Ear Matters Exeter

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall and this is the first inspection since the service registered.

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 a comprehensive inspection at Ear Matters Exeter as part of our inspection programme. Ear Matters Exeter provides an ear wax removal service using microsuction.

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

The service is provided by two registered nurses one of whom is the registered manager and the other the nominated individual. 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. The service does not employ any other staff. For the purpose of this report we will refer to the nominated individual and registered manager as the 'staff'.

The service operates from premises managed by another provider. Reception staff, who are not employed by Ear Matters Exeter, greet patients on their arrival to the clinic.

Our key findings were:

- The service had systems to manage risk, keep patients safe, and safeguarded from abuse.
- Patients' electronic records provided detailed information regarding their care and treatment which was shared with appropriate clinicians when necessary.
- Care and treatment was delivered following current evidence based practice guidelines.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff were kind and respectful to patients and provided information to enable them to be involved in decisions about their care and treatment.
- The service was organised to meet patients' needs and responded positively to feedback from patients.
- The service had a clear vision and strategy to deliver high quality care.
- Staff were aware of their divided responsibilities to support good governance and management.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Ear Matters Exeter

Ear Matters Exeter provides an ear microsuction service which operates out of clinic room in Holmedale Health, 34 Denmark Road, Exeter, EX1 1SE. We carried out a site visit as part of this inspection.

Ear Matters Exeter was registered with the Care Quality Commission in March 2022 to provide care and treatment under the regulated activity treatment of disease disorder or injury.

The service is provided mainly to adults but children over the age of 13 can be seen and treated. Approximately 30 to 40 patients per month attend the service.

The service is provided three days a week on Tuesdays, Wednesdays and Thursdays from 9am to 6pm. Additional evening or Saturday appointments and clinics are arranged when required.

Information regarding the service can be obtained from the services website; https://www.earmattersexeter.co.uk/

How we inspected this service

We gathered and reviewed information prior to and during the inspection which was obtained from the provider. We spoke with the registered manager and nominated individual and reviewed patient feedback which had been obtained by 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.

Good

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.

- Safety risk assessments had been completed. There were appropriate safety policies, which were regularly reviewed and stored electronically. Safety protocols included risk assessments for chemicals and substances hazardous to health, lone working, home visits and microsuction risks to patients and staff.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies and procedures informed staff of the action to take should they identify any potential safeguarding issues. The registered manager and nominated individual had completed safeguarding and safety training appropriate to their role. The service worked with other agencies to support patients and protect them from neglect and abuse. The service had a policy and procedure regarding safeguarding adults and children which included the contact details of where to report suspected safeguarding concerns.
- The service had systems to assure that an adult accompanying a child had parental authority. The service provided care and treatment to children over the age of 13 and required a consent form to be signed by a parent or guardian, prior to providing treatment to patients under the age of 18.
- Staff checks for the registered manager and nominated individual had been completed at the time of setting up and registering the service. These included 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 registered manager told us there were no intentions to employ any staff but had developed a recruitment policy and procedure in the event this was to change in the future.
- The service did not carry out intimate examinations or treatment and staff worked alone. Chaperones were not provided, however, patients who wanted to be accompanied by a friend or relative were supported with this.
- There was an effective system to manage infection prevention and control (IPC). Staff had completed level two IPC training. Risk assessments including use of substances hazardous to health (COSHH) such as cleaning materials, hand washing and environment IPC risks had been completed. These provided guidance to staff on how to use the COSHH products safely to manage IPC.
- COSHH materials were stored in a locked cupboard within a locked office for safety.
- There were systems for safely managing healthcare waste. An audit had been carried out in March 2022 which demonstrated clinical waste systems and processes had been followed effectively.
- The service had plentiful supplies of personal protective equipment such as gloves, aprons and masks. We observed staff wore these when providing care and treatment. We also noted staff washed their hands and used hand gel before and after interactions with patients.
- Ongoing testing for legionella had been carried out for the whole building. (Legionnaires' disease is a lung infection you can get from inhaling droplets of water which had been contaminated with bacteria which had entered the water supply).
- The provider ensured that the facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. A risk assessment had been completed to ensure safe use of the ear microsuction machine. Single use equipment for each patient and microsuction machine was cleaned as per manufacturers guidelines.

Risks to patients

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

Good

Are services safe?

- There were arrangements for planning each clinic. One member of staff ran the clinic and provided care and treatment, with reception staff employed by the premises helping to meet and greet patients.
- Staff understood their responsibilities to manage emergencies and how to recognise those in need of urgent medical attention. The staff had completed life support level two training. During the assessment we observed the patient was asked if they had any signs of infection or were unwell.
- There were appropriate indemnity arrangements, including professional indemnity, for each clinician and the service provided.
- Staff were up to date with fire safety training. A fire risk assessment and appropriate fire safety measures had been carried out by the owner of the building. The staff had access to the fire procedures via the internet.
- The clinic did not hold emergency medicines. Information was displayed in the clinic room on the action to take in a medical emergency. This included the location of a defibrillator and oxygen. In the event of an emergency the staff would call 999 for an ambulance.

Information to deliver safe care and treatment

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

- 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 electronic records contained detailed pre-assessments and a post treatment records of the care and treatment provided to patients.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The staff maintained electronic patient records with any paper records, such as the assessment forms uploaded to the electronic system and shredded at the end of the clinic. Secure emails were used to communicate with the patients' GP when necessary.
- 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. All records were electronic and the storage of records was detailed in a policy and procedure.
- The staff had completed data security awareness training and managed patient records appropriately.
- The staff made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Staff were aware of the scope of practice within the clinic and when to refer patients to their GP. For example, when an abnormality was identified, or the patient was experiencing pain or symptoms of infection.

Safe and appropriate use of medicines

The service did not hold or prescribe any medicines.

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 to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service had a commitment to make improvements should things went wrong.

Good

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. However, there had been no significant events, incidents or near misses reported since the service had registered in March 2022.
- There were adequate systems for reviewing and investigating when things went wrong. However, there had been no identified issues since the service had registered.
- The staff were aware of the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents

Good

Are services effective?

We rated effective as Good because:

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).

- The staff 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Patients were requested to complete a pre appointment assessment form online or when attending the clinic. We observed the staff discussed the assessment and the patient's answers during the clinic appointment and before the start of any treatment.
- Clinicians had enough information to make or confirm a diagnosis. The staff shared their findings from examining the patient's ear with them and discussed and agreed the recommended treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Where possible, the same member of staff provided follow up care and treatment for continuity. However, if the patient had an appointment with a different member of staff, the records provided information on previous care and treatment.
- Staff assessed patients' pain and where appropriate referred the patient to their GP.
- Equipment was used in line with the manufacturer's guidelines for use. The microsuction machine used was not licenced for use in Europe. Patients were informed of this at the start so they were able to make an informed decision regarding their care and treatment.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The staff had completed research, when they completed their specialised training, in relevant topics and had changed the guidance given to patients as a result of this. For example, when assessing patients with eczema of the ear and the advice provided to the patient regarding different types of oil drops to apply to the ear canal.
- The service made improvements through the use of completed audits. Clinical audit was used to reflect on the treatment provided and review any changes needed. Examples of completed audits included hand hygiene audits and an audit of the care and treatment provided to patients with the outcome they had experienced.

Effective staffing

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

- Both staff were appropriately qualified. They were registered nurses, registered with the Nursing and Midwifery Council (NMC) and were up to date with revalidation. (Revalidation is the process that all nurses and midwives in the UK and nursing associates in England need to follow to maintain their registration with the NMC). They had obtained skills and knowledge by completing specialist courses to provide care and treatment at the clinic. For example, ear care skills study day, ear microsuction course and had completed the ear care diploma.
- Up to date records of skills, qualifications and training were maintained. The two members of staff had taken opportunities to develop their skills and knowledge.

Good

Are services effective?

- The clinic had recently arranged a study day with guest speakers for clinicians, in the local area, who work in this speciality.
- The staff met regularly to undertake clinical supervision and had developed a group supervision session with two other clinicians in the local area who provided a similar service.

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, the staff were clear regarding the circumstances when a patient would be referred to their GP for further treatment or referral to secondary care. We observed one clinician discussing with a patient a referral to their GP regarding the potential need for ear surgery.
- Before providing treatment, staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We heard examples of patients being signposted to more suitable sources of treatment to ensure safe care and treatment.
- All patients were asked to consent to share details of their consultation with their registered GP, on each occasion they used the service. The patient's GP practice details were consistently obtained and recorded prior to or during consultation.
- The provider had risk assessed the ear wax microsuction treatment they offered. We saw evidence of letters and emails sent to patients' 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 patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, one patient was advised to contact their GP following examination of their ear and advice given on self-care.
- 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.

- 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. Staff attended patients at home and those who lived in care homes. Discussions had been held with family members and formal carers regarding the treatment to ensure capacity and consent. We were told of one example where a patient had not been able to consent to the treatment during their appointment and the treatment had been postponed.
- Patients were provided with an electronic consent statement. The electronic statement enabled them to identify if they were the patient or parent/guardian, with a key to press to agree and consent to the treatment. Consent was required in line with NICE guidelines regarding ear irrigation
- The service monitored the process for seeking consent appropriately.

Good

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.
- Feedback from patients was positive about the staff had treated them.
- 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.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. During the inspection we saw one member of staff had used a translation service to carry out an assessment and provide information to a patient whose first language was not English. They had considered the patient had not understood the information provided so had accessed a translation service to ensure they received the right information.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. For example, information had been provided in large print. A large diagram of the anatomy of the ear was used to describe the treatment.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- The service website included a video which clearly showed the process of microsuction so that patients knew what to expect.
- The website and social media sites managed by the service provided education information regarding ear care. For example, regarding travel by aeroplane, cold water swimming and dementia effects on the ear.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients'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.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting patient'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 had developed an online booking service in response to patient feedback. Evening and weekend appointments had been made available when required.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that patients in vulnerable circumstances could access and use services on an equal basis to others. For example, home visits and visits to care homes were provided. We also were told that visits had been carried out to provide care and treatment within a local NHS acute hospital.

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 care and treatment. The service responded promptly to requests either online or by telephone. The response was provided either the same day or the next working day.
- Prior to the appointment all patients had direct communication with a nurse via telephone or email. This allowed the patient to ask clinical questions and discuss their symptoms.
- The telephone lines were operational between 08.30am to 6pm on weekdays. Should the call not be answered a messaging service enabled patients to leave a message. This resulted in a call back to the patient. The access policy clearly identified time scales for call backs. Text messages sent to the clinic telephone were responded to in the same way.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. When necessary, patients with an urgent need were able to be seen the same day. For example, one patient telephoned in the morning and were added to the end of the clinic so that their treatment could be commenced promptly.
- An audit of the booking system identified that some patients had suggested an online booking facility, so they did not have to wait for a return telephone call or email. An online booking system had been implemented and a second audit found an increased number of patients had accessed the service using online booking.
- Referrals and transfers to other services were undertaken in a timely way. Patients were asked for a medical history and summary of their symptoms at the first point of contact either on the telephone or by email. When necessary advice was given to patients to seek medical care and treatment from their GP. On the day of the appointment any findings from the examination and/or results, were discussed with the patient and feedback provided to the patients' GP immediately after the appointment if required. Referrals to secondary care such as the emergency department in the local NHS trust had been made based on clinical assessment.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had developed policies and procedures to follow in the event of a complaint.

Good

Are services responsive to people's needs?

- Information about how to raise concerns and the action which would be taken, was available on the service website. The service had not received any complaints since registration in March 2022.
- The service informed patients, within the complaints procedure, of any further action that may be available to them should they not be satisfied with the response to their complaint.

Good

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

The registered manager and nominated individual had the capacity and skills to deliver high-quality, sustainable care.

- The registered manager and nominated individual were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, expanding and developing a flexible service for patients. There was evidence of providing information and networking with care home staff, GP practices and local audiology service providers to enhance information provided to patients using those services.
- The staff liaised with each other regularly to discuss the service. They met face to face twice a week.
- The nominated individual and the registered manager had joint responsibility and effective processes to manage 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 their priorities.
- The service monitored progress against delivery of the strategy.
- Development of the service had been planned which included providing an educational service for external clinicians and working with other providers of services.

Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were discussed, and we were told would be respected should the service identify any incidents or receive any complaints. The providerwas aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could and would raise concerns with each other. They would discuss the concerns and take appropriate action.
- There were processes for providing all staff with the development they need. This included appraisal, learning and career development opportunities. Staff were supported to meet the requirements of professional revalidation where necessary. They were able to use protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. A lone working risk assessment had been completed and included actions to reduce the risks to staff. A further risk assessment had been carried out for staff completing home visits to patients.
- Staff vaccinations were recorded and followed national guidelines.
- Staff had received equality and diversity training.

Governance arrangements

Good

Are services well-led?

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. Policies, procedures and protocols supported the governance arrangements. For example, an organisational flow chart with individual responsibilities, duty of candour information, caldicott guardian details, consent procedures and a business continuity plan.
- Staff were clear on their roles and accountabilities.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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. For example, all computers and telephones were password protected for security.
- The service was registered with the Information Commissioners Office.

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.
- The service had processes to manage current and future performance. Performance of staff had been monitored through an audit which had included the study of the clinical records of ten patients to review the effectiveness of the care and treatment provided.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, following the audit of patient access to the clinic the process was changed to include online booking. The service was currently conducting an audit of preparations used to soften ear wax and effectiveness.
- The provider had plans in place for major incidents and a business continuity plan. For example, the business continuity plan outlined the action the provider would take regarding information technology (IT) failure or fire.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The staff held a staff meeting every other month which was minuted to provide an audit trail of all areas considered. Quality and sustainability were discussed.

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 and patients and used these to review and improve service delivery.
- There were systems to support improvement and innovation work. The staff were completing research as part of their ongoing CPD and study. For example, reviewing the effects of different treatments for eczema in the ear and the treatment of otitis externa.

Good

Are services well-led?

- Staff could describe to us the systems used to give feedback. The service encouraged patients to complete the friends and family test and leave online reviews. We saw the registered manager responded to patients who had left reviews. All reviews were positive.
- The service planned to obtain feedback from external organisations and service providers such as GPs and care homes.

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. The staff committed to Continuing Professional Development (CPD) to enable them to revalidate with the Nursing and Midwifery Council (NMC) and develop their skills and knowledge in the specialist services delivered at the clinic. They had attended a week long residential training course and relevant study days.
- Patient feedback was encouraged to develop and improve the service.