

Mjollnir Medical Ltd

# Cambridge Clear Ear

## Inspection report

Treatment Room 3  
Kelsey Kerridge  
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Cambridge  
CB1 1NA

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Website: [www.cambridgeclearear.co.uk](http://www.cambridgeclearear.co.uk)

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### Ratings

#### Overall rating for this service

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.**

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 Cambridge Clear Ear as part of our inspection programme.

Cambridge Clear Ear provides a service removing ear wax by micro suction carried out by trained healthcare professionals.

The service has a registered manager, a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief  
Inspector of Primary Medical Services and Integrated Care

# Cambridge Clear Ear

## Detailed findings

### Background to this inspection

Mjollnir Medical Limited is registered with CQC to provide the regulated activity treatment of disease, disorder or injury from its only registered location Cambridge Clear Ear, located at Treatment Room 3, Kelsey Kerridge, Queen Anne Terrace, Cambridge, CB1 1NA. This location was newly registered on 25 May 2018.

We inspected the providers previous location, 47 Norfolk Street, Cambridge, CB1 2LD, in February 2018 and the provider met the required standards. You can see the providers profile, registration and inspection history on our website [www.cqc.org.uk](http://www.cqc.org.uk).

Cambridge Clear Ear provides a private earwax removal service using a micro suction technique carried out by a healthcare professional. The service also identifies and removes foreign bodies from ears. Services are available to any fee-paying patient over 18 years of age, however initial assessment is free of charge.

Appointments are available on a pre-booked basis predominantly on a Sunday with weekday daytime and evening appointments also available.

[www.cambridgeclearear.co.uk](http://www.cambridgeclearear.co.uk)

### How we inspected this service

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

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 rated the service as Good for providing safe services:**

### 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. 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, although services were only provided to adults.
- 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.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff in accordance with the service recruitment policy. (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.
- There was an effective system to manage infection prevention and control. The provider liaised with the building management company to ensure appropriate water testing was carried out to identify and mitigate the risks associated with legionella bacteria in water systems.
- The provider ensured, alongside the building management company, 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 and the building management company carried out appropriate environmental risk assessments, which considered 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.
- There was an effective induction system for staff tailored to their role.
- Whilst the service provided pre-booked, non-urgent services, staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The service had carried out an appropriate risk assessment and did not hold stocks of emergency medicines or oxygen. The service had access to an automatic external defibrillator (AED) for use in a medical emergency.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

### 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 service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading.

### Safe and appropriate use of medicines

**The service had reliable systems for appropriate and safe handling of medicines.**

## Are services safe?

- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

### **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 and had systems in place to identify risks and make improvements.

### **Lessons learned and improvements made**

#### **The service had systems in place to learn and make improvements when things went wrong.**

- The service had not had any significant events, however there was an adequate system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported to do so.
- The provider was aware of and had systems in place to comply 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 had systems in place to receive, review and act on external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the service as Good for providing effective services:**

### 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.
- 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, however patients were advised to see their own NHS GP if the patient's condition fell outside of the services scope.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain and discomfort. Staff explained the treatment process and continually assessed patients' pain and discomfort levels, stopping treatment where appropriate.

### Monitoring care and treatment

**The service was involved in quality improvement activity.**

- The service used information about care and treatment to identify and make improvements where necessary. For example, the service used patient feedback to help review and select the most effective equipment ensuring patients were as comfortable as possible.
- The service reviewed patient records to ensure care and treatment was provided in line with guidelines. The service also used patient feedback to ensure treatment was effective and offered follow up appointments at no extra cost for patients.

### 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 newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council and were up to date with revalidation.
- Up to date records of skills, qualifications and specific training were maintained. Staff were encouraged and given opportunities to develop.

### Coordinating patient care and information sharing

**Staff worked together to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the service would contact the patients NHS GP if an investigation might be required of a mole or other potential indicator of cancer.
- Before providing treatment, staff at the service ensured they had adequate knowledge of the patient's health and any relevant medical history. Staff gave 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 also offered a free assessment to ensure the treatment was suitable for the patient.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Where patients agreed to share their information, the service contacted the registered GP in line with GMC guidance.
- 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.

### 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.

# Are services effective?

(for example, treatment is effective)

- Risk factors were identified and highlighted to patients. Where appropriate these factors were highlighted to their normal care provider for additional support, for example where the ear was infected.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- 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.

## **Consent to care and treatment**

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

# Are services caring?

## Our findings

**We rated the service as Good for providing caring services:**

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

**Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treat people.
- Staff displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

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

- The service had considered, but did not provide, an interpretation service for patients who did not have English as a first language as it was not always appropriate for this service. Patients were told about multi-lingual staff who might be able to support them

and would bring a family member or friend to help translate as well as having access to information in languages other than English. Patients were also told about other similar services that might be able to support their needs.

- Information leaflets were available in easy read formats, braille, and languages other than English to help patients be involved in decisions about their care.
- Patient feedback to the service suggested 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.
- For patients with learning disabilities or complex social needs family, carers or other advocates were appropriately involved.

### **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?

(for example, to feedback?)

## Our findings

**We rated the service as Good for providing effective services:**

### 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, the service changed their main contact number from a mobile number to a landline number following patient feedback.
- The facilities and premises were appropriate for the services delivered and for people in vulnerable circumstances to access and use services on an equal basis to others.

### 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 access to initial assessment, diagnosis and treatment at a time convenient to them and were often able to be seen the same day.
- Bookings were made directly with the clinician over the phone.
- Waiting times, 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.**

- Information about how to make a complaint or raise concerns was available. Staff told us they would treat patients who made complaints compassionately.
- The service had a complaints policy and procedures in place that included informing patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had not received any complaints; however, we reviewed the systems and processes in place and found these were appropriate to allow the service to identify lessons from concerns and complaints to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

**We rated the service as Good for providing well-led services:**

### Leadership capacity and capability

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

- The service lead was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The service lead was visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had processes to develop capacity and skills, including planning for the future of the service.

### Vision and strategy

**The service had a vision and 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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. They were proud to work for the service.
- The service focused on the needs of patients.
- There were processes in place to act on behaviour and performance inconsistent with the vision and values.
- The provider had systems and processes in place to respond to incidents and complaints with openness, honesty and transparency. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals, including in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service promoted equality and diversity. There were systems and processes in place to identify and address any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive working relationships in the service.

### 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.
- Staff were clear on their roles and accountabilities
- The service lead had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### 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, in conjunction with the premises management company.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and where appropriate referral decisions.
- The service lead had oversight of safety alerts and systems and processes for managing incidents and complaints.
- Clinical audit assured the service was providing quality care in line with guidelines and that patients had positive outcomes.
- The provider had plans in place and had trained staff for major incidents that may disrupt services.

# Are services well-led?

Good 

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

## Appropriate and accurate information

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

- Quality and operational information was used to ensure performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where staff had access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service had systems and processes to provide data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data and records.

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

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

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape

services and culture. For example, the service was recruiting a specialist nurse to enable the provision of services to children following increased demand, this was not in place at the time of our inspection.

- Staff could describe to us the systems in place to give feedback including forms provided to patients after each visit. Where there were feedback opportunities for staff, these were effectively communicated.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service lead regularly reviewed objectives, processes and performance.
- Staff were encouraged to reviewed objectives, processes and performance and make suggestions for improvements.
- The service lead was involved in observed practice to ensure their care and treatment met the required standards.