

Click Hearing Limited

Click Hearing Upminster

Inspection report

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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?		Requires Improvement	

Summary of findings

Overall summary

We had inspected, but not previously rated this service. As a result of this inspection we rated it as good because:

- Systems had been put in place to improve the management of risks within the service. The registered manager had a good understanding of the service's challenges and risks, and there was a good safety record for the service with no reported safety incidents.
- There was a good standard of cleanliness, and the provider had undertaken appropriate actions for infection control during the height of the Covid-19 pandemic, and continued to take appropriate precautions including wearing masks during consultations.
- The service used some highly specialised and innovative equipment. Staff were supported to develop and learn new skills. The staff we met were passionate about ear care and providing a good service for the community, and felt well supported within the service.
- Staff demonstrated a kind, patient and professional service to patients. They actively involved patients in their assessment and treatment. Patients and relatives we spoke with were very positive about their experience with the service.
- There were no waiting lists for the service. Patients could often access same day appointments.
- Audiologists sought patient consent before treatment and recorded this as appropriate.
- The registered manager gave all new staff a full induction tailored to their role before they started work. Audiologists said that they were provided with extra support and supervision in their first few months at work in the service. Staff were clear about their roles and accountabilities.
- Staff described regular supervision and opportunities to meet, discuss and learn from their performance within the service,
- Patients received surveys by text after every consultation, to provide feedback about the service. Staff were able to provide feedback and suggestions about the service through the staff portal. Staff confirmed that the registered manager consulted with them about the running of the service.
- Referrers to the service spoke very highly of the assessments and reports provided, and the efficiency of the service.

However:

- Despite some improvements in developing more formal governance systems for the service, we found gaps in recording of staff recruitment checks, training and supervision, cleaning records and audits for the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Click Hearing Upminster

Page

5

Information about Click Hearing Upminster

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to Click Hearing Upminster

We inspected this service as part of our ongoing independent health inspection programme.

Click Hearing is a diagnostic service providing audiology services, hearing care and hearing aid services. The main activity of the service is hearing needs assessments, the dispensing of hearing aids and tinnitus assessments, which are not categorised as regulated activities by the CQC. The service is registered with the CQC to carry out audiovestibular balance assessments for children and adults, and hearing needs assessments on children and young people aged 0-19 outside of a school setting. These activities accounted for a small proportion of the service's work.

The registered manager of the service has been in post since 2001 when the company was established. The service was registered with the CQC at the current location in October 2021 to provide diagnostic and screening procedures and treatment of disease, disorder or injury. Prior to that it was registered at a nearby address, and last inspected in January 2018 when we served one requirement notice. The service was not rated following the 2018 inspection.

The service operates over 5 sites, in Upminster, Chelmsford, Hornchurch, Ramsden Health, and Springfield Hospital. We inspected the Upminster location only, where there were two clinic rooms, a reception area, storage and office rooms.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology and carried out an announced visit to the provider's premises on 8 September 2022.

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the provider. During the inspection visit we:

- visited and looked at the environment in the Upminster premises including treatment rooms, the reception and waiting area, and storage room
- observed how staff cared for patients including attending two consultations
- spoke with two patients and two parents of child patients

Summary of this inspection

- spoke with the registered manager (and lead audiologist of the service)
- spoke with 5 other staff members: 3 audiologists, the practice manager, and a receptionist
- looked at 10 care and treatment records of patients
- spoke with 2 ear, nose and throat consultants who made regular referrals to the service
- looked at a range of policies, procedures and other documents relating to the running of the service

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST take to improve:**

- The provider must further develop governance processes to record staff recruitment, training and supervision, infection control processes and audits for the service. Regulation 17(2)(a)(b)(d)

Action the service **SHOULD take to improve:**

- The provider should explore with the Disclosure and Barring Service whether it would be appropriate to check reception staff with them.
- The provider should ensure that reception and administrative staff have basic safeguarding training.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

Diagnostic and screening services

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Requires Improvement 

Are Diagnostic and screening services safe?

Good 

We had not previously rated this service. We rated it as **good**.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training which met the needs of patients and staff. Audiologists were required to complete a programme of mandatory training which included basic life support, manual handling, data protection, fire safety, infection prevention and control, and safeguarding vulnerable adults and children. Staff we spoke with confirmed that they had undertaken this training, and we observed evidence that 8 staff members had undertaken training in fire safety and first aid in March 2022.

The registered manager told us that they monitored staff members' mandatory training and alerted staff when they needed to update their training. The records the service maintained in relation to staff training were not always clear and easy to follow.

Safeguarding

Staff understood how to protect patients from abuse and work with other agencies to do so. Audiologists had training on how to recognise and report abuse and they knew how to apply it.

Audiologists received training specific for their role on how to recognise and report abuse. They had completed safeguarding training and understood the principles and processes for identifying and escalating concerns to relevant safeguarding authorities.

Audiologists had current enhanced criminal records and background checks prior to working at the service. There was a rolling annual programme for automated enhanced disclosure and barring checks for the audiologists. One audiologist was not yet registered on this programme and was due to complete a new disclosure check.

Administrative and reception staff had not completed basic or standard criminal records checks, or any safeguarding training.

Diagnostic and screening services

The lead audiologist was trained to level 3 safeguarding for children and young people. He was overdue for a refresher course, but was enrolled to complete this in October 2022.

Staff could give examples of how to support patients with protected characteristics under the Equality Act, and how to identify adults and children at risk of, or suffering, significant harm. The service was able to work successfully with children with learning disabilities and autism.

Staff knew how to make a safeguarding referral and who to inform if they had concerns, but had not needed to do so in the last year.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean, tidy and well-maintained.

At the previous inspection in January 2018 we noted that there were no checklists in place to provide assurance that cleaning had taken place. At the current inspection, there was a list of all areas to be cleaned, and a format in place to record when each clinic room had been cleaned, but this was not being completed regularly. There was also no infection control audit undertaken for the service within the last year.

The service had a hand hygiene policy in place which had been reviewed recently. There was provision of hand cleaning facilities in each room, including hand sanitising gel dispensers, and a sink with soap. Staff followed infection control principles including the use of personal protective equipment (PPE). We observed audiologists wearing masks during consultations, at all times except where reading lips was essential. Audiologists were bare below the elbows, and washed their hands as appropriate, with regular use of antibacterial gel. Patients were also encouraged to wear masks and use handgel.

The cleaning schedule made clear staff responsibilities for cleaning between clients, and on a daily, weekly and annual basis for different equipment such as audiometry and tympanometry devices and caloric irrigators. Staff cleaned equipment after patient contact with detergent wipes, and used disposable equipment for close contact with patients, such as for internal ear examination, and disposable canisters for ear-suctioning.

Toilet facilities were visibly clean and tidy, with a checklist in place demonstrating that they were checked regularly. Reception staff cleaned the office every day, with a deeper clean taking place twice a week.

During the height of the Covid-19 pandemic, staff had moved patients between clinics, to ensure more space between patients. They had also used disinfectant foggers (producing a fine mist of disinfectant dispersed by a blower) in the toilet and clinic rooms in between patients to ensure a high standard of infection control.

Not all chairs in the clinic room could easily be wiped clean, as some were fabric based.

Environment and equipment

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

Diagnostic and screening services

The design of the environment followed national guidance. Click Hearing was located in accessible ground floor high street premises. The reception and waiting area was located at the front of the premises and this was visibly clean, tidy, well-lit, well-ventilated and comfortable. There were two clinic rooms, both of which were spacious and sufficiently sized for all equipment.

There was a tidy and well organised storage room. There were safe and appropriate systems in place for disposal of waste for the clinic which did not constitute clinical waste.

The air conditioning unit was serviced regularly as appropriate, and there was a maintenance agreement in place for the clinic's fire safety equipment.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment. The service used specialised equipment such as microscopes and microsuction machines for ear wax removal procedures. There were sound treated clinic rooms and tympanometers for hearing assessments. There was a rotatory chair in one of the clinic rooms used for balance testing procedures.

The service manager told us that most of the audiology equipment was calibrated to each patient. Equipment that needed calibration and safety checks was checked and serviced annually as appropriate to ensure accurate assessments.

Assessing and responding to patient risk

There were measures in place to manage and minimise anticipated risks for patients and staff.

There were standard operating procedures and risk assessment in place to manage anticipated risks for each test and treatment provided. Risk assessments completed included those for Covid-19, slips and trips, stress, fire, and health emergencies.

There were telephones and emergency call points in each treatment room in case of an emergency. The service used closed-circuit television (CCTV) for security purposes.

Staff knew about and dealt with any specific risk issues. Staff kept lone working to a minimum and made assessments of the risks particular patients faced or posed to staff, and took appropriate precautions. For example they would leave the door of the treatment room open if needed. The service did not provide home visits to patients.

Staff were trained in basic life support and knew what action to take in the event of a health emergency. There was a first aid kit available to treat minor injuries. Staff told us they would contact the emergency services if a patient was very ill. In cases of identified aural illnesses or conditions, audiologists would make referrals to a patient's GP or consultant for further tests and treatment as required.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

There were 6 audiologists and 6 administrative staff working across the clinics. There were no vacancies at the time of our inspection. There were few absences as a result of staff sickness.

Diagnostic and screening services

New audiologists recruited to the team undertook enhanced criminal records checks and most were on the automatic update system for these to be renewed annually. However, the service did not keep up to date staff files to evidence this.

Records

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

Records were stored securely. The service used an electronic patient record management system. The system had password protected secure access. In the last six months, the service had transferred to a different electronic patient record system. Staff said that it had taken time to become accustomed to the new system, but it was working effectively.

The patient record system was used to record details of clinical activity for each patient, test results and outcomes. All clinical staff received training on how to use it. We observed that staff were confident in using the system.

Patient notes were comprehensive and all relevant staff could access them easily. We looked at records for 10 patients, and they included detailed but clear and concise information, and explained treatment plans, and any follow up tests and actions.

If patients moved between clinic sites, there were no delays in staff accessing their records.

Incidents

The service had systems in place to manage patient safety incidents. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them, but said that there had not been any reportable incidents in the last year.

There were processes in place for the service in the event of an emergency. The registered manager noted that if the clinic could not be used, it was possible to divert patients to alternative Click Hearing sites. Audiologists could also do home visits for follow ups if required. The service used a text messaging system to communicate appointment changes such as emergency cancellations.

The service had a very good safety record and there were no reported safety incidents in the year before the inspection. There were appropriate incident reporting processes in place including an incident form which detailed the reporting policy and process and included an example. The format was for recording the nature of an incident and any identified preventative or corrective actions, and would be verified by the registered manager to check that it was addressed appropriately. As there was a small staff team, the manager was able to respond to challenges and share learning quickly.

Staff understood the Duty of Candour. They were open and transparent, and gave patients and relatives a full explanation if things went wrong. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff we spoke with recognised the principles of openness and transparency should an incident occur, although there had not been any relevant incidents.

Diagnostic and screening services

Are Diagnostic and screening services effective?

Good 

We had not previously rated this service. We rated it as **good**.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. There were standard operating procedures in place for all tests and treatments provided at the service.

There were processes in place to ensure staff provided evidence based care and treatment. The service manager was signed up to alerts from professional bodies such as British Society of Audiology (BSA), British Society of Hearing Aid Audiologists (BSHAA) and Association of Independent Hearing Healthcare Professionals (AIHHP). Click Hearing was a member of all three of these organisations. Partner hospitals also disseminated new guidelines to Click Hearing via email.

Organisational policies were available on the company portal. We reviewed a sample of policies and found they were satisfactorily comprehensive and up to date.

Audiologists used objective testing and subjective testing methods for those patients who were unable to communicate verbally, such as young children and those with learning disabilities. Staff used evidenced based practice methods for hearing tests called real ear measurement (REM) including assessments for sound clarity, whistling and patients' ability to process high frequency sounds and specific speech. Tests for tinnitus were based on the same evidence based methods.

The registered manager had conducted a review of academic papers on ototoxicity monitoring in patients having platinum-based medication oncology treatment. His findings indicated that the highly ototoxicity of platinum could affect patients' high frequency sound processing and damage the ears. He advocated the introduction of baseline hearing tests for patients having Platinum-based chemotherapy treatment and had shared his findings with the service's partner hospital.

The service used a three-dimensional scanner to create impressions for individualised, bespoke fit hearing aids for each patient. The scans were sent electronically direct to the manufacturer to enable rapid fabrication of the hearing aid. This led to improved speed of service and comfort for patients.

The registered manager attended a Vestibular (relating to balance) Summit in 2022, and shared learning from this with the team.

We spoke with 2 referring ear nose and throat surgeons, who made regular referrals to the service for hearing and balance tests. They spoke very highly of the quality of assessments and reports provided, and the efficiency of the service, noting that they could contact the registered manager easily if they had any queries. They noted that patients reported that staff at Click Hearing had put them at ease during the tests. Overall they described the service provided as comprehensive and of a very high standard.

Diagnostic and screening services

Patient outcomes

Staff monitored the effectiveness of care and treatment on an individual basis. However, they did not conduct audits of patient outcomes across the service to inform changes in practice.

Outcomes for patients were positive, consistent and met expectations. Audiologists set outcome goals for all patients and checked that they were met. Outcome goals were recorded on the electronic patient record which incorporated a Client Oriented Scale of Improvement (COSI) free text form to record each patient's individual outcome needs and priorities. This was the main outcome measure used by audiologists.

Progress was checked at each appointment and in follow up sessions the audiologist referred patients back to their original outcome goals and asked them to comment on their improvement. Patients were asked to confirm the degree of change and final ability using a five-point scale of 'worse' to 'much better'. This method was used to help manage patients' expectations about the treatment and identify areas for improvement, further interventions or calibration of their support equipment such as hearing aids. This method of validation was centred around individual goals and needs. As COSI is personalised to the patient, it cannot be compared or benchmarked against reference data.

Audiologists also used probe microphone verification as a more objective method of checking patient progress. Verification is checking how well a patient's hearing aid fits their hearing aid output target. Verification was carried out for all patients at their fitting and annual reassessment.

The service did not use outcome measures for patients with balance or audio-vestibular conditions as Click Hearing only conducted the initial assessment to test for such conditions. These patients were referred to specialist services for treatment and rehabilitation.

Managers were not carrying out audits of patient outcomes, in order to inform the further development of care and treatment.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All audiologists at Click Hearing were fully qualified and registered to provide audiology services, with professional qualifications in technical audiology.

The audiologists were registered with the Health and Care Professions Council (HCPC) and were members of the British Society of Hearing Aid Audiologists (BSHAA). The lead audiologist was also registered as a dispenser of hearing aids.

The manager gave all new staff a full induction tailored to their role before they started work. Audiologists said that they were provided with extra support and supervision in their first few months at work in the service.

The registered manager supported staff to develop through constructive appraisals of their work. However, appraisals had been put on hold during the Covid-19 pandemic, and the manager was just beginning to catch up with these.

Managers supported staff to develop through regular, constructive clinical supervision of their work. Audiologists spoke very positively about supervision sessions with the registered manager. Administrative staff received supervision from the practice manager. However, supervision sessions were not recorded although formats were available.

Diagnostic and screening services

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw minutes of two team meetings which were happening approximately 3 times a year during the pandemic.

Managers made sure staff received any specialist training for their role. Staff told us that they had the opportunity to discuss training needs with the registered manager and were supported to develop their skills and knowledge. Staff said that they had access to funding and support to attend external training, for example in microsuction, balance assessments and rehabilitation. The service supported staff to attend external conferences with training sessions for delegates which were used as learning and development opportunities. One administrative worker was due to commence training in audiology, as an apprenticeship with the service.

Click Hearing provided informal learning placements for students on undergraduate degree audiology programmes.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff had access to computer terminals in each clinic room, which had internet and electronic patient records access. Staff could share information immediately with staff in other rooms to seek guidance.

Staff worked across health care disciplines and with other agencies when required to care for patients. Audiologists told us they had good working relationships with referring doctors, audiovestibular consultants in partner hospitals and community audiologists in local community NHS trusts. A senior community audiologist conducted the lead audiologist's annual appraisal and provided external support and challenge.

Click Hearing had an informal agreement with local community audiologists to seek advice and secondary expert opinion. Click Hearing audiologists wrote to each patient's referring doctor on completion of the patient journey, after assessment, hearing aid fitting and follow-up.

Audiologists at Click Hearing worked with patients on matters relating to aural health and they reviewed patients holistically in the sense of general dexterity, vision and balance. They also supported patients to identify more general health concerns, for example, helping patients identify early memory loss, and referring patients for ear ulcers that needed treatment. In such cases the audiologists sought consent from the patient to share pertinent information with their GP.

There were systems in place to facilitate referrals to other service and sharing of patient information. The service's electronic patient management system recorded each patient's referring doctor contact details. Click Hearing shared hearing and balance test results with the referring doctor to enable referrals for further treatment. There were clear protocols in place for referrals to acute and community ear nose and throat services and clearly documented acceptance criteria.

Audiologists referred patients with identified tinnitus for speech and language therapy and counselling if the patient wished.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Diagnostic and screening services

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Audiologists sought consent from patients immediately before treatment commenced. Audiologists told us that most treatment or testing was non-invasive but they explained to patients what was going to happen and sought their consent to continue before proceeding. As recommended at the previous inspection, the service had developed a format for recording this, and we saw examples of these being completed, and reviewed annually.

Staff said that assessments or treatment would be stopped if a patient was not comfortable or cooperative. We observed audiologists seeking consent from patients at all stages. Staff made sure patients consented to treatment based on all the information available.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Audiologists were aware of the provisions of the Mental Capacity Act. The service did not provide treatment to adults who did not have the capacity to consent, for example those with advanced dementia. Instead, such patients were referred to more suitable providers such as NHS hospital trusts.

Are Diagnostic and screening services caring?

Good 

We had not previously rated this service. We rated it as **good**.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff demonstrating a kind, patient, approachable and professional manner to patients and their relatives. Staff greeted people in reception and escorted them to the appropriate clinic room as needed. They took time to explain what they were going to do, listened to what patients said and answered questions clearly. Patients had the opportunity to ask questions.

We spoke with two patients, and two parents of children who used the service as part of this inspection. Patients and relatives we spoke with said staff treated them with kindness and sensitivity. They spoke positively about all the staff that they had encountered at the service, saying that they took time to explain all tests and procedures.

We observed the service receptionist interacting with patients in a welcoming manner, and demonstrating a good rapport with patients.

Staff followed policies to keep patient care and treatment confidential. Consultations took place in closed clinic rooms, and there was a secure electronic patient records system in place.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. The registered manager had produced a video to assist patients with Asperger's in preparing for seeing an audiologist, and had training in this area enabling them to work well with patients with Asperger's, and pick up on specific relevant issues. He was also trained as a 'Dementia Friend' with a national charity.

Diagnostic and screening services

Staff took time to adjust equipment to patients to ensure that it was comfortable.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Parents spoke highly of the support and advice provided by staff to support children with hearing needs. In one case this included making bespoke alterations to a device to meet a patient's diverse needs, which made a huge difference to their daily living.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

We observed audiologists speaking with patients in a sensitive and supportive way. Patients were able to attend with a relative to help them during their assessment or treatment. They all described a very high standard of customer service.

Staff told us how they would use distraction techniques to help settle and calm a child being assessed. There were large television screens connected to a computer which could access online cartoons based on what the individual child's preference.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. We observed two clinic sessions, including one audio-vestibular assessment. In both cases we observed the audiologist actively involving patients in their assessment and treatment. They explained what was happening at each stage and gave appropriate encouragement and reinforcement.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We observed staff talking to patients whilst carrying out tests explaining what to expect. Information was visible to patients on a large screen in the clinic rooms, and staff explained what this meant as they carried out each test. Assessment results were instantly available and provided to each patient. Patients were provided with printed and email copies of test results as required.

We observed a patient having their hearing aids adjusted to a new prescription. Staff engaged with the patient throughout the session to calibrate hearing aid volume and balance, and checked the patient was comfortable, seeking feedback regularly. Adjustments were made based on feedback from the patient.

Staff supported patients to make informed decisions about their care. Patients and relatives spoke highly about the up-to-date knowledge of staff, including those on the front desk, including options of the latest technology available. Patients were made fully aware of what each procedure entailed, and could observe the results being recorded on the screen in front of them, with nothing hidden. Patients told us that staff explained any next steps at the end of each consultation, including guidance and tactics on good ear health, using equipment and hints and tips to improve hearing.

Diagnostic and screening services

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Patients received a feedback survey to complete by text after every appointment, leading to a high number of responses. In July 2022, 69 responses were received, all of which rated the service as 5 out of 5, with the exception of one rating of 4 out of 5 and one rating of 1 out of 5. In August 2022, 89 responses were received all of which rated the service as 5 out of 5 with the exception of one rating of 4 out of 5.

Are Diagnostic and screening services responsive?

Good 

We had not previously rated this service. We rated it as **good**.

Service delivery to meet the needs of local people

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

Patients could access Click Hearing services at the main location in Upminster, as well as sites in Chelmsford, Ramsden Heath, Hornchurch, and at Springfield Hospital. Most patients were from East London, Essex and East Anglia. No home visits were undertaken.

The main activity of the service was hearing tests, the dispensing of hearing aids and tinnitus assessments, which are not categorised as regulated activities by the CQC and therefore not subject to CQC regulations or standards. The service also provided hearing tests and dispensing of hearing aids for children, and audiovestibular balance assessments, for which, although only a small proportion of work, the service was registered with the CQC.

Facilities and premises were appropriate for the services being delivered. Patients told us they came to Click Hearing because it was a more relaxed environment than a hospital. There were seats and magazines in the reception areas for patients while they waited. Air conditioning was provided, and clinic rooms were sound treated.

The service provided leaflets on the procedures available at Click Hearing, and these explained the processes involved and what patients could expect, for example in microsuction procedures. There were also lots of products on display in the reception area including hearing aids, headphones and accessories.

The service minimised the number of times patients needed to attend the service, by ensuring they had access to the required staff and tests on one occasion.

Meeting people's individual needs

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

The staff we spoke with understood their responsibilities to treat all patients fairly and without prejudice. The registered manager made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Staff had access to translation services to support patients with English as an additional language; however they told us formal interpreting was not frequently needed. Instead, audiologists sometimes used immediate online translation services, and with consent of the patient, they asked patients' family members to translate on their behalf.

Diagnostic and screening services

Click Hearing provided a service to a diverse demographic of patients, including children and young people and people in vulnerable circumstances, such as those with learning disabilities and those living with early stage dementia. Staff understood the principles of patient-centred and individualised care. The electronic patient management record utilised an alert system for recorded reminders about specific patient information, such as learning disabilities or dementia. This meant audiologists had access to the information in advance of sessions and could plan accordingly.

Audiologists told us they frequently assessed and treated patients living with memory loss or early stage dementia, but with decision making capacity. In these cases, patients attended with a family member or carer for support. The audiologists worked with relatives and carers to support patients flexibly and to meet their needs. The registered manager was part of a 'dementia friend' scheme run by a national charity. Audiologists also supported patients with physical and learning disabilities. They provided examples of tailored support for different patients, and recognised techniques and tactics to assess, treat and help those patients.

There was some provision for children and young people using the service. This included a child friendly chair and table, and audiologists could access online video content for children and tailor this to the child's preference.

The registered manager had completed a postgraduate qualification in Asperger's Syndrome. He had produced a video designed for patients with Asperger's as to what to expect when going for a hearing test.

Access and flow

People could access the service when they needed it and received the right care promptly.

The registered managers monitored waiting times and made sure patients could access services when needed and received tests or treatment promptly.

Patients could access clinics at five Click Hearing locations in Essex, with the main location in Upminster. There were clinics on six days per week, 8.30 am - 5.30 pm. At the time of our inspection there were no waiting lists to access the service. Patients could be referred by another clinician or book directly as self-referrals via telephone or using an online booking tool.

Usually patients could call in the morning for a same day appointment, next day or at a time that suited them. Where needed, follow up appointments were scheduled for a few weeks after a patient had tested their new hearing aids to check the calibration was correct. There was a low 'did not attend' rate. The service used a text messaging system to communicate appointment times with patients and provide appointment reminders or alerts.

The audiologists telephoned patients if they did not arrive on time to check if they had forgotten and to reschedule.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. They received a questionnaire survey by text after every appointment, and the service clearly displayed information about how to raise a concern. There was a feedback box with feedback forms in the seating area of the reception.

Diagnostic and screening services

Staff understood the policy on complaints and knew how to acknowledge them. The complaints policy was documented and included clear instructions for initial contact, interviews, acknowledgement, investigation and communication/ response. Patients received feedback from managers after the investigation into their complaint.

The service only received one formal complaint in the year preceding our inspection, and this was not upheld. The service subscribed to the British Society of Hearing Aid Audiologists (BSHAA) mediation service which was able to investigate complaints and mediate between provider and patient where disputes could not be resolved locally.

Are Diagnostic and screening services well-led?

Requires Improvement 

We had not previously rated this service. We rated it as **requires improvement**.

Leadership

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

The service had been operating for 21 years. Day to day management of the service was the responsibility of the registered manager who described a high level of attention to detail in providing an effective service to patients. The service had grown to include a further two locations since the previous inspection, and relocation of two. The registered manager was clear that he was developing the service in a sustainable way, with steady incremental growth.

Staff told us that the registered manager was very supportive, approachable and fair and they felt confident to escalate concerns. Newer staff said that they had learned a huge amount from working with the registered manager. The registered manager was a member of the Association of Independent Hearing Healthcare Professionals Council decision making team which represented independent audiologists across the UK.

There were clear protocols and procedures in place for the service, and an employee handbook covering all areas of the service and expected conduct.

There was a practice manager who managed the administrative side of the service, and a marketing officer.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, focused on sustainability of services and a high standard of patient centred care.

The service aimed to provide each patient with the very best hearing solution for their hearing difficulties, using the most advanced and technological innovations, based on the individual needs of the patient.

The registered manager sought to distinguish Click Hearing from other national providers by seeing more complex cases and focusing on meeting specific and individual needs. For example, they were able to provide balance and audio-vestibular assessments.

Diagnostic and screening services

Culture

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

The staff we spoke with were passionate about ear care and providing a good service for the community. All of the staff we spoke with told us they felt supported by their colleagues. We observed a supportive working environment and good rapport between staff and patients. As a small team, the service was responsive and could make changes and improvements rapidly.

Staff spoke positively about opportunities for further learning development, attending conferences, training courses and online resources. A receptionist noted that they had made the decision to train as an audiologist since working at the service, as an apprenticeship within the service.

Governance

Systems had been put in place to improve the management of risks within the service. Staff were clear about their roles and accountabilities. They described regular supervision and opportunities to meet, discuss and learn from their performance within the service, but this was not always recorded. Governance systems needed further strengthening to clearly demonstrate monitoring of staff recruitment checks, training, and quality assurance systems to monitor the service's performance.

At the previous inspection in January 2018, we found that the service did not have formalised governance processes and documentation to enable the recording and monitoring of risks, performance and quality information.

As a small organisation, the registered manager (lead audiologist and proprietor) was responsible for managing risks, quality and performance of the service. At the current inspection we found improvements in risk assessments and risk management for the service, and improvements in the recording of patients' consent. There was an improvement in obtaining feedback from staff in the form of staff survey forms which could be completed anonymously. Although there was some improvement in the recording of cleaning undertaken this was not yet sufficiently robust, with gaps in recording, and no infection control audit for the service.

Staff files were not kept up to date with staff recruitment checks, and current staff training, and criminal records checks, although on further questioning it was clear that these had been undertaken for all audiologists. The registered manager had not checked with the Disclosure and Barring Service as to whether checks needed to be taken for administrative staff. Although staff confirmed that they had regular supervision sessions these were not recorded. Appraisals had restarted following a delay during the Covid-19 pandemic.

One audit had been undertaken by the registered manager in August 2022, looking at the quality of data stored on patient records. This led to the identification of some duplications which were addressed. No other audits were undertaken for the service, such as the impact of hearing aids on the quality of life of patients, or the level of improvement in hearing for patients.

Diagnostic and screening services

The frequency of team meetings had reduced during the Covid-19 pandemic, with these now taking place approximately three times a year. At the most recent meeting in May 2022, issues discussed included the move of the Upminster clinic, offering patients free reassessments, ear irrigation training, deaf awareness week, phone cover, alerts, and proposals to test and trial within the service. The next meeting was planned for October 2022. Meetings of administrative staff were also held separately, approximately twice per year.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a risk register to document any potential or actual concerns, such as environmental or safety risks. The registered manager had a good understanding of the risks to the organisation and mitigation actions in place were documented as appropriate.

Click Hearing had a stable team. There was recognition of some external challenges such as competition from national providers. During team meetings for the whole team, staff discussed the running of the business, appointment times, new equipment, promotions, patient feedback, training, general news and observations.

The risk register for the service included risks inherent in each type of appointment including assessments, hearing screens, hearing aid fittings, microsuction, and taking impressions. Mitigation and contingent actions were documented, such as keeping equipment well stocked, or recording consent. Other risks identified included fire, health and safety issues, data confidence, equipment failures, burglary, power failure, and internet provision.

Information Management

The service collected reliable data and staff could find the data they needed to make decisions. The information system was integrated and secure.

Staff described some recent challenges following a move to a new electronic patient record system, but were still able to find the information they needed to provide safe and effective care to patients.

The service had a company portal in place with essential information easily accessible to all employees. Referrers spoke very positively about the ease of access to the service via the secure portal provided to them, for referrals and other communication.

Engagement

The service actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service sought feedback from patients using feedback forms. Patients received a feedback survey to complete by text after every appointment, leading to a high number of responses. Patients gave very positive feedback about the service. In July 2022, 69 responses were received, all of which rated the service as 5 out of 5, with the exception of one rating of 4 out of 5 and one rating of 1 out of 5. In August 2022, 89 responses were received all of which rated the service as 5 out of 5 with the exception of one rating of 4 out of 5.

Diagnostic and screening services

Employee satisfaction surveys could be completed by staff on the staff portal at any time. Within the last year 8 staff satisfaction surveys had been completed (5 of which were anonymous), and all of which were very positive. Staff confirmed that the registered manager consulted with them about the running of the service.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service had conducted a discrete research project looking at the effects of platinum-based medicine treatments in oncology on patients' hearing. The findings indicated that the ototoxicity of platinum can affect patients' high frequency sound processing and damage the ear. The registered manager had collated academic papers, with a view to creating a protocol for hearing testing in such patients. He continued to raise the issue at a local NHS service, and in relevant academic forums.

The registered manager also spoke of plans to conduct reciprocal visits with other audiologists to share innovations in best practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Governance processes were not sufficiently rigorous to ensure current recording of staff recruitment checks, training and supervision, infection control processes and regular audits for the service.