

The Ear Wax Clinic

Inspection report

Pebble Brook Clinic
Exeter Road, Newton Poppleford
Sidmouth
EX10 0BJ
Tel: 07395881157
www.theearwaxclinic.org

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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 with the Care Quality Commission (CQC) in July 2022.

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 The Ear Wax Clinic as part of our inspection programme. The Ear Wax Clinic provides an ear wax removal service using microsuction.

The Ear Wax Clinic is registered with CQC to provide the regulated activity treatment of disease, disorder or injury and is located within Pebble Brook Clinic. Pebble Brook Clinic provides a range of services which are exempt from regulation by CQC. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, audiology, counselling services and non-surgical cosmetic interventions. Therefore, we did not inspect or report on these services.

The service is provided by a registered nurse who is also the nominated individual and 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. The service employs one member of staff whose role is receptionist and a volunteer who supports reception and carries out administrative roles. For the purpose of this report we will refer to the registered manager, the receptionist and the volunteer as the 'staff'.

We reviewed feedback which had been provided to the service from patients. This demonstrated patients were satisfied with the care and treatment provided and appreciative of the advice and information provided to them during their appointment.

Our key findings were:

- The service had systems and processes to manage risk, keep patients safe, and safeguarded from abuse.
- Clinical records provided detailed information regarding the care and treatment which was provided to patients attending the service.
- 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 and took action following feedback from patients.

Overall summary

- The service had a clear vision and strategy to deliver high quality care.
- Staff were aware of their roles and responsibilities. Systems and processes had been developed to support good governance and management.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

The inspection was led by a CQC inspector, who carried out a site visit and who had access to advice from a specialist advisor.

Background to The Ear Wax Clinic

The Ear Wax Clinic provides an ear microsuction service which operates of Pebble Brook Clinic, Exeter Road, Newton Poppleford, Sidmouth, Devon, EX10 0BJ. We carried out a site visit as part of this inspection.

The Ear Wax Clinic was registered with the CQC in July 2022 to provide care and treatment under the regulated activity treatment of disease disorder or injury.

The service is provided to children and adults. Approximately 60 patients per week attend the service.

The service is provided three days a week on Mondays from 7.30 am to 2 pm, Tuesdays from 9.30 am to 7 pm, and Fridays from 10 am to 2 pm. Clinics are held on alternate Saturdays from 10 am to 2 pm. Home visits, including to people who live in care homes, are arranged when requested.

Information regarding the service can be obtained from the services website; www.theearwaxclinic.org

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 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.

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 provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff, including the service volunteer. 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 developed systems to assure that an adult accompanying a child had parental authority.
- The service had systems to safeguard children and vulnerable adults from abuse. The policies and procedures provided information regarding reporting any safeguarding concerns. The procedures detailed the steps the staff would take to protect them from neglect, abuse, harassment, discrimination and breaches of their dignity and respect. Since registration of the service, the staff had not identified any safeguarding concerns.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks had been undertaken for all staff, as detailed in the services recruitment policy and procedure. (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. The registered manager was trained to level three for both children and adults. Reception staff had completed level one training. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- Cleaning schedules were available, and signatures were demonstrated when cleaning had been completed. Chemicals and substances hazardous to health (COSHH) used in cleaning procedures were stored securely. The environment appeared clean and tidy. The clinical rooms had hard flooring. There was an industrial workplace carpet in the toilet which was visually clean. However, the registered manager had made arrangements to have this replaced with hard flooring which would promote the reduce the risk from infection.
- A legionella risk assessment had been carried out at the premises in April 2022.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The registered manager had identified a need for additional staff and had subsequently recruited a receptionist and a volunteer who carried out reception and administration duties.
- There was an effective induction system for agency staff tailored to their role. A checklist had been implemented to demonstrate the completion of the induction training.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with infections and when to refer the patient to other appropriate health care, for example sepsis. Staff had completed first aid and basic life support training.
- There were appropriate indemnity arrangements in place.

Are services safe?

- The registered manager had completed a risk assessment regarding the risk of medical emergencies during or following the procedures carried out in the clinic. Following the risk assessment, they made the decision not to store emergency medicines and equipment. Staff were aware to call the emergency NHS ambulance service should this be required for a patient.

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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The registered manager provided advice and a handwritten referral note was given to the patient if they required to see another clinician. For example, their GP or audiologist.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

- At the time of the inspection the service did not prescribe or administer medicines. Following an assessment, if the clinician considered medicines were required the patient would be referred to their own GP to seek a prescription.

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 to help identify any potential risks.

Lessons learned and improvements made

The service had a system to learn and make improvements should anything go wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Guidance was provided for staff to recognise and report an incident or near miss.
- There were systems for reviewing and investigating when things went wrong. The service had not identified any incidents or significant events since registration in July 2022.
- The provider was aware of and had developed a policy and procedure to ensure compliance 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 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 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. We saw evidence that the registered manager had amended their practice following updated guidance from NICE.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patient records showed evidence that recommendations for repeat treatment had been discussed with the patient, in accordance with their medical history, examination and treatment. The provider had introduced a 'loyalty scheme' for patients who required repeated appointments for treatment. We saw positive feedback from patients regarding this.
- Staff assessed patients' pain where appropriate. Staff obtained information from each patient regarding any pain they had experienced and following an examination were able to refer the patient to appropriate clinicians when necessary.

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 registered manager had completed research regarding a specific ear condition, as part of their specialised training and diploma qualification which had informed their practice.
- The service made improvements through the use of completed audits and had a planned programme of audit. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the after care information provided to patients had been updated to reflect changes in national guidelines.

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. This included organisational and role specific information and guidance. The induction checklist was signed by both the registered manager and staff member as each area was covered.
- The registered manager was registered with the Nursing and Midwifery Council (NMC) and were up to date with their revalidation.
- The registered manager recognised the learning needs of staff and evidence was provided of completed and planned training. Staff were provided with protected time to complete their training. Staff were encouraged and given opportunities to develop. The registered manager had booked additional training to continue increasing their skills, knowledge and competence. For example, a recognised sign language course and a residential microsuction update course.

Are services effective?

- The registered manager was a member of online forums which provided information and up to date guidance regarding the care and treatment provided.

Coordinating patient care and information sharing

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

- Patients received person-centred care and treatment. Staff referred to, and effectively communicated with other services when appropriate. For example, audiology services.
- Before providing treatment, staff at the service ensured they had adequate knowledge of the patient's health, any relevant test results, for example previous hearing checks and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The service did not routinely share information with external organisations. A summary of the care and treatment or assessment was given to the patient for them to provide to other clinicians or services. For example, when patients required to seek medical care and treatment from their GP or the emergency department.
- The provider had risk assessed the treatments they offered.
- Care and treatment for patients in vulnerable circumstances were coordinated with other services. For example, information regarding follow-up care and treatment such as oil drops to soften wax was provided to the patient representative when necessary. For example, when visiting patients in a care home.

Supporting patients to live healthier lives

Staff were 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.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Additional information was provided regarding specific conditions. For example, the service had developed digital resources on tinnitus (a condition in which you experience ringing or other noises in your ears) management. If patients did not have access to the internet the service would print the information for them.

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.
- The service monitored the process for seeking consent appropriately.
- Patient records showed evidence of written and verbal consent had been obtained.

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.
- The service provided 45 examples of the feedback they had been provided with from patients since the service registered. The feedback evidenced that the patients had been satisfied with the care and treatment and one person commented on the positive outcome they had experienced following the treatment.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped/did not help 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. The registered manager provided an example of how and when they had supported a patient with the provision of information in their first language.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. The staff also had access to clear perspex masks to support patients who use lip reading to understand conversations.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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 provider understood the needs of their patients and improved services in response to those needs. For example, clinic days and times had been changed to accommodate the needs of patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, a ramp had been installed following patient feedback where a patient had found the step to the entrance a little high.
- Longer appointments were available for patients who required this. For example, patients who are neurodivergent (people whose brain differences affect how their brain works) or patients living with dementia. There was no additional cost for these longer appointments.
- The service provided information on the website regarding treatment costs and payment methods and had introduced loyalty cards and frequent visit discounts.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients requesting a non-urgent appointment were generally able to book an appointment, either online, by telephone, text or email, within a few days.
- Patients with the most urgent needs had their care and treatment prioritised.
- If a patient required an emergency appointment, additional time would be made during or at the end of a clinic. A flow chart was provided for reception staff to reflect symptoms that would be considered in need of an emergency appointment or referral to other clinicians such as the GP.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had a system to investigate and respond to them to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. This included information of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. Arrangements had been made with another clinician within Pebble Brook Health who would lead any complaint investigation as an independent investigator.
- The service had not received any complaints since registration with CQC.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The registered manager recognised the need to expand the service to provide additional appointments to meet demand and adjusted clinics accordingly.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- There were systems to support the registered manager to be able to act on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they would feel able to raise concerns or issues. They had confidence that these would be addressed. Staff were encouraged to suggest improvements. We saw evidence to support the service had been developed following a suggestion from a member of staff.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff had protected time for training and the registered manager ensured the completed professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. All staff had completed lone working training in accordance with the lone working policy.
- The provider had developed risk assessments which took into account the risks from carrying out home visits.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. The equality and diversity protocol was included in the induction for new staff.
- There were positive relationships between the staff.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. For example, completed audits and oversight from external clinicians.
- Staff were clear on their roles and accountabilities.
- The registered manager had established policies, procedures and activities to ensure safety and assured themselves that the service was operating as intended.
- 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.

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 clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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, changes to the premises such as an additional ramp for access and a higher chair in the clinic room. The equipment used during the microsuction procedure had been reviewed and changes made to promote good quality outcomes for patients. Documentation, for example the assessment tool used, had been reviewed and developed to include additional prompts and information.
- The provider had plans in place and had trained staff for major incidents. Staff were required to read and sign the associated policy and sign to demonstrate their understanding.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was monitored, and action taken to improve the service. Performance information was combined with the views of patients.
- Quality and sustainability had been discussed in previous staff meetings. This meant staff had sufficient access to information.

Engagement with patients, the public and staff

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

- The service encouraged and heard views and concerns from the patients and staff, and acted on them to shape services and culture. A 'you said we did' notice was displayed in the reception area showing feedback from patients and associated actions taken by the service. For example, additional parking signage had been installed following a comment from a patient saying they had not known where to park. Another patient had asked if they could purchase a recommended olive oil spray from the service rather than having to go to the chemist to obtain it. The provider had obtained stocks for patients to buy.
- There were systems to support improvement and innovation work.
- The service held educational evenings for the community. We saw evidence of a forthcoming evening which was to provide a talk on ear wax and hearing wax from clinicians.

Are services well-led?

- The provider took action against climate change by donating to relevant charities each month to offset the increased carbon footprint due to the use of single use plastic equipment. Donations had also been made by the service to tinnitus charities.
- The service had been nominated as finalists for the 'Exeter Living Awards' in the Health & Wellbeing category and also in the 'Women's Business Awards' for best new business.
- The service had access to perspex face masks, whiteboard, diagrams and visual aids in the clinic room to support discussions with patients living with sensory impairments.
- The service had introduced a stamping system which added alerts to the patient records to help highlight those with additional support needs. For example, patients who were hard of hearing or sight impaired.
- Staff could describe to us the systems in place to give feedback. Patients were able to leave online feedback through the internet, email or provide verbal feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- Monthly staff meetings were held with minutes recorded to reflect the discussions. The minutes showed an agenda was followed which included health and safety updates, data protection, safeguarding, complaints review and the audit programme.
- Staff told us they felt included and had been welcomed to the service when appointed. They added they were able to raise any issues and felt listened to.

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.
- Learning was shared and used to make improvements. The service encouraged, reviewed and acted on feedback from patients to improve the service. For example, the use of a higher chair in the consulting clinic room and signage to clearly show the parking bays for the clinic.
- The registered manager encouraged staff to take time out to review individual objectives, processes and performance. Staff were provided with protected time to complete their mandatory training.