

# Hear Again Exmouth

## Inspection report

21 Willoughby Close  
Exmouth  
EX8 5PE  
Tel: 07852286111  
[www.hearagainexmouth.co.uk](http://www.hearagainexmouth.co.uk)

Date of inspection visit: 1 December 2022  
Date of publication: 12/01/2023

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**

**This service is rated as Good overall** and this is the first inspection since the service registered with the Care Quality Commission 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 Hear Again Exmouth as part of our inspection programme. Hear Again Exmouth provides an ear wax removal service using microsuction.

Hear Again Exmouth is registered with CQC to provide the regulated activity treatment of disease, disorder or injury and is located within Exmouth.

The provider of the service is a registered nurse who provides care and treatment to patients supported by a second registered nurse, who is self-employed. As a sole provider the service is not required to appoint a registered manager. For the purpose of this report we will refer to the provider and member of staff as the 'staff', unless we are specifically referring to the provider. We will then refer to the 'provider'.

We reviewed feedback which had been provided to the service from patients. This demonstrated patients were satisfied with the care and treatment provided.

## **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.
- 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**

# Overall summary

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

## Our inspection team

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

## Background to Hear Again Exmouth

Hear Again Exmouth provides an ear microsuction service which operates from 21 Willoughby Close, Exmouth, Devon.

Hear Again Exmouth registered with the Care Quality Commission in March 2022 to provide care and treatment under the regulated activity of treatment of disease, disorder or injury. The service is provided to both adults and children from the registered location.

The service is provided on Mondays, Tuesdays, Wednesdays and Fridays each week from 9.30am. Appointments can be made for Saturday mornings and evenings when demand is identified.

Information regarding the service can be found on the service website: [www.hearagainexmouth.co.uk](http://www.hearagainexmouth.co.uk)

### How we inspected this service

We gathered and reviewed information prior to and during the inspection which was obtained from the provider. We spoke with the staff 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. For example, risk assessments for lone working, electrical equipment and fire had been completed to identify and reduce any risks. There were appropriate safety policies. For example, lone working and infection prevention and control which were regularly reviewed and discussed and available to staff. The staff had signed the policies to evidence they had read and understood the content. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority. The service had a system to ensure information was obtained at the time of booking an appointment about who would bring the child to the appointment. Further checks were made at the time of the appointment.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff had access to policies and procedures which clearly detailed the action to take should a safeguarding concern be identified. This policy and procedure included the contact details of external organisations concerns should be reported to.
- The service had implemented an electronic assessment template which was completed at the beginning of each patients' appointment. This included prompts for staff to consider any safeguarding concerns and the template could not be completed without all prompts being considered.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks, at an enhanced level had been completed for each member of staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The staff had completed level 2 and level 3 safeguarding training for both children and adults in line with the national intercollegiate guidance.
- There was an effective system to manage infection prevention and control. Staff completed infection control audits, the last one had been completed on the 7 November 2022. This audit identified the staff were complying with the policies and procedures implemented within the service.
- The service had completed a risk assessment to review the control of substances hazardous to health (COSHH) used within the clinic room. Information was available regarding the COSHH stored and used within the service.
- A legionella test had been carried out in April 2022 which had not highlighted any areas for action. Legionella is a bacterium that can be found in water outlets and cause an infection.
- 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.**

# Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider had identified a need for an additional member of staff to meet the demand for the service and had recruited a second registered nurse to address this.
- There was an effective induction system for new staff tailored to their role. The service had not used any agency or temporary staff since registration.
- 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 severe infections, for example sepsis. The staff were both registered nurses who had completed basic life support and first aid training. On arrival at the clinic, as part of the initial assessment, patients were asked if they had any symptoms of infection or if they had been unwell. Any responses were considered prior to treatment and appropriate advice, such as to seek alternative medical advice, was provided.
- There were appropriate indemnity arrangements in place for each member of staff including professional and public liability.
- The service did not hold any medicines. Equipment such as a sphygmometer (used to measure blood pressure) pulse oximeter and thermometer were available to record the vital signs should a patient become unwell. In an emergency the staff would call the NHS ambulance service for assistance.

## 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. Patient records were electronic and stored securely with password protected systems.
- At the time of the patient booking an appointment, specific information was obtained to ensure the procedure of microsuction was safe for the patient. For example, confirming there was no medical history which would contraindicate the procedure. For example, sensitivity to loud noises or an inability to keep the head still.
- On arrival to the appointment, a full assessment was completed with relevant history and information obtained from the patient. For example, medical history, symptoms and concerns. This provided further information to determine any risks associated with the procedure.
- The clinical records provided detail on the physical examination of the ear and the procedure including the outcome for the patient. The record also included reference to the equipment used and the batch numbers for any disposable equipment. For example, syringes and microsuction tubes.
- Each patient was provided with an after care leaflet which detailed action to take if they had any concerns.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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. The provider shared incidents when they had made referrals to external health services. For example, an urgent referral made to the emergency department for a patient who experienced sudden hearing loss and communication with a GP for another patient.

## Safe and appropriate use of medicines

- The service did not hold, prescribe or administer any medicines.

## Track record on safety and incidents

# Are services safe?

## **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, additional signage had been installed advising patients not to use the steps but instead to use the pavement and level path. This improvement had been identified following an environmental risk assessment.
- The provider received emails and information from the Medicines and Healthcare Products Regulatory Agency (MHRA) to ensure they were aware of any safety alerts issued.

## **Lessons learned and improvements made**

### **The service had systems and process to learn and make improvements when things went 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.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. The provider shared an example with us. There had been an example of when a patient's clinical records had been written in another patient's records. The provider had taken action and informed and apologised to the patient. This was considered a near miss and the patient had experienced no harm.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. For example, a prompt had been added to the assessment template to ensure staff sought information from the patient regarding any history of syncope (fainting or passing out). Having this information made the clinician aware of the need to monitor the patient closely during the procedure.
- The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

**We rated effective as Choose a rating 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.**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- 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. The provider also referred to protocols and guidance from Rotherham Ear Care and Audiology Centre which is a specialist training centre.
- 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. All patient records were stored electronically and were accessible when patients reattended the clinic. Staff reviewed patients past medical history at each appointment and asked if there had been any changes since the last appointment.
- Staff assessed and managed patients' pain where appropriate. The assessment template prompted staff to gather information regarding any pain experienced by the patient. Staff were knowledgeable about how and where to refer patients who confirmed ear pain.

## **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 service made improvements through the use of completed audits. For example, audits of patients' clinical records to review content and outcomes, infection prevention and control procedures and safeguarding assessments. 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, feedback from a patient had identified that while the procedure had not been painful they had found it uncomfortable and noisy. The provider had amended their practice to provide further explanations and demonstration regarding the noise experienced when removing wax from the ear canal. They had found this had provided sufficient information to manage patient expectations.

## **Effective staffing**

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

- Both members of staff were appropriately qualified. They were registered nurses, registered with the Nursing and Midwifery Council (NMC) and were up to date with revalidation. (Revalidation is the process that all nurses and midwives in the UK and nursing associates in England need to follow to maintain their registration with the NMC). They had obtained skills and knowledge by completing specialist courses to provide care and treatment at the clinic. For example, both staff had attended an ear care skills study day, ear microsuction course and the provider had completed the ear care diploma. This qualification was due to be undertaken by the second member of staff in 2023.
- The provider had an induction programme for all newly appointed staff.



# Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with other services when appropriate. The provider had completed a case study which had reviewed a patient with repeated ear infections who had required a referral to their GP for treatment. The provider had discussed the case with the GP to determine the best course of treatment with consideration given to national best practice guidelines. This had resulted in good outcomes for the patient who had not experienced any further infections or eczema of the ear canal.
- The provider was able to provide examples of when they had referred a patient to the local NHS hospital trust through the ear nose and throat department and to the audiology department.
- Before providing treatment, staff at the service ensured they had adequate knowledge of the patient's health, any relevant test results 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.
- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. The provider had developed a referral policy which detailed when and how to refer patients to other services.
- The service monitored the process for seeking consent appropriately.

## Supporting patients to live healthier lives

### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care. This was provided verbally during the appointment and patients were provided with written information on how to care for their ears.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, to their GP and support organisations such as the Tinnitus Society.

## 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. Policies and procedures were available which referenced the importance of consent and when this was required. For example, obtaining consent from the patient prior to making a referral to another health care service. Signed consent was obtained from the patient prior to sharing their information. Verbal consent was obtained from the patient prior to any care and treatment commencing and throughout the appointment.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The provider also considered children's' capacity to consent to any care and treatment.

# 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 practice encouraged patients to share feedback online or following their consultation with feedback forms available for completion in the clinic. Out of 160 patients 88.1% said the outcome of their treatment had been excellent and 11.3% that it had been good.
- Feedback from patients was positive about the way staff treat people with 99.4% of patients (out of 160 who had provided feedback) saying they would recommend the service.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. This was evidenced through the completion of clinical records.
- The service gave patients timely support and information.

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

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, which included languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, such as large print, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. From the patient feedback 91.9% of patients felt they had received sufficient information prior to signing the consent form.
- 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, such as diagrams of the ear canal and easy read materials, were available.

## **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. The provider had responded to an increased demand for the service by arranging for a new member of staff to support an additional two clinic days a week. Clinics had also been provided on a Saturday and evening appointments were bookable when necessary.
- 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. The provider had installed level access to the clinic room, so it was accessible to patients who experienced mobility difficulties.

## **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. The booking system demonstrated appointments were available the day after the inspection for any emergency request and within two days for a non urgent request.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. Priority / emergency appointments were offered based on the initial assessment information obtained from the patient. We were provided with examples from the provider of when the clinic had been opened to provide an appointment for a child who was sitting an exam the following day and had experienced problems with their hearing. On another occasion the provider had booked a patient into an emergency appointment following sudden hearing loss.
- Patients reported that the appointment system was easy to use. Feedback showed 92.9% of patients had found the appointment system excellent and 7.1% said it had been a good experience. Reasons provided were that the telephone was answered promptly, or they had received a return telephone call the same day.
- Referrals and transfers to other services were undertaken in a timely way. The provider contacted external services by telephone, email or letter to discuss and refer patients.

## **Listening and learning from concerns and complaints**

**The service had not received any complaints or concerns since registration of the service.**

- Information about how to make a complaint or raise concerns was available. Information was available on the service website for people to understand the process of making a complaint.
- The service had complaint policy and procedures in place.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. This was detailed on the service website and within the policy and procedure.
- While the service had not received any concerns or complaints, they had acted on feedback from patients. For example, the provision of clearer signage to the entrance to the clinic.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

**The provider had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The provider had responded to an increased demand for the service, both for appointments and telephone response. An additional member of staff worked within the service to respond to this demand.
- Staff told us the provider was available and approachable.

## **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 strategy was discussed and reviewed at a staff meeting which were held every two months. Improvements and initiatives were discussed and implemented when appropriate. For example, the holding of additional clinics to meet demand.
- The service had developed its vision, values and strategy with input from the staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The service had a system to address any behaviour and performance inconsistent with the vision and values.
- The provider and staff member worked independently in the clinics with some joint clinics to provide supervision, support and development.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. For example, the provider had shared information with a patient when clinical records of another patient had been recorded in their records in error.
- Staff 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 need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work. A process for clinical and peer supervision had been developed. The staff met regularly with each other and had also attended a group supervision with staff from another ear clinic service. The staff were members of nurse forum and were able to discuss clinical issues with others working within the speciality.
- 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.
- There were positive relationships between the staff.

# Are services well-led?

## 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. For example, the governance policy identified the implementation and review of audits and risk assessment processes. The governance and management of joint working arrangements and referral to other services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, the provider carried out a documented audit of clinical records each month.
- The information used to monitor performance and the delivery of quality care was accurate and useful. For example, the monthly audit of clinical records.
- The provider was knowledgeable of the notifications which would be required to be submitted to external organisations. For example, to the Care Quality Commission (CQC), the Health and Safety Executive (HSE) or to external Safeguarding teams. No issues had been identified to require submission of any notifications at the time of the inspection.
- 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. The service was registered with the Information Commissioners Office.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and patient feedback.
- The provider had plans in place and had trained staff for major incidents. A business continuity plan had been developed which outlined the action which would be taken should the service be interrupted. For example, by staffing constraints, Information Technology (IT) failure or environmental challenges.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. For example, responding to patient feedback.
- Quality and sustainability were discussed in staff meetings and changes to systems, processes or protocols were reviewed.

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

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

# Are services well-led?

- The service encouraged and heard views and concerns from the public and patients and acted on them to shape services and culture. Patients were requested to provide feedback through the use of an online feedback system or by completing paper surveys provided after their appointment.
- The service had developed social media pages to provide information about the service and provide information regarding ear care, ear conditions and treatment options.
- The provider was researching increasing the equipment available at appointments. For example, obtaining a video machine to enable patients to see the ear canal during their appointment. The provider considered this would enable improved information sharing with the patient, particularly regarding ear care.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. The staff met regularly and had a formal meeting every two months where information and views were shared.
- Staff had attended a community Wellbeing Fayre at which they provided ear care packs to the public. These included ear plugs and an ear care leaflet. The staff had also provided ear checks for people at the Fayre.
- A weekend clinic had been available for members of the public to attend for a free ear consultation with advice for ear care, treatment or referrals made.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The staff proactively arranged and attended learning and study sessions.
- The service made use of internal reviews of incidents and feedback at staff meetings. Learning was shared and used to make improvements.
- The staff had meetings to review individual and team objectives, processes and performance. For example, future training and study requirements and review of audit processes.