

Just Ears

Inspection report

Room 12, Pure Offices
Port View, One Port Way, Port Solent
Portsmouth
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www.justears.co.uk

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Just Ears as part of our inspection programme. This location had not previously been inspected since registering with the Care Quality Commission in June 2020. The main location at Port Solent is the hub of 13 sites in the south east of England.

Just Ears provides ear wax removal service using microsuction. This is where clinicians use a microscope to view the ear canal and a small suction device to remove the wax.

This service is registered with CQC under the Health and Social Care Act 2008 for the provision of the regulated activity: Treatment of disease, disorder or injury.

We found the service required to improve its approach to risk management by gaining assurance that agreed safety measures were implemented by host partners at all sites. The provider must ensure it operates safe systems to monitor and mitigate risks in relation to health and safety and staff recruitment. It must ensure it maintains an up-to-date and accurate Statement of Purpose that reflects the business as it grows, and that there are suitable policies in place and available to staff to support safe working practices.

You can see full details of the regulations not being met at the end of this report.

Our key findings were:

- The provider had a strong focus on patient-centred care and actively sought patient feedback to develop and improve services.
- Practitioners were committed to supporting patients in a kind and compassionate way.
- Just Ears had developed their own training and competency assessment programme for practitioners and aimed to provide a high quality, responsive service.
- In response to COVID-19, the provider had implemented enhanced infection control procedures to keep patients and staff safe.
- The provider's website was informative and included guidance to the public on what to expect from the treatment, as well as how to make a complaint.
- Staff felt well supported by their managers and colleagues.
- There was a positive culture which supported effective communication, learning and development.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Overall summary

- Implementing systems to identify, monitor and mitigate risks relating to health and safety, for example by maintaining assurances that risks at branch sites are managed effectively.
- Maintaining staff records that evidence safe recruitment.
- Ensuring they retain records of equipment safety checks and maintenance.
- Developing a full range of relevant policies that are kept up-to-date and made available to staff.
- Ensuring any changes to the service, such as new branch sites, are included in an updated Statement of Purpose and these changes are notified to the Care Quality Commission.

(Please see the specific details on action required at the end of this report).

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Just Ears

The registered provider is Southern ENT Limited, and the service is operated from the following address:

Room 12, Pure Offices

Port View

One Port Way

Port Solent

Portsmouth

PO6 4TY

The main location at Port Solent is the hub of 13 Just Ears sites in the south east of England, located in an area between Ringwood and Salisbury in the west and Tonbridge in Kent, to the east.

Just Ears provides ear wax removal service using microsuction. The service is delivered by trained ear, nose and throat (ENT) practitioners, including consultant surgeons, nurse practitioners and a GP with a specialist interest in ENT. The services are provided privately to adults and these services are not commissioned by the NHS.

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 for the provision of the regulated activity, Treatment of disease, disorder or injury. The provider had previously operated three clinics in the area and in June 2020 it restructured and registered the Port Solent location as its sole location and operational hub. It has extended the number of branch sites to 12.

One of the Just Ears' directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Just Ears website is <https://www.justears.co.uk/>

The additional sites operated by Just Ears are in the following towns and cities:

Chandlers Ford

Just Ears Clinic
Park Surgery
Sutherlands Way
Chandlers Ford
Eastleigh
SO53 2ZH

Chichester

Southdowns Private Healthcare
The Old Granary
The Street
Boxgrove
Chichester
PO18 0ES

Emsworth

Just Ears Emsworth
Hampshire Health
97 Havant Road
Emsworth
PO10 7LF

Esher

Health Village Esher at Esher Groves
Church Street
Esher, Surrey
KT10 8QS

Gosport

Knott Kinetics,
49 Stoke Rd,
Gosport
PO12 1LS

Guildford

Guildford Just Ears
Guildford Physiotherapy and Sports Clinic
Matthews House
85 Epsom Road, Guildford
Surrey, GU1 3PA

Horndean

Horndean
Horndean Surgery
7-11 London road
Horndean
PO8 0BN

Ringwood

Ringwood Medical Centre
The Close
Ringwood
Hampshire
BH24 1JY

Salisbury

Salisbury Medical Practice,
Fisherton House,
Fountain Way,
Wilton Road,
Salisbury,
Wiltshire,
SP2 7FD

Tonbridge

The Tonbridge Clinic
339 Shipbourne Road
Tonbridge
Kent
TN10 3EU

Winchester

Friarsgate Surgery
Buttercross Suite
Stockbridge Road
Winchester SO22 6EL

Liphook and Liss

Liphook and Liss Surgery
Hillbrow Road
Liss
Hampshire GU33 7LE

The clinics are open at different times Monday to Friday, and the service also offers appointments on Saturday mornings. Patients can view availability and book online for each site or can discuss appointment availability over the phone with administration staff.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections in a way which enabled us to spend a minimum amount of time on site. We conducted staff interviews using video conferencing, requested documents to be reviewed in advance and carried out short site visits. For this inspection, we visited the registered location and two additional sites in Gosport and Chandlers Ford.

We did not speak with patients directly however the provider routinely collected feedback from patients after their appointments, and shares the results on their website for public viewing.

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 Requires improvement because:

Patients attending the service had not experienced harm and the service had robust systems for training staff to carry out microsuction wax removal in line with the Just Ears clinical protocols. Infection control procedures had been adapted to promote safety for patients and staff during the pandemic and there were safe systems for storing records.

The provider had significantly expanded the number of branch sites and was recruiting additional staff, and we found that assurances relating to premises and staff were not systematically recorded.

However, we found the provider lacked assurances that the rooms were in premises where safety checks had been regularly completed. There was no record that electrical appliances were safety tested. The emergency arrangements were not updated and recorded for each site. The provider had not maintained records of risk assessments of their own room set-up at each branch site. Equipment repair and maintenance systems has lapsed, and a new contractor was being sought. Policies, including those relating to safety, were stored on the cloud-based management system, however not all staff had access to this system so could not readily access these documents for reference. Although recruitment and registration checks were carried out, they were not fully documented.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The main location in Port Solent is a rented office and treatment room within serviced offices. The provider leased rooms in the 12 branch sites within GP practices, physiotherapy practices and health centres.
- The provider issued hard-copy folders for each site that contained key information for practitioners. This included documents and guidance, such as lists of key contacts and a price lists and guidance on setting up and closing down the room, cleaning and waste protocols. They also contained the most up to date clinical protocols. The folder contained blank documents, in case the electronic systems failed, and a list of consumable items staff might need to order.
- Within the cloud-based document management system were site-specific folders. These contained the memoranda of understanding (MOUs) between the host site and Just Ears. The MOUs showed the start date of the agreement, the room requirements, the equipment, consumables and services provided by the host and those provided by Just Ears. They outlined the daily set-up and closing down arrangements as well as insurance and indemnity. Not all the MOUs outlined emergency emergencies, for example these were included in the MOUs for Salisbury and Esher but not within the ones we saw for Ringwood nor Winchester branches.
- At most of the branch sites there were agreements with the host organisation for them to carry out safety electrical tests on the Just Ears equipment. At the Gosport site, we could not see evidence on the equipment that this had been carried out and the provider did not keep a record of the tests that had been completed at host sites. The licencing agreeing with the Salisbury host was for Just Ears to carry out electrical safety checks. The system for monitoring this had not been maintained and the provider had identified this as an area to improve.
- Where the provider had agreements with most of the hosts of branch sites to undertake health and safety checks, these did not specify what these should be and did not include water tests for Legionella. Legionella is a bacterial infection which can cause respiratory problems if the water systems are not maintained safely. Just Ears did not have assurance that the host sites completed these checks.
- There were risk assessments that had been carried out by an external contractor for Guildford in 2018 and for Port Solent and Emsworth in 2019. There was no evidence that actions listed had been completed and there were no risk assessments for the other, more recently leased sites.

Are services safe?

- The provider did not complete individual risk assessments for each of their rented rooms to identify and mitigate risks during operation. For example, at the Gosport Site, when the room was set up to operate the equipment, the electrical leads for the microscope and suction device could present a trip hazard. This had not been documented with stated mitigations.
- There had been no emergency drills for Just Ears staff at the sites. The hard-copy folders at each site gave brief details on what to do in an emergency, but we could not see a copy of these guides in the electronic site folders. There was a risk that if the hard copy guidance was removed it might not be replaced. The emergency instructions on display at the Gosport site did not accurately state the location of the nearest defibrillator.
- The policy for safeguarding vulnerable adults had been updated in February 2021 and outlined roles and responsibilities, including the safeguarding lead. The policy did not include contact details relevant to the different branch sites or define the level of training required by different staff groups. We spoke with staff who were confident they would be able to identify signs of abuse and could explain the actions they would take to promote safety. They also said this had been a topic of discussion at a clinical meeting. The registered manager told us all staff were required to complete a minimum of level One adult safeguarding, and the clinical staff level Three.
- Other safety policies included those relating to confidentiality, COVID-19 and cleaning. There were data sheets for cleaning materials, in line with COSHH. However, the service had not developed a full range of safety policies (including health and safety, fire safety or recruitment) or ensured that policies were readily available for staff to reference.
- Management documents were stored on a cloud-based electronic system. This system was set up for limited access by the directors, lead nurse and senior administration staff and was not used by the clinical practitioners. The provider's policies were stored on this system, which meant that not all staff had access to them.
- Within each rented room, the provider had its own storage cupboard for PPE. There was also a lockable stack of drawers for the Just Ears microsuction equipment and the company issued an electronic notepad to remain at each site. This was in addition to the microscope and suction equipment. In most cases, Just Ears owned the microscope, but at two sites they used the microscope at the GP practice. The wheeled microscope and suction equipment were covered and stored at the side of the room after each clinic, and where relevant clearly marked as equipment owned by Just Ears.
- The service used single-use equipment. The 'suckers' (which went into the patient's ears) and the 'specula' (funnels to guide the suckers) were single use items and were disposed of after each use into clinical waste. The suckers went into the sharps bins due to their shape. The rest of the suction equipment, which had no direct contact with patients, was disposed of at the end of the clinic. This was in line with the manufacturer's guidance. All clinics used the same consumable equipment.
- The provider's repair and maintenance contractor, for the microscopes and suction equipment, ceased providing services during the pandemic. The provider told us they were setting up a new contract with a different company at the time of the inspection.
- There was established required learning for different staff. This included safeguarding vulnerable adults, infection control, basic life support and information governance. About 80% of staff also worked as clinicians in the NHS and Just Ears requested they shared their training records. Staff who were solely employed by Just Ears staff completed their required learning using a recognised on-line training platform. The provider maintained a log of training and reminded staff when they were due an update.
- The provider carried out staff checks at the time of recruitment, and these included requesting references and evidence of qualifications. The practice manager used a checklist to ensure the necessary recruitment steps were completed, in line with their recruitment flowchart. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The staff files did not include a copy of the completed recruitment or corporate induction checklists as these had not been retained. The provider said they would keep this on file in the future.

Are services safe?

- The provider had agreements with the host sites for them to maintain clean premises and provide hand sanitiser in the buildings. Just Ears staff had protocols for setting up their clinics and closing them down, which included cleaning the suction machine and microscope, couch, electronic notebook and checking the sharps box. There was a handwash basin and hand sanitiser in each room.
- The provider had established a COVID-19 response policy. This included information for patients and screening, the use of masks, staff uniforms and scrubs, and a temperature check on arrival. Appointment times had been extended to allow for additional cleaning between patients. The policy for the head office site included cleaning of the office and reception facilities. Staff recorded when they completed the cleaning tasks and these checklists were retained at the sites.

Risks to patients

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

- The provider had undergone a period of rapid expansion in the past three years, growing from five sites in 2018 to 13, including the new head office/registered location. The Just Ears staffing model meant staff were allocated to clinic sites depending on demand. Staff were prepared to be flexible in where they worked and could cross-cover when necessary. During the pandemic, the service was shut for a period of time, and before re-opening, the provider implemented enhanced infection control practices in response to government safety guidelines.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. There was guidance specific to each site in the room folders. Staff never worked alone at sites and guidance was to call for help and dial 999. All practitioners were trained in basic life support.
- Just Ears provided appropriate professional indemnity for all clinical staff and liability insurance for all staff.
- There were no medicines on site. If the practitioner identified an infection that needed medical treatment, they advised the patient accordingly and wrote to their GP to explain their findings.

Information to deliver safe care and treatment

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

- Care records were written and managed in a way that kept patients safe. The provider used a cloud-based electronic clinical record system, which prompted practitioners to complete each stage. Patients completed a medical history questionnaire before their appointment which included any contraindications. Practitioners ensured patients understood what the treatment would feel like, and possible risks and side effects, before patients signed their consent to treatment on the electronic record. The practitioners recorded their findings from an examination of both ears including any issues that might need additional medical care, for example relating to the health of the tympanic membrane. The patient record included a plan for further care.
- Care records were available and accessible, so patients' previous history of care within the service was available, irrespective of the Just Ears clinic they had previously attended.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. If findings indicated the need for further medical treatment, the practitioner sent a letter to the patient's GP, for example for an Ear Nose and Throat (ENT) referral. The letters were created at the time of the appointment, sent by head office and held within the patient record. Patients were also sent a copy.
- 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.

Safe and appropriate use of medicines

Are services safe?

- The service did not store emergency medicines or prescribe medicines to patients. Practitioners directed patients to their GP if they found evidence of an ear infection.

Track record on safety and incidents

The service had a good safety record but had not developed a policy and process for acting on incidents.

- The provider had not experienced any incidents or significant events. We were told the medical director would review any incidents but the provider had not developed an incident policy to describe the actions it would take in response to different types of incident. This meant there was a risk that staff might not recognise, report or record an incident or near miss.
- The service monitored and reviewed activity and staff were proud of their safety record and the safety benefits of microsuction compared with other ways of removing ear wax.

Lessons learned and improvements made

The service learned and made improvements.

- Staff understood their duty to raise concerns. This was included in their induction and training. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service's clinical governance arrangements meant there were systems for sharing lessons to improve safety. For example, in response to a complaint, the service had improved its consent process to ensure patients understood any possible risks associated with microsuction.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty, however there was not a formal policy or procedure that outlined this legal duty.

Are services effective?

We rated effective as Good because:

The provider ensured staff were competent and skilled to carry out ear wax removal by microsuction. Records showed patients gave their consent and their treatment was planned and reviewed. The service had responded effectively to the risks posed by the COVID-19 pandemic and reviewed outcomes to assess quality of care.

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)

- We reviewed patient records and found practitioners assessed patients' needs and delivered care in line with the provider's clinical protocol. Earwax removal is recommended by the National Institute for Health and Care Excellence (NICE) to improve hearing, and in 2017 NICE stated microsuction should only be used by trained staff and is safer than wax removal using ear syringing.
- The provider had implemented a COVID-19 response policy in 2020, reflecting national guidance on infection prevention and control. For example, the provider had set up a system of asking patients to wait in their cars before being asked to come into the clinic to promote social distancing. It had also implemented enhanced cleaning between patients.
- Practitioners had enough information to develop a treatment plan for each patient. This was based on the patient's initial contact with the service, their medical history and findings from their examinations of both ears.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. Patients were advised that the treatment would be noisy, and practitioners advised them to say if they felt pain and checked on how they felt during the procedure.
- Patients were advised about possible side effects such as tinnitus (a sensation or awareness of sound that is not caused by a real external sound source) and/or dizziness and were asked to call the service if they experienced any complications.

Monitoring care and treatment

The service carried out quality improvement activity.

- The service used information about care and treatment to make improvements. Just Ears had undertaken an audit to understand reasons for patients re-attending within two weeks for unplanned care. This was a retrospective audit of over 14,000 patients, which showed 0.9% requests for further review. Results showed the main reason for these requests for follow up were due to patients still feeling their ear was blocked. The service had reviewed these patients individually and Just Ears was preparing to publish the results of this audit for wider circulation.

Effective staffing

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

- All staff were appropriately trained and supported. Just Ears had developed a comprehensive clinical training and induction programme, tailored to staff with different levels of experience. This was clearly laid out and staff said they found it very effective. Before staff were employed, they were assessed for their aptitude for the work. Their training involved observing clinical partners. There was a training microscope at the head office with a dual scope design which supported this approach. Trainees received a microsuction wax removal training manual that incorporated the training

Are services effective?

programme, guidance on how to complete the treatment record and a description of how to carry out the procedures. This guidance emphasised what to do if the practitioner identified an infection in the ear. The provider had an induction and training programme for all newly appointed staff and staff were required to pass a competency exam before being allowed to treat patients without supervision. Trainee staff were supervised carrying out microsuction earwax removal with a minimum number of patients. When they were confident to practice unsupervised, they were required to complete their log-book and a probation period.

- At recruitment, Just Ears checked medical and nursing professionals were registered with the General Medical Council and the Nursing and Midwifery Council. Staff said they were supported with revalidation.
- Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, we spoke with one staff member who had been promoted into a regional manager role, with protected time for managerial duties.

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 helped patients find the most appropriate site for their appointment and explained options.
- Staff communicated effectively with each other and said they could always seek advice from colleagues when required.
- The service also prepared patients effectively for their appointments. For example, staff might advise patients to use specific wax-softening products in advance of the appointment to improve the microsuction outcome.
- Patients were asked for consent to share details of their consultation with their registered GP. We saw evidence of letters sent to their registered GP in line with GMC guidance.
- The practitioners liaised with patients' GPs if they found infections or advised patients to attend hospital if these were severe. They had links with audiovestibular medicine consultants (specialists in hearing and balance disorders) for the very few patients who reported tinnitus after their treatment.
- The service had set up the patient record to ensure that consent was sought before starting any treatment.

Supporting patients to live healthier lives

Staff supported patients to look after the health of their ears to improve their hearing and independence.

- Where appropriate, staff gave people advice so they could self-care. The Just Ears website also provided a range of information about the anatomy of the ear and ear care. This included how best to keep the ear clean and how to minimise the risk of damage or infections. The website offered a range of useful information for patients to help them keep their ears healthy.
- Staff told us about patients who had provided feedback to the service about improvement in hearing, also benefitting their wellbeing and mental health.
- Risk factors were identified from the medical history and from notes from previous treatments. This helped staff tailor their advice for patients, for example in how best to self-care for their ears.
- Where patients' needs could not be met by the service, staff redirected them to an alternative appropriate service, such as their GP.

Consent to care and treatment

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

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Patients were asked to consider and complete a revised and comprehensive consent form detailing the possible risks before the practitioner started treatment. The consent form had been made more detailed and practitioners ensured patients understood the procedure and a range of possible complications prior to treatment.
- The service had set up the patient record to ensure that consent was sought before starting any treatment.

Are services caring?

We rated caring as Good because:

Patient feedback was sought routinely by the service and showed people were treated with respect by friendly and caring staff.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care and the experience patients received. They collected feedback via social media reviews and also from post-treatment surveys. The results were mapped to clinics and to specific staff and reviewed each month. We saw that people reported positively on practitioner kindness and friendliness. People said staff were helpful.
- Staff explained how they respected people's individual situations and gave examples of how they had helped people feel relaxed and comfortable.

Involvement in decisions about care and treatment

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

- Patients attended the service through self-referral or following a suggestion from a health professional. Any language needs were assessed at the booking stage and people were able to bring a friend or relative with them if this was requested. However, this was risk assessed during the COVID-19 pandemic.
- The provider's website was informative and gave explanations of what patients would experience during the treatment. This included information about prices and a list of frequently asked questions. Both practitioners and administration staff helped patients feel involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. They gave them the time they needed to explain their concerns and the clinics were set up in rooms that offered people privacy.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider understood the needs of its patients and organised services flexibly to offer clinics in different branches at different times of the day. Treatment rooms were selected for their accessibility. Patient feedback was encouraged, and the provider took complaints seriously to support the individual and improve the service.

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. They listened to patient feedback and developed services where there was need.
- The facilities and premises were appropriate for the services delivered. The branch clinics had been selected in premises where they could hire a ground floor room. The provider ensured rooms were of a suitable size and with adequate privacy and security.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service made longer appointments, for example for those living with a learning disability. They identified those patients with mobility restrictions during the booking stages and staff were able to meet people at their car and escort them to the clinic where necessary.
- The Just Ears website was accessible to people with visual hearing motor or cognitive impairments. For example, the text could be resized.
- Pricing was clear and the website explained they reduced the fee if they found no wax blocking the patients' ears.

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 treatment. Since the initial COVID-19 lockdown and resumption of services, there had been an increase in demand and the administration staff helped people find their most convenient location and earliest appointment time.
- Waiting times, delays and cancellations were minimal. Staff advised patients of any delays if this was necessary.
- Patients with the most urgent needs had their care and treatment prioritised. We were told of examples of practitioners offering additional appointments in response to an urgent request.
- Patients were asked for their feedback on the ease of booking appointments and their timeliness. Their views were monitored each month. In May 2021, the average ratings for ease of booking and for timeliness was 5/5. The different clinics were also compared based on their timeliness of appointments.

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 on the provider's website. There was a named director as lead for complaints managements and governance.

Are services responsive to people's needs?

- The service responded to concerns or comments raised via on-line feedback systems which showed they listened to and acted on patient views. Staff treated patients who made complaints compassionately and they told us they saw complaints as opportunities to improve services.
- 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.
- The service had complaint policy and procedures in place. The service learned lessons from complaints. For example, it had reviewed and improved its consent process in response to patient feedback.

Are services well-led?

We rated well-led as Requires improvement because:

The provider had not provided an updated, revised statement of purpose to reflect the increase in branch sites and the supporting management structure. There were gaps in the provider's assurance systems for health and safety, recruitment and staff performance, as well as in their governance of policies.

Leadership capacity and capability;

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

- Leaders met regularly and had prioritised the development of a skilled workforce to deliver safe care. There had been a recent growth in the number of sites where Just Ears delivered their services. They had a regional management structure to help train and support new staff.
- Staff told us leaders at all levels were visible, approachable and supportive. They worked closely with staff and prioritised compassionate and inclusive leadership.
- The leaders were proud the service had been shortlisted for the Portsmouth News 2021 Business Excellence Awards.

Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and values. Just Ears aimed to deliver a high quality, professional, ear wax removal service across the South Coast. They aimed to continue to expand the service into targeted towns.
- 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 and were enthusiastic about the benefits of earwax removal by microsuction.
- The service focused on the needs of patients and actively sought patient feedback. Positive patient feedback was used as a key measure of quality.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a culture of openness, honesty and transparency. This was demonstrated in the way the service responded to complaints. For example, the service requested to see patients again promptly when they complained and took their issues seriously. The provider was aware of the duty of candour but had not embedded the statutory duty into its policies.
- Staff told us they received good training and support in their roles. They accepted the appraisal process had slipped during the pandemic but they were kept informed of events, feedback and changes and leaders were available when needed. The provider told us they aimed to relaunch the appraisal process
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

There were responsibilities, roles and systems of accountability to support good governance and management, however there were gaps in some of these processes.

- Just Ears had a governance structure, processes and systems in place. The service held regular whole team meetings, clinical meetings and operational meetings. The administration staff were well supported.
- Some systems were not robust, such as the management of non-clinical records and policies to ensure they were available, updated and relevant. The service had set up memoranda of understanding with the host sites where they rented rooms and we were told there was effective liaison with this hosts. These discussions were not routinely noted.
- The provider had not maintained an up to date statement of purpose, revised to show the new branches and their management arrangements.
- The provider had not established and reviewed policies in relation to, for example health and safety or incident management, and policies were not clearly version-controlled to demonstrate their review date and any changes.
- The service used performance information which was reported and monitored and management and staff were held to account
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- The service risks were not fully identified, understood and managed. Although the provider had responded effectively to the COVID-19 pandemic and there were robust training and competency systems, there were gaps in identifying and managing risks relating to premises and staff recruitment.
- The service had processes to manage current and future performance. Performance of practitioners was monitored through patient feedback and regular review.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Views of patients, quality and operational information was used to ensure and improve performance.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and considered feedback from patients, staff and external partners and acted on them to shape services and culture. All patients were asked to provide feedback and they were prompted to offer their suggestions on a range of topics. These were noted and discussed by the service. This included feedback on service sites and useful guidance from administration staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

There was a commitment to learning and improvement. The service responded to patient feedback, but the service did not have a formal policy for managing incidents and learning from them.

- Leaders had informal communications with external partners and staff. They had plans to re-establish a formal appraisal process as this had lapsed at the time of the inspection due to the COVID-19 pandemic.
- The service had not logged any incidents but there was no incident management policy. This meant the service might not have made use of near misses to learn and make improvements.

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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good Governance.</p> <p>How the regulation was not being met:</p> <p>Systems or processes must enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others</p> <ol style="list-style-type: none">1. Gaps in identifying risks in relation to the premises (eg health and safety, emergency procedures, safety testing electrical equipment, water testing) <p>This was in breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Systems or processes must enable the registered manager to maintain records in relation to persons employed and in relation to the planning and delivery of treatment</p> <ol style="list-style-type: none">1. Incomplete staff recruitment records2. Incomplete service records (eg equipment safety testing and service records)3. Incomplete (eg Safeguarding vulnerable adult) and missing (eg incident management, Duty of Candour) management policies with clear review dates. <p>This was in breach of Regulation 17 (1) (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p>

This section is primarily information for the provider

Requirement notices

Regulation 12 Care Quality Commission (Registration) Regulations 2009 Statement of purpose.

How the regulation was not being met:

The provider had not submitted their revised statement of purpose to reflect the new branch structure within 28 days of making the changes.

This was in breach of Regulation 12 Care Quality Commission (Registration) Regulations 2009 Statement of purpose.