

Click Hearing Limited

Quality Report

23 Corbets Tey Road,
Upminster, Essex, RM14 2AP
Tel: 01708 259 863
Website: www.clickhearing.com

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Core services inspected

Community Health Services for
Adults

CQC registered location

Click Hearing Ltd

CQC location ID

1-347119835

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

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Summary of findings

Overall summary

We found the following areas of good practice:

- The service had a good safety record with no reported safety incidents.
- There was good compliance with cleanliness, infection control and hygiene standards.
- The service used some highly specialised and innovative equipment.
- Staff were encouraged to participate in research and were supported to develop and learn new skills.
- Staff demonstrated a kind, patient and professional service to patients. They actively involved patients in their assessment and treatment.
- There were no waiting lists for the service. In most cases, patients could access same day appointments.
- The staff we met were passionate about ear care and providing a good service for the community.

However, we also found the following areas that the service provider needs to improve:

- The registered manager had a good understanding of the service's challenges and risks, but there were no formal governance mechanisms to record and review quality, performance and risk information.
- Audiologists sought patient consent before treatment; however the patient record system did not include a formal record of consent.
- There were no checklists to record cleaning activities and enable audit of cleaning processes.

Following this inspection we told the provider that it must take action to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We issued the provider with one requirement notice. Details are at the end of the report.

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of services.

Are services safe?

- The service had a good safety record with no reported safety incidents. There were appropriate incident reporting processes in place.
- The environment was suitable for the services provided and there was good compliance with cleanliness, infection control and hygiene standards
- Equipment was well maintained and the service used some highly specialised equipment.
- All staff completed safeguarding training and understood the principles and processes for identifying and escalating concerns to relevant safeguarding authorities.
- The service used an electronic patient record management system and all patient interventions were clearly documented.
- All staff were up to date with the required mandatory training.
- Staffing was well managed and there were no vacancies at the time of our inspection.

However,

- Although all areas and equipment were visibly clean, there were no check lists or records to provide documented assurance that cleaning had taken place or to enable audit of cleaning processes.
- There were measures in place to manage anticipated risks, however there were no formal systems to identify and record anticipated risks.

Are services effective?

- Audiologists provided evidence based care and treatment and applied current good practice.
- The service used specialised equipment to create bespoke fit hearing aids for each patient.
- Audiologists set outcome goals for all patients and checked that they were met.
- All audiologists were fully qualified and registered to provide audiology services.
- Staff were encouraged to participate in research and were supported to develop and learn new skills.
- Audiologists had good working relationships with referring doctors and there were systems to facilitate referrals and sharing of patient information with other services.

However,

Summary of findings

- Audiologists sought consent from patients immediately before treatment commenced, but this was not recorded on the electronic patient record as there was no option to do so.

Are services caring?

- Staff demonstrated a kind, patient and professional service to patients.
- Staff actively involved patients in their assessment and treatment.
- Patients and their relatives told us staff were caring and treated them with dignity. They spoke positively about the staff and services provided.
- Staff spoke with patients in a sensitive and supportive way.

Are services responsive to people's needs?

- Patients could access Click Hearing services at the main location in Upminster and two smaller satellite sites in Essex.
- Patients could access the service according to their needs. There were no waiting lists for the service.
- Staff understood their responsibilities to treat all patients fairly and without prejudice.
- Staff had access to translation services to support patients with English as an additional language
- The service supported vulnerable patients and those with specific needs.
- Staff understood the principles of patient-centred and individualised care and they worked with patients, their relatives and carers to provide flexible support that met their needs.

Are services well-led?

- The vision and philosophy of Click Hearing was clearly documented and well-understood by staff.
- Staff told us that the service manager was supportive, approachable and reasonable and they felt confident to escalate concerns.
- Staff were passionate about ear care and providing a good service for the community.
- The service sought feedback from patients using formal channels such as feedback forms.

However,

Summary of findings

- The service manager had a good understanding of the service's challenges and risks, but there were no formal governance mechanisms in place to record, audit and review quality, performance and risk information.

Summary of findings

Our inspection team

The team leader of this inspection was Max Geraghty. The team that inspected the service comprised one CQC inspector.

Why we carried out this inspection

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

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 10 January 2018.

Services we do not rate

We regulate independent community services for adults but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

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 all areas of the premises including treatment rooms, the reception and waiting area, storage rooms and offices;
- looked at the quality of the treatment environment and observed how staff cared for patients;
- spoke with two patients and the parent of one child patient;
- spoke with the registered manager (and lead audiologist of the service);
- spoke with two other staff members: an audiologist and a receptionist;
- collected feedback from 14 patients using comment cards;
- looked at two care and treatment records of patients;
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about the provider

Click Hearing is a diagnostic service providing audiology services, hearing care and hearing aid services.

The service has been registered with the CQC to provide diagnostic and screening procedures and treatment of disease, disorder or injury since 2011. The registered manager of the service has been in post since 2001 when the company was established. 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 work.

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

Patients could access services at the main Click Hearing premises in Upminster Essex. There were two smaller satellite locations at Springfield Hospital and Ramsden Heath, from which audiologists also provided services. We inspected the Upminster location only, where there are two clinic rooms, a reception area, storage and office rooms.

The CQC last inspected Click Hearing in September 2013, when we found the provider was compliant with all of the standards inspected at the time. The CQC has not set any requirement notices or other enforcement activity against this provider.

What people who use the provider's services say

We distributed feedback cards to the service in advance of our inspection and received written feedback from 14 patients, their carers and relatives. All of the feedback we received was very positive. General themes from the

feedback highlighted the professionalism and politeness of staff, accessible and timely appointments, individualised service and care, and good provision of advice and guidance.

Good practice

- The support for staff involvement in research to help improve quality of life and audiology outcomes for patients having oncology treatment.
- The installation of an innovative rotatory chair enabled more precise balance testing procedures to support the assessment of audiovestibular balance

conditions, enabling patients to better understand their condition and be referred for appropriate support. At the time of our inspection there were presently fewer than five of these chairs in use in the UK.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the provider **MUST** take to improve

- The provider must introduce formalised governance processes and documentation to enable the recording and monitoring of risks, performance and quality information.

Action the provider **SHOULD** take to improve

- The provider should introduce means of recording patient consent, to support better audit and control of consent recording.
- The provider should introduce checklists to record cleaning activities and enable audit of cleaning processes.

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

Summary of findings

- The service had a good safety record with no reported safety incidents. There were appropriate incident reporting processes in place.
- The environment was suitable for the services provided and there was good compliance with cleanliness, infection control and hygiene standards
- Equipment was well maintained and the service used some highly specialised equipment.
- All staff completed safeguarding training and understood the principles and processes for identifying and escalating concerns to relevant safeguarding authorities.
- The service used an electronic patient record management system and all patient interventions were clearly documented.

- All staff were up to date with the required mandatory training.
- Staffing was well managed and there were no vacancies at the time of our inspection.

However,

- Although all areas and equipment were visibly clean, there were no check lists or records to provide documented assurance that cleaning had taken place or to enable audit of cleaning processes.
- There were measures in place to manage anticipated risks, however there were no formal systems to identify and record anticipated risks.

Our findings

Incident reporting, learning and improvement

The service had a very good safety record and there were no reported safety incidents in the year preceding our inspection. There were appropriate incident reporting processes in place including an incident form which detailed the reporting policy and process and included an example for guidance. The form detailed the nature of the incident and any identified preventative or corrective actions. The completed form was verified by the manager to check the incident was addressed and if an audit or further checks were required. The manager of the service told us that they would review what happened and put in place mitigating actions to stop it happening again. As there was a very small team of staff, the manager was able to respond to challenges quickly and share learning immediately.

Duty of Candour

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. All of the

staff we spoke with recognised the principles of openness and transparency should an incident occur, although there had been no incidents requiring discharge of Duty of Candour responsibilities.

Safeguarding

All of the staff we spoke with had completed safeguarding training and understood the principles and processes for identifying and escalating concerns to relevant safeguarding authorities. Staff had current criminal records and background checks, which were recorded in personnel files. There was a rolling annual programme for automated checks. The lead audiologist was trained to level 3 safeguarding for children and young people.

Environment and equipment

Click Hearing was located in accessible ground floor high street premises. The main reception and waiting area was located at the front of the premises and this was visibly clean, tidy, well-lit, well-aerated and comfortable.

There were two clinic rooms, both of which were spacious and sufficiently sized for all equipment, desks,

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chairs and treatment areas. The rooms were tidy, well organised and clean. There were secure waste bins in the clinic rooms for safe disposal of syringes and clinical waste. The on-site storage room was tidy and organised.

The service used specialised equipment such as microscopes and microsuction machines for ear wax removal procedures. There were soundproof booths and tympanometers for hearing assessments. There was a rotatory chair in one of the clinic rooms used for balance testing procedures. This was innovative as at the time of our inspection there were presently fewer than five in use in the UK.

All of the portable equipment we checked had current safety checks. The service manager told us all audiology equipment was calibrated on an annual basis to ensure accurate assessments.

Quality of records

The service used an electronic patient record management system. The system had password protected secure access. The 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. Staff told us it was very intuitive and simple to use. We observed staff were adept and confident in using the system. We checked a sample of records and found that notes were concise, clear and explained follow up tests and actions.

Cleanliness, infection control and hygiene

On inspection we found all areas of the premises were visibly clean, tidy and well-kept. We observed infection prevention and control processes were adhered to. There was provision of hand cleaning facilities in each room, including hand sanitising gel dispensers, and a sink with soap at the reception desk. There were detergent wipes available in each treatment room. Staff were bare below the elbows in clinical areas. Toilet facilities were visibly clean and tidy. There was a health and safety poster which displayed employer and employee responsibilities for infection prevention and control.

A cleaner came in three times per week and there was a current cleaning schedule. 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. However, although all areas and equipment were visibly clean, there were no check lists or records to provide documented assurance that cleaning had taken place or to enable audit of cleaning processes.

Mandatory training

Staff were required to complete a programme of mandatory training which included basic life support, manual handling, data protection, fire safety, infection prevention and control, safeguarding vulnerable adults and children. The staff training records showed that all staff were up to date with the required mandatory training.

Assessing and responding to patient risk

Staff were trained in basic life support and were able to provide resuscitation to patients in emergencies. 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. There was also a police station immediately adjacent to the premises for immediate emergency support. In cases of identified aural illnesses or conditions, audiologists would make referrals to a patient's GP for further tests and treatment as required.

Staffing levels and caseload

There was a team of three audiologists and one receptionist. An external speech and language therapist held clinics at the Upminster location on Thursdays but was not directly employed by Click Hearing. There were no vacancies at the time of our inspection. There were few recorded absences as a result of staff sickness. Audiologist working hours were 8.30pm to 5.30pm. Staff told us they rarely worked beyond their set hours but if they did they would always get the time back shortly afterwards.

Managing anticipated risks

There were measures in place to manage anticipated risks, however there were no formal systems to identify and record anticipated risks. There were telephones in each treatment room in case of an emergency. CCTV was in use for security purposes. Staff waited for another member of staff to be present on site before taking the first patient through to the clinic room. Staff told us they occasionally treated patients with a history of aggressive behaviours (for example patients with learning

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disabilities or those living with dementia). To manage potential risks staff would leave the door of the treatment room open so they could vacate the room if they felt unsafe. Staff told us they ceased treatment if a patient was violent and referred them back to their doctor for alternative treatment in a more suitable clinical setting. As a rule the service did not provide home visits to patients to mitigate any potential safety risks. However, for known patients the manager would make a judgement based on any known risks and would conduct a home visit for those patients who were unable to attend the clinic.

Major incident awareness and training

There were processes for ensuring that services could continue in an emergency. The manager told us that if the building was incapacitated, for example because of a flood, there was provision in place to divert patients to alternative Click Hearing sites in Essex (Springfield Hospital or Ramsden Heath). Audiologists could also do home visits for follow ups if required. In such cases, the service would not take on new patients until the premises were usable. The service used a text messaging system to communicate appointment changes such as emergency cancellations.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

- Audiologists provided evidence based care and treatment and applied current good practice.
- The service used specialised equipment to create bespoke fit hearing aids for each patient.
- Audiologists set outcome goals for all patients and checked that they were met.
- All audiologists were fully qualified and registered to provide audiology services.
- Staff were encouraged to participate in research and were supported to develop and learn new skills.
- Audiologists had good working relationships with referring doctors and there were systems to facilitate referrals and sharing of patient information with other services.

However,

- Audiologists sought consent from patients immediately before treatment commenced, but this was not recorded on the electronic patient record as there was no option to do so.

There was a folder containing organisational policies available at the reception desk. We reviewed a sample of policies and found they were satisfactorily comprehensive and up to date. Staff told us they knew where to access the documents.

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.

We observed staff using evidenced based practice methods for hearing tests called real ear measurement (REM), which included 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 used in regular hearing assessments. Audiologists referred patients with identified tinnitus for speech and language therapy and/or counselling.

One of the audiologists at Click Hearing was conducting research on ototoxicity monitoring in patients having platinum-based medication oncology treatment. Platinum is known to be highly ototoxic and it can affect patients' high frequency sound processing, damage the ear and have a negative impact on patients' quality of life. There are presently no UK guidelines for this. The audiologist was collating academic papers and doing desk-based research to investigate the rationale for introducing baseline hearing tests for patients having chemotherapy treatment. The audiologist was looking to create a protocol on ototoxicity monitoring for use at one of Click Hearing's partner hospitals and improving coordination between audiology and oncology teams. The audiologist was liaising with hospital managers and consultant doctors about its development. The aims of the research were to improve patients' quality of life and address the unintended side effects of some oncology treatments.

Technology and telemedicine

The service used a text messaging system to communicate appointment times with patients and provide appointment reminders or alerts.

The service used a three dimensional scanner to create impressions for individualised, bespoke fit hearing aids for

Our findings

Evidence based care and treatment

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), of which Click Hearing was member of all three organisations. Partner hospitals also disseminated new guidelines to Click Hearing via email, for which the service was required to audit compliance against any new guidelines. The service manager highlighted a recent example of new recommendations in the use of probe microphone measurements, which Click Hearing had adopted as a guideline to ensure staff were consistently working to good practice.

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each patient. The scans were sent electronically direct to the manufacturer to enable rapid fabrication of the hearing aid. This system meant that patients could have improved comfort in their daily use of the equipment.

Patient outcomes

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, so 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 audiovestibular 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.

Competent staff

All audiologists at Click Hearing were fully qualified and registered to provide audiology services. All three audiologists had 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 and registered with the Registration Council for Clinical Physiologists. At recruitment, qualifications were checked and CVs with references were kept in personnel files.

Staff were supported to develop and learn new skills. Click Hearing subscribed to a 'skills pledge' which was displayed in the main reception area. It aimed to actively encourage and support employees to gain skills and qualifications that meet the needs of the business and support future employability, and to support employees to work toward qualifications and improve competencies. This included 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. The 'junior' audiologist in the service was given opportunities to shadow and assist the 'senior' audiologist to develop competency in balance assessments and paediatric cases.

The receptionist had been supported to complete training in customer service and level two qualifications in literacy and numeracy.

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

We reviewed personnel files which contained a dedicated appraisal form detailing responsibilities, description of work undertaken, skills, audit activity, any concerns and a 12 month development plan. All staff had received an appraisal in the year preceding our inspection.

Multi-disciplinary working and coordinated care pathways

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.

Health promotion

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

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.

Referral, transfer, discharge and transition

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 otolaryngology (ear nose and throat) services and clearly documented acceptance criteria. Click Hearing was part of the Any Qualified Provider system which meant the service could accept referrals from NHS hospital consultants, including paediatricians.

Access to information

Staff had access to computer terminals in each clinic room, which had internet and electronic patient records access. There was an instant messenger system for staff to share

information immediately with staff in other rooms. This enabled them to share information and seek guidance discreetly without leaving the patient. There was a staff notice board in the office area which was used to display information and instructions.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

Audiologists sought consent from patients immediately before treatment commenced, however this was not recorded on the electronic patient record as there was no option to do so. Audiologists told us that patient consent was implied by their being there for assessment or treatment. Audiologists told us that most activity was non-invasive but they explained to patients what was going to happen and sought their consent to continue before proceeding. Assessments or treatment would be stopped if a patient was not comfortable or cooperative. We observed audiologists seeking consent from patients in all cases.

The service did not provide treatment to patients 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. The service did not treat patients under Deprivation of Liberty Safeguards and there was no provision to secure patients to conduct assessments or treatment.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

- Staff demonstrated a kind, patient and professional service to patients.
- Staff actively involved patients in their assessment and treatment.
- Patients and their relatives told us staff were caring and treated them with dignity. They spoke positively about the staff and services provided.
- Staff spoke with patients in a sensitive and supportive way.

Our findings

Compassionate care

We witnessed staff demonstrating a kind, patient and professional service to patients. In each case, we observed the audiologist came out to welcome the patient and bring them into the clinic room. They explained what was going to happen, listened intently to what the patient said and answered questions in a clear and accessible way. In most cases there were opportunities for lots of follow-up questions.

We spoke with two patients and the parent of one child patient as part of this inspection. They told us that staff were caring and treated them with dignity and they spoke positively about the staff and services provided.

As part of the inspection process, we sent comment cards for patients to provide us with feedback about the service and staff. All of the completed cards (14 in total) had positive feedback about the quality of their experience and how they were treated by staff. Feedback included: "I'm very happy. They went above and beyond what I was expecting", and "staff are always very professional, polite and always willing and able to answer all my queries", and "the staff are very caring and helpful. It's a lovely environment". These comments were reflective of all the feedback we received.

We observed the service receptionist was pleasant and welcoming and had good rapport with patients. The receptionist told us they enjoyed talking to patients and getting to know them.

Understanding and involvement of patients and those close to them

We observed three clinic sessions, including one paediatric hearing assessment. For all cases we witnessed audiologists actively involving patients in their assessment and treatment. They gave ongoing commentary about what was happening at each stage and gave positive feedback, encouragement and reinforcement. They engaged with the patient throughout the sessions to calibrate hearing aid volume and balance, checked the patient was comfortable and sought feedback to check if the patient could still hear throughout and if sound quality was satisfactory. Adjustments were made based on feedback from the patient. The audiologists double checked and repeated things where necessary for clarification. Patients had opportunities to ask questions and there was good dialogue throughout the sessions. We observed the audiologists giving feedback at the end of each session and explaining next steps, including guidance and tactics on good ear health, using equipment and hints and tips to improve hearing.

Audiologists demonstrated how to use equipment and checked patients had understood and asked them to show they could use it, for example a magnet patients could put on their telephone to enhance and clarify the sound.

For the paediatric hearing assessment we observed, the audiologist used distraction techniques to help settle and calm the child being assessed. There was a large television screen connected to a computer which could access online cartoons based on what the individual child liked. We observed the audiologist speaking in an age appropriate way throughout the assessment, including lots of encouragement and praise.

Patients were provided with printed and email copies of test results as required. Assessment results were instantly available and provided to each patient.

Emotional support

We observed audiologists speaking with patients in a sensitive and supportive way. Patients were able to attend with the partner or relative to help them during their assessment or treatment.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

- Patients could access Click Hearing services at the main location in Upminster and two smaller satellite sites in Essex.
- Patients could access the service according to their needs. There were no waiting lists for the service.
- Staff understood their responsibilities to treat all patients fairly and without prejudice.
- Staff had access to translation services to support patients with English as an additional language
- The service supported vulnerable patients and those with specific needs.
- Staff understood the principles of patient-centred and individualised care and they worked with patients, their relatives and carers to provide flexible support that met their needs.

Our findings

Planning and delivering services which meet people's needs

Patients could access Click Hearing services at the main location in Upminster and two smaller satellite sites in Essex. Most patients were from East London, Essex and East Anglia, but some patients travelled from other European countries to receive treatment as Click Hearing was kite marked as 'Gold Standard' for hearing aid dispensing by the Association of Independent Hearing Healthcare Professionals. There were strict criteria for meeting this standard including real ear measurements in a clinical environment, sound proof systems and use of specialised equipment such as microsuction.

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. Patients could also seek advice on ear health and purchase noise management products such as ear plugs and headphones.

Patients told us they came to Click Hearing because it was a more relaxed, clinical environment than a hospital. There were seats and magazines in the reception areas for patients to help them feel comfortable while they waited. However, one patient mentioned that parking in the local area could sometimes be difficult.

The service provided diagnostics and observations for patients with suspected tinnitus. For confirmed cases, patients were referred to a specialist audiovestibular consultant doctor for further treatment.

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 multiple leaflet stands in the reception and corridor between consulting rooms. The available leaflets were mostly corporate promotional literature about different hearing products. There were also lots of products on display in the reception area including hearing aids, amplifying telephones and headphones and accessories.

The service displayed recent certificates it had received for good customer service, including awards for audiologist of the year in 2012 and 2016, and the East London Chamber of Commerce Business awards winner of service excellence and customer focus 2015. Click Hearing was a member of the British Society of Hearing Aid Audiologists Customer Care Scheme.

Equality and diversity

The staff we spoke with understood their responsibilities to treat all patients fairly and without prejudice.

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.

Meeting the needs of people in vulnerable circumstances

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

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

dementia. Staff understood the principles of patient-centred and individualised care. Staff had completed enhanced criminal records checks as they were worked with people in vulnerable circumstances.

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 such 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 audiologists we spoke with had both completed dementia awareness training on techniques for managing and supporting patients with dementia, and one audiologist 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. In the clinic rooms there were child friendly chairs and some early learning toys for younger children, and audiologists could access online video content for children and tailor this to the child's preferred content.

Access to the right care at the right time

Patients could access clinics at three Click Hearing locations in Essex, with the main location in Upminster. There were clinics on six days per week, 9-5pm. 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. In most cases, 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 audiologists telephoned patients if they did not arrive on time to check if they had forgotten and to reschedule.

An external speech and language therapist provided weekly clinics each Thursday to support patients, for example with guidance and tactics for communication in cases of hearing loss.

Learning from complaints and concerns

The service did not receive any formal complaints in the year preceding our inspection. The lead audiologist told us that complaints were usually addressed and resolved at source. 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, although the service had not needed to make use of it. The complaints policy was documented and included clear instructions for initial contact, interviews, acknowledgement, investigation and communication/response. The policy and complaints form was available in the service policy folder and there was a feedback box with feedback forms in the seating area of the reception. There was a certificate on display in the reception area about the BSHAA consumer code and customer care pledges. There was also a HCPC guidance form on how to report fitness to practice concerns.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

- The vision and philosophy of Click Hearing was clearly documented and well-understood by staff.
- Staff told us that the service manager was supportive, approachable and reasonable and they felt confident to escalate concerns.
- Staff were passionate about ear care and providing a good service for the community.
- The service sought feedback from patients using formal channels such as feedback forms.

However,

- The service manager had a good understanding of the service's challenges and risks, but there were no formal governance mechanisms in place to record, audit and review quality, performance and risk information.

Our findings

Service vision and strategy

The philosophy of Click Hearing was clearly documented in patient literature. 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 lead audiologist articulated plans for developing the organisation including expanding into new, larger premises and other locations in Essex, and to develop balance and audiovestibular services. The lead audiologist sought to distinguish Click Hearing from other national providers by seeing more complex cases and focusing on meeting specific and individual needs.

Governance, risk management and quality measurement

As a small organisation, the lead audiologist and proprietor was responsible for managing risks, quality and performance of the service. At the time of our inspection there were no formal mechanisms in place to record governance and risk information and provide documented assurance that risks and performance were monitored and reviewed. For example there was no risk register to document any potential or actual concerns, such as

environmental or safety risks. The lead audiologist had a good understanding of the risks to the organisation and was able to articulate what mitigation actions were in place, but they were not documented. Click Hearing was a stable organisation with a stable team. There was recognition of some external challenges such as competition from national providers.

There were planned quarterly team meetings for the whole team which were used as an opportunity to discuss the running of the business, appointment times, new equipment, promotions, patient feedback, training, general news and observations. Staff told us they were useful meetings.

Leadership of this service

As a small organisation, day to day management of the service was the responsibility of the lead audiologist and proprietor. The lead audiologist clearly articulated the focus on “doing things properly” and that the service was managed in a sustainable way, with steady incremental growth. Staff told us that the service manager was supportive, approachable and reasonable and they felt confident to escalate concerns. The lead audiologist was a member of the Association of Independent Hearing Healthcare Professionals Council decision making team which represented independent audiologists across the UK.

Culture within this service

The staff we met 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.

Public engagement

The service sought feedback from patients using formal channels such as feedback forms. The service also used opinion surveys to poll patients about changes to the service.

Innovation, improvement and sustainability

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

There was a rotatory chair in one of the clinic rooms used for balance testing procedures. This was innovative as at the time of our inspection there were presently fewer than five in use in the UK.

The service was participating in a discrete research project to help improve quality of life and audiology outcomes for patients having oncology treatment.

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

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

- Formalised governance processes to enable adequate risk management and quality control were not in place.