InHealth Limited

InHealth Audiology - Peterborough City Care Centre

Inspection report

Thorpe Road
Peterborough
PE3 6DB
Tel: 01494560000
www.inhealthgroup.com

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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?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This was our first inspection of the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	This was our first inspection of the service. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to InHealth Audiology - Peterborough City Care Centre

City Care Centre provides a range of specialist audiology diagnostic and hearing rehabilitation procedures at its clinic in Peterborough and is a location of InHealth Limited, a provider of specialist diagnostic and health care solutions. Audiology is the study of hearing disorders. Diagnostic and hearing rehabilitation procedures are carried out by an audiologist who assess and manage disorders of hearing. City Care Centre offers NHS funded hearing diagnosis and hearing aids to patients as well as providing access to a range of audiology support services and on-going aftercare. At the same location, InHealth also offers a private hearing aid service to the population of Peterborough.

We carried out a short notice announced comprehensive inspection of the service on the 13 January 2022, to ensure that staff and patients would be present at the clinic and not disrupt services.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activity of diagnostic and screening procedures for patients who are 18 to 19 years of age. They do not provide services to patients under the age of 18 years. In the 12 months before our inspection the service saw nine patients between 18 and 19 years of age.

This was the first inspection of the service since its registration with the CQC on the 1 February 2017 and the same registered manger has been in post since this date.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic and screening services

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Diagnostic and screening services safe?

Good

This was our first inspection of the service. We rated it as good.

Mandatory training

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

Audiology staff received and kept up to date with their mandatory training. All staff had completed their mandatory training, except for one new member of staff who had just completed induction and was completing some additional mandatory training at the time of our inspection.

The mandatory training was comprehensive and met the needs of patients and staff. Staff accessed a wide range of mandatory training relevant to their roles, including, but not limited to mental capacity act, infection prevention and control, safeguarding adults and children, moving and handling and data protection. Staff accessed training online through a blend of eLearning and webinars.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service held a central staff data base which alerted managers and the staff member three months before training was due for renewal.

Safeguarding

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

Audiology staff received safeguarding training specific for their role on how to recognise and report safeguarding issues and abuse. All staff had completed level two safeguarding adults and children. This was in line with the intercollegiate document Adult Safeguarding: Roles and Competencies for Health Care Staff 2018.

Staff knew how to identify adults and young people at risk of or suffering significant harm. Staff we spoke with during our inspection understood the service's safeguarding policy, which explained how to recognise and respond to allegations of abuse.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service's policies for safeguarding adults and children were up to date and contained guidance for staff on who to contact to raise safeguarding concerns. They also set out clear roles and expectations in relation to training requirements for all staff and managers. The service had staff trained at level three and four at regional level, should staff require additional guidance and support.

The service did not provide any regulated activities to people under the age of 18 years. Visitors were limited due to the COVID-19 pandemic; however, patients could ask for a chaperone if required. The chaperone policy was in date and all staff completed training on the chaperone policy and practice.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were visibly clean and had suitable furnishings which were visibly clean and well-maintained. Staff wiped down equipment after contact with each patient and appointment times had additional time built in to allow space between patient appointments.

The service generally performed well for cleanliness. The service carried out hand hygiene audits on a monthly basis. Hand hygiene audits between June 2021 and January 2022, showed 100% staff compliance.

Cleaning records were up-to-date and demonstrated that all areas were cleaned daily. The service had a service level agreement with the estate provider, and their estates and domestic team were responsible for cleaning and maintaining the premises. We spoke with the estate's representative, who provided details of cleaning schedules and actions taken by the domestic staff.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore appropriate PPE, were bare below the elbows and followed the services infection, prevention and control policy. The service carried out spot checks on staff compliance with PPE. PPE audits between June 2021 and January 2022, showed 100% staff compliance.

Staff gave guidance to patients and we observed patients using hand sanitiser before and following their appointment. Signage was in place throughout the environment advising patients and staff on good infection control principles and social distancing was maintained through signage and removal of some seating in waiting areas.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff had access to appropriate cleaning equipment and used disinfectant wipes to clean equipment between each patient. Staff maintained a log of equipment cleaning for each of the clinic rooms completed at the end of each day.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Good

Diagnostic and screening services

The design of the environment followed national guidance. The service had a service level agreement with a local health care provider and rented some of its facilities to deliver its services. The service was provided on a single level, without steps and all areas were wheelchair accessible. Three clinic rooms were soundproofed, and another clinic room had a soundproof booth installed. The service had a dedicated workshop used for stock, equipment storage and ear molds.

The service had suitable facilities to meet the needs of patients' families. Waiting areas were free from clutter, contained information on the service, informed patients how to maintain social distancing and follow infection control processes. As the service was within a larger care facility, patients could access food and drink from vending machines. There was also a café and shop on site. Patients were entitled to 30 minutes free car parking. Car parking was on one level and had a specific area for dropping off or collecting a patient without any charges.

Staff carried out daily safety checks of specialist equipment. The service had access to an on site defibrillator, this was checked in line with manufacturer guidance and checks had been completed without any omissions daily during January 2022.

The service had enough suitable equipment to safely care for patients. The service used up to date technology to provide comprehensive audiology assessments, fitting services and aftercare. Equipment was checked in line with manufacturers guidance and all equipment had been serviced and safety tested in December 2021.

Staff disposed of clinical waste safely. The service had a clinical waste bin in each clinic room, maintained and emptied daily by the local health care service estates team under a service level agreement.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

Staff could respond promptly to any sudden deterioration in a patient's health. All clinic rooms had a panic alarm fitted to call for help should a patient deteriorate during an assessment.

Staff knew about and dealt with any specific risk issues. The patient's general practitioner (GP) made the referral for the audiology assessment and identified any additional needs as part of the referral process. This was recorded on the patient's electronic record, so staff were aware if the patient was likely to need any additional support.

There was a comprehensive risk assessment for COVID-19, we reviewed five patient records which showed COVID-19 risk assessments had been completed. Staff also asked patients if there were any additional risks likely to affect the assessment, for example medication or underlying health conditions, before to starting the assessment.

The service had a process for escalating a deteriorating patient, and all staff had completed basic life support training. Life support equipment was on site and ready to use if it was required.

Staff shared key information to keep patients safe when handing over their care to others. Patient records were comprehensive and contained all the information necessary to provide ongoing care and treatment.

Staffing

The service employed seven audiologists and had enough staff to keep patients safe. The audiologists were qualified and registered with the appropriate professional body.

Good

Diagnostic and screening services

The registered manager could adjust staffing levels daily according to the needs of patients. If an audiologist was unable to work, the registered manager would cancel and rearrange the appointments. The registered manager told us this was not a routine concern. Sickness rates were low and if an appointment was cancelled it was rescheduled as soon as possible.

The service did not use bank or agency staff, had no vacancies and low turnover, most of the staff had worked for the service for several years

The service had an up to date policy for lone working and visiting patient's homes. The service's risk register reflected lone working and the impact of reduced staff hours on the main reception, including actions staff should take regarding personal safety. All staff carried personal safety alarms and followed the service policy on lone working and offering chaperones within the service.

Records

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

Patient notes were comprehensive, and all staff could access them easily. Staff accessed patient records through an electronic IT system. We reviewed five patient records and found these to be up to date, legible, and reflecting the patients' needs with guidance for their ongoing care and treatment.

When patients transferred to a new team, there were no delays in staff accessing their records. Information regarding the patients care and treatment could be shared with their GP. Records showed staff sought consent before sharing any information with each patient's GP or any external parties, for example solicitors.

Records were stored securely; all the service records were on a password protected IT system and staff received training on data protection and the safe management of patient records.

Medicines

Due to the nature of this service we did not inspect this area.

Incidents

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

Staff knew what incidents to report and how to report them. Staff had training on how to recognise and report incidents through the service's electronic incident reporting system. There had been no serious incidents or never events in the twelve months before our inspection.

Staff knew how to raise concerns and incidents and knew the importance of reporting near misses in line with the service incident policy. All staff knew how to use the services electronic incident reporting process. Staff explained the importance of reporting any adverse events, for example missed appointments, faulty equipment or risks they had identified within the service.

Good

Diagnostic and screening services

Staff understood the duty of candour. The registered manager advised us they had not had to report on a serious incident or write to families regarding duty of candour. However, the service understood the necessity for duty of candour and would apologise if something went wrong. For example, if a patient came to harm due to a missed appointment or faulty equipment.

Staff received feedback from investigation of incidents, both internal and external to the service. The service shared incident outcomes with staff through team meetings, emails or on a one to one basis. Incidents were reviewed by the service's governance team. The incident reporting system had a specific area for feedback and to share learning from incidents with the wider team. Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. The service ran an emergency appointment slot each day for patients who might have an urgent need in relation to their hearing, for example a broken hearing aid. The emergency appointment slot was introduced following feedback from a previous incident where a patient had experienced a poor service in relation to getting an appointment.

Are Diagnostic and screening services effective?

Inspected but not rated

This was our first inspection of the service. We do not rate effective for diagnostic services.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider had a wide range of policies and procedures to enable staff to provide care and treatment in line with the British Academy of Audiologists (BAA) and British Society of Audiologists (BSA).

We reviewed 12 policies and procedures, all of these were in date and reflected up to date guidance. The service had a dedicated clinician responsible for oversight of all policies and procedures to ensure they were up to date. Policies and procedures were shared with staff on the services intranet.

The service maintained a central record of all policies and procedures. The record was updated if a policy was reviewed or a new policy was implemented. Staff completed a separate record to say they had read and understood all the policies, including any updates as and when they were available. The registered manager was responsible for overseeing this list and told us they would contact staff if there were any gaps in the records.

Nutrition and hydration

Due to the nature of this service we did not inspect this area.

Pain relief

Due to the nature of this service we did not inspect this area.

Good

Diagnostic and screening services

Patient outcomes

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

There are currently no relevant national clinical audits within audiology services. However, managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Audits included monthly handwashing audit, quarterly health and safety audit, fire safety audits annually, monthly clinical audit, and spot checks. The registered manager explained the importance of these audits in supporting the patient experience and ensuring safety and satisfaction was at the heart of the service.

Managers and staff used the results to improve patients' outcomes. The service used the Glasgow Hearing Aid Benefit Profile (GHABP) to measure outcomes for patients. The GHABP was designed to assess the patients' perceived levels of disability, patient and significant-other attitudes and coping abilities toward hearing loss, communication performance indifferent environments, and hearing aid performance and use.

Managers used information from the audits to improve care and treatment. The service had several key performance indicators and internal benchmarks to monitor audit outcomes and make improvements. For example, the service monitored patient waiting times, and non-attendance to ensure the service was providing appointments at the right times and not restricting patient access to services.

Managers shared and made sure staff understood information from the audits. Audits were shared with staff through team meetings and emails. Staff told us that audits and patient outcomes were discussed routinely at team meetings in order to seek improvements or discuss any areas where good practice was recognised.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service employed qualified audiologists who were registered with the appropriate professional body.

The service had an up to date recruitment policy, and this included ensuring all staff had disclosure and barring service (DBS) checks appropriate to their roles. Recruitment checks included two employee references, right to work in the UK and any criminal convictions or concerns regarding registration with professional bodies. At the time of our inspection all staff had received a DBS check in line with the services recruitment policy.

Managers provided all new staff with a full induction tailored to their role before they started work. We spoke with a new member of staff who told us they received a comprehensive induction to the service including mandatory training and orientation to the service.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of our inspection all staff had received an appraisal. Staff told us they received an appraisal annually and this was an opportunity to discuss their development and training needs.

All staff had an annual competency check, the results of the competency check were discussed with their manager to discuss any strengths or areas where improvement was required.

Good

Diagnostic and screening services

Managers made sure staff attended team meetings or had access to full notes when they could not attend. All staff were encouraged to attend staff meetings, some of which had been conducted by using video conferencing because of the COVID-19 pandemic. Staff told us meetings were held monthly and were an opportunity to get feedback, for example on incidents or developments in the service.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers kept a central record of all staff training and appraisals and knew when these needed to be updated.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us that appraisals were an opportunity to review their training and discuss any other support they required.

Managers identified poor staff performance promptly and supported staff to improve. The service had a policy for the management of poor performance and allegations against staff.

Multidisciplinary working

Due to the nature of this service we did not inspect this area.

Seven-day services

The service did not provide seven-day service.

The service operated Monday to Friday with the first appointment starting at 8am and last appointment starting at 4.45pm.

Health Promotion

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

Staff gave patients advice as part of their appointment on maintaining their hearing and promoting good hearing care. For example, staff would establish if the patient was on any medication likely to affect their hearing, if they were exposing themselves to excessive noise and any activities of daily life which may affect their hearing.

Patients were encouraged to wear their hearing device after fitment and follow the correct care plans to ensure they maximised their hearing and made the best use of the technology provided.

Consent and Mental Capacity Act

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff checked patient consent to care and treatment, and this was recorded in the patient's electronic record.

Staff made sure patients consented to treatment based on all the information available. Staff recorded a three-point check when carrying out an assessment including the patients name, date of birth and address to ensure they had the right patient and recorded that the patient had consented to ongoing care and treatment.

Good

Diagnostic and screening services

All staff received training in the Mental Capacity Act and at the time of our inspection all staff were up to date with their training.

Are Diagnostic and screening services caring?

Good

This was our first inspection of the service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in respectful and considerate ways.

We spoke with two patients and one relative during our inspection. One told us getting an appointment was easy and staff had been very helpful. Staff had explained their plans for assessment on the day and the patient was clear on the treatment plan. Another patient told us that staff had been polite and friendly whilst waiting for their appointment.

The service captured patient feedback. Between January 2021 and January 2022, 98% of patients said that they had been treated with kindness and compassion and this was important to them. Also, 99% of patients stated they had a good experience when visiting the clinic.

Staff greeted patients in a friendly and professional manner. We observed interactions between patients and staff and found that staff were polite, professional and offered reassurance to patients throughout their assessments.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff told us about a patient who attended for a routine hearing appointment but disclosed at the appointment they were having a crisis in relation to their mental health. Staff supported the patient and with their consent enabled them to access local mental health services for care and treatment.

Staff understood and respected the individual needs of patients and how they may relate to care needs. The person-centred culture of the service was evident as each appointment was tailored for the individual to ensure a successful outcome. Staff recognised and respected people's needs and found innovative ways to meet them. For example, one patient living with Asperger syndrome, found it difficult to tolerate a hearing test. The service made significant adjustments to the hearing assessment, gave additional time and used a range of techniques in order to support the patient and reduce any sensory inputs likely to affect the assessment outcome.

Emotional support

Staff provided emotional support to patients, and those close to them to minimise their distress. They understood patients' individual needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff took time to offer support and gave the option for a break in testing if needed. Staff explained how test outcomes affected patients in different ways and that there were times when patients needed additional emotional support. The appointment times were managed to ensure there was time for this.

There was also the option for patients to call the manager outside of appointments to ask further questions, especially if there were complex cases or additional care needs had been identified, for example a patient with significant hearing damage.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff told us about a patient with a deteriorating condition, who had attended the clinic regularly. Staff knew that their condition may further deteriorate between appointments, and gave extra time, as they knew the patient would want to talk about their social circumstances as well as have the hearing assessment.

Understanding and involvement of patients and those close to them

Staff supported patients, and those close to them to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Records we reviewed showed staff had explored a range of options with patients and included patients, and where appropriate relatives in the assessment and ongoing care plans. There was time at the end of appointments to discuss findings and explain where the reports would be sent and other services to be referred on to and ask questions.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff we observed during our inspection took their time to clearly explain what was happening and involve the patients in their care and the assessment process. Staff had access to a range of additional communication aids, for example, white boards, audiology related leaflets and language line services to engage with patients during their appointment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service gathered patient feedback from patients in the clinic, using a feedback form, or by sending the patient a text message/email with a link to feedback forms. The service also offered an option for patients to be contacted following their appointment. This was usually done by the registered manager who received a notification to action the call back.

Staff supported patients to make informed decisions about their care. Records we reviewed showed how staff had considered the wider impact of a hearing assessment. For example, the patient's opportunities for employment, access to learning and advice on a range of options to enable the patient to get the best out of their hearing device.

Patients gave positive feedback about the service. We reviewed patient feedback which included, "Was the best appointment I've had since having my hearing aids". Another patient feedback, "If this experience was anything, it was perfect from start to finish".

Good

Diagnostic and screening services

Are Diagnostic and screening services responsive?

Good

This was our first inspection of the service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the local population. The service met quarterly with the local Clinical Commissioning Groups (CCG) to discuss local demand and any areas for development within the service.

The service minimised the number of times patients needed to attend clinics, by ensuring patients had access to the required staff and tests. The service used patient feedback to develop and improve services. Patients could book an assessment and fitting in one session. This reduced the number of attendances required.

Facilities and premises were appropriate for the services being delivered. The provider had a service level agreement with another provider and rented some of its accommodation. The location had clinic rooms, a workshop and waiting and rest areas appropriate for the service.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff could refer patients back to their general practitioner (GP) or advise them to go to their local hospital for urgent treatment if the assessment identified any urgent needs.

Managers monitored and took action to minimise missed appointments. The service undertook a range of audits that it used to improve services including reviewing missed appointments, and delays in referral to treatment. The audit data was shared with staff and used by managers to establish why any issue occurred and make changes to improve the services.

Managers ensured patients who did not attend appointments were contacted. The service had a dedicated booking team who contacted patients once a referral was made by their GP. If a patient did not attend a clinic the team would follow up with the patient to establish why they did not attend. Patients who missed two appointments without any explanation would be referred to their GP for another referral.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services.

Staff made sure patients living with a mental health condition, learning disability or dementia, received the necessary care to meet all their needs. Patient records we reviewed showed staff recorded and supported any additional patient needs. For example, a patient living with Asperger Syndrome was given extra time during the appointment. Staff were sensitive to the patient's needs and recorded the impact of the assessment on the patient's wellbeing, and how this may impact on further education and employment opportunities. Information was shared with GPs and other external sources, for example legal advisors, where consent and data protection had been fully considered.

The service had information leaflets available in languages spoken by patients and the local community. All the clinic rooms contained information for patients in different languages. All equipment supplied came with a range of pictorial symbols as well as being available in a range of languages.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to interpreters, language line, British Sign Language support, and patients could bring their own interpreter as part of the chaperone process.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff used tactile boards to support patients with visual impartments and a wide range of technology to support the assessment process.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat were monitored.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The service had a set of key performance indicators which it monitored to ensure that missed appointments were minimised.

Managers monitored waiting times and referred patients to emergency services when needed and to ensure patients received treatment within agreed timeframes. Any patient who was seen and needed urgent treatment was advised to go directly to the hospital. The service monitored waiting times and treatment times to ensure that all appointments were effective and met the patient's needs.

The service aim locally was to assess patients hearing and its associated needs within 16 days from referral and fit hearing devices on the same day (when possible) or within the next 20 days and check on its benefit (follow-up) within the next 10 weeks. Information provided by the service following our inspection showed that in December 2021, 91% of assessments were completed within 16 working days. Ninety six percent of hearing aids were fitted within 20 working days and 99% of fittings were completed within ten weeks.

Appointment slots were based on the patient's needs, including assessment, fitting, assess and fit, follow-up, repair and wax removal. For example, a 15-minute appointment for a minor adjustment or fitting issues, 60 minutes for an assessment and fitting appointment, or 30 minutes for an assessment. Staff were flexible with patients on arrival and time was built into the daily appointment schedule in order to meet any patient's needs.

All patients were offered the option of aftercare within two days of an appointment. Information provided by the service following inspection showed that 100% of patients had a report sent to the general practitioner within two working days following their appointment to provide consistency of care.

When patients had their appointments or treatments cancelled at the last minute, managers made sure they were rearranged as soon as possible. The registered manager told us that cancellation was rare and only ever occurred due to lack of resources in the service. If an appointment was cancelled, the patient would be seen as soon as possible, usually within the next day or two.

Managers and staff worked to make sure patients did not stay longer than they needed to. The service provided patients with a range of appointments. This included an appointment where patients could be assessed and have a hearing

device fitting in the same appointment. This reduced the need for patients to attend further appointments, saving on resources and the patient's own time. Patients could call a dedicated helpline for care and support of their hearing device; this service provided initial advice on any issues with the patients hearing device and could send out spare parts to patients where appropriate.

The service provided appointments for patients who needed minor adjustments, batteries and general repairs. We observed a 15-minute appointment for adjustment, the patient was assessed, and adjustments were made to the hearing device for comfort and usability. The audiologist conducted a quick review of the patient's ear and physical condition to see if there had been any changes or if the patient may need to make an additional appointment for ongoing care and treatment.

Staff supported patients when they were referred or transferred between services. Patient records demonstrated that the service maintained up to date information on patients care and treatment and that consent was always sought before sharing these details with their GP for any ongoing treatment or referral to other specialist services, for example ear, nose and throat (ENT) specialities .

Learning from complaints and concerns

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

The service clearly displayed information about how to raise a concern in clinic and waiting areas, alongside the patient feedback forms. Anyone wishing to make a complaint could complain through the services website.

The service had received one complaint in the 12 months before our inspection. This was resolved locally by the team lead, and the service had no open complaints at the time of our inspection.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke with knew the services complaints policy, how to access this and guide patients to the complaints details displayed in each clinic area.

Managers investigated complaints and identified themes. Complaints were reviewed by mangers as part of the services governance processes.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff we spoke with knew how to manage complaints. Staff told us that the main complaints related to times when patients had issues with their hearing devices not working properly, or issues with their hearing devices in general. If staff received a complaint, they would always encourage patients to give feedback to improve the services and discuss the complaint with the registered manager.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff we spoke with told us that complaint feedback could be provided on a one to one basis or shared at the team meetings and learning events.

Good

Diagnostic and screening services

Are Diagnostic and screening services well-led?

Good

This was our first inspection of the service. We rated it as good.

Leadership

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

The service had a clear leadership structure with defined roles and responsibilities. The registered manager led the day to day delivery of the service, supported by the operations manager who reported to the head of audiology.

The registered manager had been in post since the service was registered with the Care Quality Commission in 2017. The registered manager was a qualified audiologist registered with the appropriate professional body.

Staff described the registered manager as approachable, focused on the service and ensuring the patients and staff were happy within the service. Staff told us the registered manager encouraged them to complete training and explore opportunities to develop their practice and competencies during appraisals. The registered manager described senior leaders as supportive, approachable and willing to support them in their own professional development and make improvements in the services for patients.

The registered manager had oversight of key performance information and understood demands locally for the audiology services, for example planned number of patients and attendances per month.

Vision and Values

The service had a vision for what it wanted to achieve.

The service had a vision for what it wanted to achieve. The service aimed to provide a high-quality service to patients who presented with hearing loss, that is effective and responsive to patient's needs, delivering a marked benefit to the population of Peterborough. The providers wider mission was to be the preferred provider of high-quality diagnostics and healthcare solutions in hospitals and in accessible community settings.

Leaders within the service told us that the aim locally was to assess patients hearing and its associated needs within 16 days from referral and fit hearing devices on the same day (when possible) or within the next 20 days and check on its benefit (follow-up) within the next 10 weeks.

Staff were encouraged to follow the services values of trust, passion, care and fresh thinking. Staff we spoke to were aware of the services aims and wanted to ensure they provided patients with the right care and treatment to improve their lives.

Culture

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

Good

Diagnostic and screening services

Staff spoke positively about the culture within the service. They felt supported by the registered manager and felt supported by each other. Staff told us they felt respected and valued and there was a sense of pride in the service provided and an enjoyment in working together to benefit patients care and treatment.

The service monitored staff equality and diversity and provided all staff with equality and diversity training. The registered manager was aware of the diversity within the team and encouraged staff to actively participate in their beliefs or religious activities, for example supporting staff who celebrated Ramadan.

Staff described a culture of learning from patient and staff feedback, listening and responding to complaints, and compliments to ensure feedback and learning was embedded to improve the services provided.

All staff completed competency checks annually, the registered manager promoted staff development and ensured staff competed mandatory training to ensure staff were competent in their roles and had the opportunity for career development.

The service had an up to date freedom to speak up policy for staff to share any concerns, staff we spoke with knew the provider had this policy and who to report any concerns to. Complaints advice was displayed in all clinic areas for patients, alongside compliment forms to enable patients to feedback on their experience.

Governance

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

The service had established governance systems. Local quality groups reported into the clinical quality subcommittee which then reported to the services risk and governance committee quarterly. Governance meetings were minuted and a range of staff across the service attended the various meetings including the chief executive officer, director of clinical quality, and local operations managers amongst other key staff. We reviewed governance meetings records from October 2021 which were comprehensive and covered a wide range of clinical and operational performance areas, for example risk management, complaints, incidents and other key performance issues relating to patient access and flow through the service.

Leaders provided feedback to staff in various formats to share learning from incidents and complaints and raise awareness of risks. The governance framework aimed to progress quality and standards, improve the patient experience and provide positive outcomes for patients and their families.

Staff meeting records we reviewed from November 2021, showed that staff discussed complaints, incidents and ongoing quality and performance data in order to maintain patient safety and provide a positive patient experience.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Good

Diagnostic and screening services

Leaders used systems to manage risk, issues and performance effectively. Leaders maintained an up to date risk register related to the service, this was reviewed quarterly by the governance team and risk was escalated to the registered manager and senior team as they emerged.

Risks included staff taking appropriate safety actions due to reduced reception coverage in the evenings, in line with the lone working policy, actions to manage the impact of COVID-19, safe equipment usage and environmental concerns. The registered manager was aware of all the risks on the risk register and mitigating actions.

Staff we spoke with knew the risks associated with their day to day activities and told us that managers discussed risk and performance issues at team meetings.

The service had plans to cope with unexcepted events and continuity processes for maintaining the service.

The service used a range of key performance data in order to meet demands within the service and make improvements. For example, the number of appointments, do not attends, and time taken from referral to appointment.

Information Management

The service collected reliable data and analysed it. Managers provided staff with the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The service used a range of key performance data in order to meet demands within the service and make improvements. These included waiting times, missed appointments, treatment times and success rates within the service. Managers discussed these during one to one meetings or during team meetings, so staff were aware of how the service was performing and where to celebrate success or make improvements.

Data was stored electronically within secure password protected IT systems.

Staff could access the services IT system using secure passwords to view policies and procedures, learning information and updates within the service.

Information could be shared with other interested parties, for example the patient's general practitioner or solicitor with consent from the patient.

Engagement

Leaders and staff actively and openly engaged with patients, and staff. They collaborated with partner organisations to help improve services for patients.

The service met monthly with the local Clinical Commissioning Groups (CCG) to discuss local demand and any areas for development within the service.

The service gathered patient feedback from patients at the time of their appointment, using a feedback form, or by sending the patient a text message/email with a link to feedback forms. The service also offered an option for the patient to be contacted following their appointment. This was usually done by the registered manager who received a notification to action the call back.

Good

Diagnostic and screening services

Staff we spoke with felt involved in any changes and developments made within the service and told us they felt that their feedback mattered, and the registered manager took on board their feedback. The service carried out yearly staff surveys, the data was however at regional level and not specific to this one location.

Staff had annual appraisals, competency assessments and attended team meetings. These were all avenues to enable staff to engage with the registered manager and suggest improvements or identify any areas for development both in their own practice and in the service overall.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

There was a strong focus on continuous learning and improvement. All staff were encouraged to maintain their professional standards of registration as audiologists and ensure they maintained their continual professional development and training.

Audit as used routinely to drive improvement within the services and leaders used governance systems effectively implement change within the service and measure its effectiveness.

The leadership team considered and reviewed new technology to improve patient outcomes.

The service introduced the Speech in noise test as part of diagnostics test battery to help patients with issues processing speech in the presence of background noise and set an appropriate individual management plan if they had a retrocochlear loss. The QuickSIN is a speech-in-noise test that quickly and easily measures the ability to hear in noise. Speech understanding in noise cannot be reliably predicted from the pure tone audiogram or other standard audiometric tests.

In order to improve patient's comfort and hearing experience as well as ergonomics, the service introduced RIC style hearing aids with wireless connectivity options to include controlling hearing aids from a mobile application. It was hoped the new technology would help patients wear hearing aids more and improve their quality of life.

The clinical team were working towards finalising an innovative pathway to support patient aftercare appointments to be accessible via a mobile App, where an audiologist could dial in and have a live fine-tuning session, almost as good as face-to-face appointment without compromise. It was hoped this innovative pathway would add better patient experience, reduce visits to clinics and offer more slots to new patients.