listed the frequency of cleaning of equipment and areas of the service. There was an adequate supply of liquid soap and paper towels at all sinks in treatment room, patient areas rooms and toilets. Additional supplies of PPE, such as masks, gloves and aprons, were available. Handwashing instructions were on display next to sinks.
- There were systems for safely managing healthcare waste, including for sharps. Sharps bins were managed safely. Infection control audits were carried out regularly and actions were completed. All staff had undergone infection control training and hand hygiene audits were carried out.
- The service used single use equipment including the 'suckers' (which went into the patient's ears) and two re-usable instruments – stainless steel crocodile forceps (medical forceps for removing foreign bodies, mainly used in ear, nose

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and throat (ENT) procedures) and a range of different sized stainless steel 'specula' (funnels to guide the suckers). 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 surface of tools or instruments). Records showed the autoclave was checked daily, in good working order and serviced (most recently serviced in September 2021).

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The majority of safety checks were completed in January 2022.
- There were 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.

- The service was ran by two ENT nurse specialists, the nurses coordinated their work and had arrangements to ensure suitable staffing arrangements and cover was made.
- Although the service did not see acutely unwell patients, staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Both nurses had recently completed First Aid at work, paediatric First Aid, Advanced First Aid and Basic Life Support training. They knew how to identify and manage patients with severe infections, for example sepsis. Training for medical emergencies at the Oxford clinic had been reviewed and improved following the inspection at the sister clinic in London.
- The clinic had a memorandum of understanding with the co-located services to access suitable medicines and equipment to deal with medical emergencies. We spoke to the other service and saw the medicines and equipment were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety. This included changes and subsequent closure of the Oxford clinic between April 2020 and August 2020 due to the COVID-19 pandemic and regulations.
- There were 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.

- We reviewed a sample of records and saw patients' medical histories were taken and included additional general health related questions. The addition of the general health questions was a recommendation following the inspection at the clinic in London.
- Individual care records were written and managed in a way that kept patients safe. The clinic used a variety of templates to ensure record keeping was consistent and auditable. 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.

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- There was 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.
- The clinic did not make referrals, patients were advised to see their GP if their condition required treatment not provided by the clinic. If following treatment, an audiology assessment was recommended, patients could access the audiologist at the sister clinic in London.

Safe and appropriate use of medicines

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

- The service did not store medicines on site.
- One of the nurses was qualified as a nurse prescriber and was able to prescribe for conditions such as otitis (bacterial or viral infection) and fungal infections. The service used solely private outpatient prescriptions. Through our discussions there was evidence of actions taken to support good antimicrobial stewardship.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Despite the size and scope of the service being small, the clinic monitored and reviewed activity. This included an audit of the number of appointments (on average 10 to 12 patients a day) and the age profiles of those using the service (the youngest patient was four years of age and the oldest 106 years old).

Lessons learned and improvements made

The service had processes to learn make improvements when things went wrong.

- The service had a good safety record.
- The service had not reported any serious incidents relevant to the services we inspected since it opened in 2017. We were therefore unable to test whether the system was applied as intended. However, staff we spoke with were aware of the system and told us they would have no hesitation in submitting an adverse incident report. There was a recording form available to report such an incident.
- One of the ENT nurse specialists was also the registered manager, they were 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.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- We reviewed four patient records and saw 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.
- Earwax removal is recommended by NICE to improve hearing, and, in 2017, NICE stated microsuction should only be used by trained staff and is safer than wax removal using ear syringing.
- Patients' immediate and ongoing needs were fully assessed and recorded. This included a record of the treatment prior to the appointment, the aural (a term relating to the ear and hearing) history, presenting problem, findings, amount of wax removed and assessment of the tympanic membrane (eardrum). Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service provided an alternative treatment for excessive ear wax which, we were told, provided a more accurate and safer way to remove earwax 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. This then allowed clinicians 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 ear microsuction. However, the procedure could at times be loud. Patients were made aware of the different stages of the procedure including the expected noise prior to the treatment starting.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Clinical records including treatment plans were template-based which allowed the service to review, audit and make improvements when necessary.
- Each month a sample of 20 random records were reviewed and audited to ensure best practice and clinical guidelines were followed. There were six key areas the records were audited on. This included a review to ensure the presenting problem was documented at every appointment. The audit findings indicated both nurses were consistent in their management of records. Given the small team, the results of the audits were shared and discussed when the two nurses met.

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- Activity audits were generated by the service's patient software system. This system allowed the service 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 service 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) 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.
- We also saw examples of non-clinical audits that had been carried out of included hand hygiene, equipment safety and environmental cleaning.

Effective staffing

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.
- One of the nurses was qualified as a nurse prescriber and had received specific training and could demonstrate how they stayed up to date.

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 or not the appropriate service to treat the patient, they were signposted to other services which may be more suitable such as their GP.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. This was a recommendation from the inspection at the sister clinic in London and had been implemented at the Oxford clinic.

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- 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.
- 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. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

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.
- The clinic room included a large educational plastic ear model showing the outer ear, ear canal, and inner ear mechanisms. The nurses used the model to provide information and guidance to patients about the anatomy of the ear and ear care. This included how best to keep the ear clean and how to minimise the risk of damage or infections.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients were advised on water precautions post-treatment and supplied with complimentary ear plugs post-procedure.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- The service asked patients to sign consent forms to indicate they understood the treatment fees and risks (albeit minimal) involved.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

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 every January and every August.
- Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, the provider had ran an additional cycle of patient surveys for April 2022. We saw 13 patients had responded and all 13 responses were highly positive about the treatment they had received.
- From the sample of feedback, we saw, patients who commented they were always treated with kindness and respect. One of the responses commented on how wonderful it was hearing again following the treatment.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. The nurse we spoke with told us any patients who were nervous or anxious about the treatment were given extra time and their treatment was explained so they knew what to expect.

Involvement in decisions about care and treatment

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

- The service provided patients with information to enable them to make informed choices about their treatment. The nurse we spoke with told us how they took time to explain treatment to patients and we saw written information was available on specific treatments.
- The service used a number of different methods including ear models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood.
- When an appointment was booked, staff checked and recorded any additional information – this included if the patient required wheelchair access, was visually impaired, auditory impaired or unable to support a supine position (lying horizontally with the face and torso facing up). When required, the service could also offer a translator.
- 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.
- The nurse provided an example of a patient who required particular support due to a disability and described how they altered their approach to meet that patient's needs.

Privacy and Dignity

Are services caring?

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.
- Staff gave patients the time they needed to explain their concerns and the clinics were set up in rooms that offered people privacy. Although the clinic room was not overlooked, there was frosted glass windows to provide additional privacy.

Are services responsive to people's needs?

We rated responsive as Good because:

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 service 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 30 minutes long which was sufficient time for the treatment to be carried out.
- The Oxford clinic was open every Tuesday, Wednesday and Friday with core opening hours of 9am to 5pm. If a patient required an appointment on an alternate day or time, patients could attend the London clinic, where late appointments were available three days a week and open on Saturdays.
- If, following treatment, a referral to an audiologist was required an appointment could be made at the London clinic where 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).
- The facilities and premises were appropriate for the services delivered. For example, the service was situated on the ground floor of a modern converted building; there was a wheelchair access and ramp access.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- Previously the service offered an initial assessment which was free of charge, meaning if the treatment was deemed unsuitable then the patient was not charged. However, following the COVID-19 pandemic and additional infection control requirements, there was now a small charge for the initial assessment to cover the use of personal protective equipment. This was detailed on the clinic website.

Timely access to the service

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

- From the feedback we reviewed, patients reported timely access to initial assessment, diagnosis and treatment.
- Same day appointments were available; however, most appointments were pre-booked.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- We found the service had an efficient appointment system in place to respond to patients' needs. Staff told us the majority of patients who requested an urgent appointment would be seen within 48 hours.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

The service had a system in place to respond to concerns and respond to them appropriately to improve the quality of care.

- There was a designated responsible person who handled complaints.
- Information about how to make a complaint or raise concerns was available. The in-house survey included an option to feedback compliments and make suggestions on the provision of services.
- There was a complaint policy and procedure. The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- All patient satisfaction was overwhelmingly positive. As a result, there had been no complaints relating to the service provided. Therefore, we could not test whether the procedure had been followed or identify any learning from complaints. However, we noted that complaints that arose from the sister clinic in London, which used the same complaints process, were appropriately recorded and followed up.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- The service was founded by a Consultant ear, nose and throat (ENT) surgeon and an ENT nurse specialist, who was also the registered manager.
- Leaders at all levels were visible and approachable. They worked closely as a small team to make sure they prioritised compassionate and inclusive leadership. The two nurses who ran the service both worked full time.
- Through conversations, evidence collected during the inspection and a review of correspondence it was evident the leadership of the service had the capacity and skills to deliver high-quality, sustainable care.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood national and local challenges, including challenges within the aural care sector, specifically the significant increase in services offering microsuction treatment.

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 as a small team. The ongoing strategy was to increase public awareness of ear microsuction as an alternative to traditional ear syringing. They told us they were aware ear syringing was no longer widely available at GP practices and there had been a significant increase in other services providing microsuction.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The next key milestone included a review of the potential to add another site to the existing clinics in London and Oxford.
- 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 and proud of their work in improving patients lives through improved hearing.
- The service focused on the needs of patients; staff told us they always put the patient's best interest before any financial consideration.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Are services well-led?

- There was awareness and compliance with the requirements of the Duty of Candour, as the service encouraged a culture of openness and honesty.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The service promoted equality and diversity. Staff had received equality and diversity training.
- 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.

- The governance arrangements of the service were evidence-based and developed through a process of continual learning. Although the size of the team was small, governance arrangements were set up to support growth and expansion. This included growth of patient contacts, growth in the team size and potential growth in the number of locations the service was provided from.
- 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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, between April 2020 and August 2020, the service temporarily suspended services in line with national COVID-19 pandemic lockdown requirements.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and the prescribing of one of the nurses who had recently qualified as a nurse prescriber. Leaders had oversight of safety alerts and changes within ear microsuction.
- The service had processes to manage current and future performance and used feedback from patients obtained via the bi-annual patient survey to identify risks and make improvements.

Are services well-led?

- 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 2022, August 2021 and January 2021. The results were all positive and did not highlight any areas for development.
- The provider had a business continuity plan and additional plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Clinical, 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. We saw policies had aligned to General Data Protection Regulations 2018.

Engagement with patients, the public, staff and external partners

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

- Although limited in numbers, the service encouraged and heard views and concerns from the public, patients and staff.
- Staff could describe the systems in place to give feedback.
- The service monitored online comments and reviews, responded to these and they were shared with staff. For example, the service had received 13 reviews on the review section on 'Google Review' website with all 13 reviews rating the service five out of five stars (the maximum score).
- The service was transparent, collaborative and open about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, following the inspection at the London clinic in 2019, the service had implemented a series of required actions at the Oxford clinic.
- Staff took every opportunity to access learning relevant to their role and the services provided.

Are services well-led?

- 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 across the sector. This included facilitation of training seminars with University College London Ear Institute to train GPs and Audiologists in ear microsuction.