

# Southern ENT Limited

# Clean Ear Clinic Emsworth

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 19 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

#### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

#### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The services are provided to adults privately and are not commissioned by the NHS.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of the services it provides. The Clean Ear Clinic Emsworth is registered with CQC to provide the regulated activities of treatment of disease, disorder or injury. The types of services provided are doctor's consultation service and doctor's treatment service.

At the time of our inspection a registered manager was in place. 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.

We received 33 comment cards from patients who had used the service. These were all positive about the service experienced.

We were unable to speak with patients on the day of the inspection about their experience of the service they received. This was because, on the day of our visit, there were no patients receiving treatment.

# Summary of findings

## Our key findings were:

- There were systems in place to check all equipment had been serviced regularly.
- Patients who used the service self-funded for treatment.
- Patients could choose which of the provider's clinic they would prefer to attend.
- Feedback from patient about the quality of the service they experienced were positive.
- Patients were provided with information about their health and received advice and guidance to support them with healthier ear care.
- Staff had the skills and competence to deliver treatment.
- Staff had clear roles and responsibilities.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

- There was a clear governance structure and the provider held regular governance meetings to monitor the performance of the service.

There were areas where the provider could make improvements and should:

- Record the risks associated with not having emergency equipment on the premises and actions to mitigate those risks.
- Formalise and record the process for clinical supervision and appraisal to ensure staff receive these on a regular basis.
- Define what the organisation considers to be a significant event and have clear structures in place for the management of these.

# Clean Ear Clinic Emsworth

## Detailed findings

### Background to this inspection

The provider Southern ENT Limited trades as the Clean Ear Clinic and has several locations along the south coast of England providing a private ear cleaning service.

The Clean Ear Clinic Emsworth is a small doctor led ear cleaning clinic using micro suction. Micro suction involves looking down the ear canal with a microscope, which allows a direct view of the area being cleaned. The practitioner is then able to clean out the blockage quickly and effectively using a tiny vacuum cleaner. Once the blockage has been cleared they are able to check the clients ear for any other problems.

The Clean Ear Clinic Emsworth is located at:

97 Havant Road

Emsworth

Hampshire

PO10 7LF

The provider's telephone lines are open Monday to Friday from 8.30am to 6.00pm and Saturdays from 9.00am to 4.00pm. Clients can telephone during these hours to book an appointment at their preferred clinic. The Clean Ear Clinic Emsworth is only open depending on client demand and availability of a clinician.

The staff team at the clinic consists of a doctor who is also the registered manager. The clinic has a micro suction practitioner.

We carried an announced comprehensive inspection at the Clean Ear Clinic Emsworth on 19 September 2018. Our inspection team was led by a CQC Lead inspector. The inspection team included a GP Specialist Advisor.

Prior to the inspection, we reviewed a range of information we hold about the service, such as any notifications received, and the information provided from the pre-inspection information request.

During our visit:

- We spoke with the registered manager, the micro suction practitioner and the deputy practice manager.
- We looked at equipment and rooms used for providing treatment.
- We reviewed records and documents.

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?

## Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

### Safety systems and processes

The provider had clear systems to keep patients safe and safeguarded from abuse.

- The provider had safety policies including adult safeguarding policies which were regularly reviewed and communicated to staff. Although the service did not provide treatment to patients under the age of 18 years, the service had access to a child safeguarding policy to safeguard any child that might attend the premises. Staff received safety information for the clinic as part of their induction and refresher training. Staff we spoke with had a good understanding of safeguarding and who to contact if they had concerns. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance within its own service's organisation.
- The provider had a clinician trained to level three child safeguarding and vulnerable adults as the safeguarding lead. This clinician was not always at the Emsworth clinic but we were told they were contactable.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- When patients made appointments, they were asked if they required a chaperone at the appointment. Staff who acted as chaperones had received a DBS check and were booked on chaperone training. The service told us that chaperones were rarely requested by patients.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an effective system to manage infection prevention and control. We saw that daily checks were completed in each assessment room for cleanliness which included equipment.
- Healthcare waste was managed by a private landlord.

- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- The service had arrangements to deal with medical emergencies and staff were suitably trained in emergency procedures. Emergency medicines and equipment were not held on the premises. The provider had considered the risks associated with this, however, they had not recorded their rationale for not having these on the premises. Staff had an emergency trigger which would summon assistance from the reception staff. They were required to call 999 in an emergency.
- Staff understood their responsibilities to manage emergencies on the premises and recognised those in need of urgent medical attention.
- The service had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.

### Information to deliver safe care and treatment

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

- Patients completed a full ear health assessment questionnaire before attending their treatment.
- Assessments were recorded on the service's electronic system. We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality.
- We reviewed two records and found it contained relevant information, recorded in a clear and structured manner.

### Safe and appropriate use of medicines

- The service did not keep any medicines on the premises except for ear care solutions and oils which were for sale.

# Are services safe?

- If patients required a prescription, they were offered a letter to give to their GP or could receive a prescription from the service by a clinician for a charge.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activities on a regular basis. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw these were discussed at meetings.
- There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA).

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. However, the provider did not have clear information on what they considered significant events and how these would be managed. The provider told us significant events would be recorded on the service's computer system which all staff had received training to use. We were told by the service that they had not had any significant events in the last 12 months.
- Staff understood their duty to raise concerns and report incidents, managers supported them when they did so.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- We saw no evidence of discrimination when making care and treatment decisions.
- Assessments and screening were monitored using information from a range of sources, 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.
- The service had systems in place to keep all clinical staff up to date with new guidance.
- Staff had access to best practice guidelines and used this information to deliver care and treatment that met patients' needs.
- The service was monitoring that these guidelines were adhered to through regular review of patient records and clinician performance.

### Monitoring care and treatment

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- All staff were actively involved in monitoring and improving quality and outcomes. The practitioner we spoke with showed us they kept comprehensive records of the treatment they had given. Records we reviewed supported this.
- Patient surveys were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes.
- Quarterly meetings were held where complications with treatments were discussed and one of the doctors advised practitioners and nurses on best practice guidance.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the service had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The provider understood the learning needs of staff and provided time and training to meet them. Up to date records of skills, qualifications and training were developed and held centrally.
- Staff learning needs were identified through a system of meetings and discussions which were linked to organisational development needs.
- Staff were supported through meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Not all staff had received an appraisal from the service within the last 12 months. The provider relied on staff having received appraisals in their NHS roles and used these appraisals to identify development needs.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The service shared relevant information with the patient's permission with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns. Patients were also given a copy of their referral letters

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The aims and objectives of the service were to support patients to maintain good ear care. This was done through a process of assessment and screening as well as the provision of individually tailored advice and support to assist patients. For example, we saw a leaflet which gave advice on how to keep healthier ears.
- Each patient was provided with a report covering the findings of their assessments and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices.

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The provider did not provide services for children and young people below the age of 18 years.

We saw evidence of consent forms used to obtain written consent before undertaking procedures and specifically for sharing information with outside agencies, such as the patient's GP.

- The service monitored the process for seeking consent appropriately. The process of seeking consent was demonstrated through records. We saw consent was recorded in the patient's electronic record, in line with legislation and relevant national guidance.
- Information about fees for the service provided by the service was transparent and available online prior to patients booking an appointment. Additional fees, were discussed prior to procedures being undertaken.

# Are services caring?

## Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- Staff were trained to provide support to patients to make healthier lifestyle choices and improve their health outcomes.

### **Involvement in decisions about care and treatment**

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they were given).
- Interpretation services were available for patients who did not have English as a first language.

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Any referrals to other services, including to their own GP, were discussed with patients and their consent was sought to refer them on.
- All staff had completed training in equality and diversity.
- Comment cards confirmed that staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect, and the service was aware of the requirements of General Data Protection Regulations (GDPR, 2018).
- All confidential information was stored securely on computers.
- We were told patients identified themselves to front of house staff by name only. Confirmation of patient identification was completed within the treatment room.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

### Responding to and meeting people's needs

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

- The facilities and premises were appropriate for the services delivered. There were adequate toilet facilities.
- The service offered flexible opening hours and appointments to meet the needs of their patients. Patients could choose at which location they would like to attend their appointment.
- Patients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.
- Staff reported the service ensured that adequate time was scheduled for patient assessments and for staff to complete the necessary administration work which followed.

### Timely access to the service

- The provider's telephone lines were open Monday to Friday from 8.30am to 6.00pm and Saturdays from 9am to 4pm. Patients can telephone during these hours to book an appointment at their preferred clinic.
- The service in Emsworth is open depending on patient demand and availability of a clinician. Treatments are by appointment only and are 20 minutes in length. Ear cleaning appointments are available at short notice.

- Patients could also book an appointment online.
- Delays and cancellations were minimal and managed appropriately.

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance. Staff were aware of how to handle formal and informal complaints from patients.
- Information about how to make a complaint or raise concerns was available on the service's website.
- The service learned lessons from individual concerns and complaints, and from analysis of trends. It acted as a result to improve the quality of care. The service told us that they had only received three complaints in the last 12 months. In all cases a full refund was offered to those patients. None of those complaints were aligned to any patterns.
- We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the complaint.
- There were systems in place to review complaints received at monthly governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

### Leadership capacity and capability;

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

- Leaders at the service had the experience, capability and integrity to deliver the service's strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff told us they felt well supported by management and that management were approachable and always took the time to listen to them.

### Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider planned its services to meet the needs of their patients.
- The provider monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included career development conversations. Staff told us they were able to discuss learning opportunities with the directors on an ongoing basis. However, not all staff had received regular annual appraisals from the provider in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The management of the service was focused on achieving high standards of clinical excellence and provided supervision with peer review and support of staff.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The service had several policies and procedures in place to govern activity and these were available to all staff. All the policies and procedures we saw had been reviewed and reflected current good practice guidance.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, mental capacity and infection prevention and control.
- Service leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Systems were in place for monitoring the quality of the service and making improvements. This included having a system of key performance indicators, carrying out risk assessments, monitoring staff performance, including producing reports for review at quarterly directors meeting, and quality checks and actively seeking feedback from patients.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- A range of meetings were held, including clinical meetings.

## **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.
- Risk assessments we saw were comprehensive and had been reviewed. The provider had considered the risks associated with not holding emergency medicines and equipment on the premises, however, they had not recorded their rationale for not having these on the premises.
- There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.
- The provider had plans in place and had trained staff for major incidents. We saw a Clean Ear Clinic Standard Operating Procedure Manual, which had been updated in July 2018, and set out procedures on how to deal with incidents.

## **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- A programme of audits ensured the service regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, the service had reviewed patient survey since

2013. This showed that since 2013 93.2% of patients who responded stated that the service was excellent and 99.5% would recommend the service to family or friends.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Meetings were held monthly where issues such as safeguarding, significant events and complaints could be discussed. We saw comprehensive minutes taken from a random selection of these meetings. Outcomes and learning from the meetings were cascaded to staff. However, the provider did not have clear information on what they considered to be significant events and how these would be managed.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

## **Engagement with patients, the public, staff and external partners**

The service encouraged and valued feedback from patients, the public and staff.

- After treatment, patients were asked to complete a survey about the service they had received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service.
- The organisation made use of internal reviews of audits, incidents and complaints, and consistently sought ways to improve the service.