



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Ears, Newton Mearns (Glasgow)

Service Provider: Ear Health Care Services Ltd

27 June 2024

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Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	8
<hr/>		
	Appendix 1 – About our inspections	16
<hr/>		

1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Ears on Thursday 27 June 2024. We spoke with a number of staff during the inspection. We received feedback from seven patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Newton Mearns (Glasgow), Ears is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Ears, the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
The service had a clear statement of purpose and this was shared with patients. Regular staff meetings were held. The service had a plan to measure outcomes and improvements.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Appropriate policies and procedures were in place for the safe delivery of patient care. Patient feedback was regularly gathered and acted on. Patients received enough information to make informed choices and consent. A risk register was in place. An audit programme should be implemented to support continuous improvement. Staff training should be implemented.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The clinic environment and equipment were clean and well maintained. Patients were positive and complimentary about the service and staff. Patient care records were comprehensive and well completed.		✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [Guidance for independent healthcare service providers – Healthcare Improvement Scotland](#)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Ear Health Care Services Ltd to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in no requirements and three recommendations.

Implementation and delivery	
Requirement	
None	
Recommendations	
a	The service should develop a staff training plan of training requirements relevant to their role (see page 12). Health and social Care standards I have confidence in the people who support and care for me. Statement 3.14

Implementation and delivery (continued)

- b** The service should further develop its risk register to ensure effective oversight and management of all risks and the actions taken to reduce each risk (see page 13).

Health and Social Care Standards My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14

- c** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented (see page 13).

Health and Social Care Standards My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Ears Health Care Services Ltd, the provider, must make the necessary improvements as a matter of priority.

We would like to thank all staff at Ears for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service had a clear statement of purpose and this was shared with patients. Regular staff meetings were held. The service had a plan to measure outcomes and improvements.

Clear vision and purpose

The service had a clear statement of purpose to provide a safe, medically qualified, specialist ear wax removal healthcare service to the very best standards. Its vision was to provide patient-centred, specialist ear wax removal treatments and this was shared with patients in the clinic and on service's website.

Treatments were appointment-only and many patients were returning customers. The service owner (who was also the service manager and a practitioner) and staff aimed for open conversations on the patients' issues and reasons for attending, giving treatment options and recommendations suitable for their presenting problem.

We saw that the service measured itself against key indicators to help assess its performance. The key performance indicators included patient feedback and the number of returning patients. Reviews of patient outcomes, patient feedback and service improvements were used to inform the service's corporate plan and decide on its aims for the year ahead. The 2024–2025 plan included improving:

- clinic accommodation
 - software development, and
 - staff training.
- No requirements.
 - No recommendations

Leadership and culture

The service is owned by an experienced nurse registered with the Nursing and Midwifery Council (NMC). The owner (manager) had completed an additional training diploma in ear care and treatment. Staff included nurses and allied health professionals, as well as administrative staff.

The owner (manager) was accountable for clinical governance processes for patient safety and gathering feedback from patients and implementing changes. A staff meeting was held every 3 months to discuss topics, such as feedback from patients and audit results. Minutes with actions were documented.

- No requirements
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Appropriate policies and procedures were in place for the safe delivery of patient care. Patient feedback was regularly gathered and acted on. Patients received enough information to make informed choices and consent. A risk register was in place. An audit programme should be implemented to support continuous improvement. Staff training should be implemented.

Co-design, co-production (patients, staff and stakeholder engagement)

The service used a variety of methods to collect patient feedback in line with its patient participation policy. For example, patients were sent emails and texts to reply to and they could also follow links sent to leave feedback online. A paper copy of the questionnaire was also available and we saw evidence that the service reviewed all feedback and took any actions, as required.

The service actively sought feedback from patients about their overall experience and used this information to inform its improvement activities. We saw improvements made as result of feedback obtained included:

- consent information sent electronically to give patients time to read before their appointment
- detailed information on website about how to find the clinic, and
- instructions on what do on arrival using the buzzer system.

Staff were also able to provide feedback about any suggested improvements at staff meetings and appraisals.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was aware that, as a registered independent healthcare service, it had a duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance. The service had submitted appropriate notifications when required.

We saw policies in place to help deliver safe person-centred care, including those for:

- emergency arrangements
- infection prevention and control
- information management, and
- health and safety.

Staff we spoke with were aware of the service's incident book, which was available for reporting any accidents and incidents that occurred. We noted that the service had had no accidents or incidents since it was registered with Healthcare Improvement Scotland in March 2022.

Maintenance contracts for the fire safety equipment and fire detection system were up to date. A fire risk assessment was carried out every year. Fire safety signage was in place and we saw a safety certificate for the fixed electrical wiring. A waste management contract was in place for the safe disposal of clinical waste and sharp.

A complaints policy detailed the process for managing a complaint and timescales the service would follow. The policy stated that patients could complain to Healthcare Improvement Scotland at any stage of the process and included the correct contact information. Information about how to make a complaint was available to patients in the treatment room and on the service's website.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when something goes wrong. The service had a duty of candour policy and its annual duty of candour report was available on its website. Staff were trained on duty of candour principles.

The service did not stock or prescribe any medicines.

On the day of treatment, patients had face-to-face consultation where discussions included:

- aftercare
- expected outcomes and treatment options
- full medical history, and
- risks, benefits and side effects.

Printed information was available in the clinic and online for patients, including aftercare information for each treatment with the practitioner's emergency contact number.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). Patient care records were securely stored electronically.

The owner (manager) and staff had completed ongoing training as part of their NMC registration, as well as specific training in ear care and health. Staff completed training in ear care and treatment and were given the opportunity to attend diploma training at the service's expense.

Staff had regular development meetings with the owner (manager), such as training in identifying common issues with ear health. Staff were given yearly appraisals.

What needs to improve

Staff were trained on duty of candour principles. However, staff files did not document a list of other training completed, such as training in:

- complaints management
- consent, and
- safeguarding (public protection) (recommendation a).

Recommendation a

- The service should develop a staff training plan of training requirements relevant to their role.

Planning for quality

Risk assessments were in place to manage risk to staff and patients in the service, including those for fire risk assessment and slips, trips and falls.

A business continuity plan was in place in case of emergencies (such as sickness, flood or power failure). Appropriate insurances, such as public liability insurance were in-date.

A quality improvement plan was in place, which helped the service make improvements based on staff and patient feedback. The quality improvement plan was discussed at staff meetings and reviewed when changes had been implemented.

What needs to improve

While the service had risk assessments and a risk register in place, these should be further developed to include risks associated with all aspects of care delivery, including actions implemented to reduce risk, and review (recommendation b).

Other than an informal patient care record audit, we saw no evidence of regular audits carried out in the service. A comprehensive audit programme would help the service provide continuous safe care and treatment for patients and to identify areas for improvement (recommendation c).

Recommendation b

- The service should further develop its risk register to ensure effective oversight and management of all risks and the actions taken to reduce each risk.

Recommendation c

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented, and improvement action plans implemented.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

The clinic environment and equipment were clean and well maintained. Patients were positive and complimentary about the service and staff. Patient care records were comprehensive and well completed.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

The clinic environment was modern, clean and well equipped. Equipment was in good condition and well maintained. Cleaning of the treatment room and equipment was carried out between patient appointments, and an in-depth daily clean was carried out following use. We saw that cleaning schedules were completed and up to date. Appropriate cleaning products were used for sanitary fittings.

Measures were in place to reduce the risk of infection and cross-contamination. For example, the service had a good supply of personal protective equipment (such as disposable aprons, gloves and face masks) and alcohol-based hand gel. Sharps were well managed.

All patients who responded to our online survey said they were satisfied with the clinic's facilities, equipment and environment. Comments included:

- 'Clean and professional.'
- 'Facilities clean and well maintained.'

The five patient care records we reviewed were comprehensive and accurately completed. All five patient care records we reviewed included:

- assessments and medical histories
- GP and emergency contact details
- patient consents to treatment and sharing information with other healthcare professionals if required
- the provision of aftercare advice, and
- treatments agreed and provided.

All patients who responded to our online survey told us they received enough information about their procedure and felt involved in the decisions about their care. Comments included:

- ‘They explained the wax removal process before treatment started.’
- ‘Fully informed regarding procedures and the I could intervene if necessary and desired.’

We reviewed the staff files and saw that they included evidence that appropriate checks had been carried out to allow them to work safely in the service. These included checks of staff members’ proof of identity, professional registrations and references. Staff completed a comprehensive induction to the service.

Disclosure Scotland manages The Protecting Vulnerable Groups (PVG) scheme. It helps make sure people who are unsuitable to work with children and protected adults cannot do regulated work with these vulnerable groups. We saw that the service had completed appropriate Disclosure Scotland checks in line with legislation.

- No requirements.
- No recommendations.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.



More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square

1 South Gyle Crescent

Edinburgh

EH12 9EB

Email: his.ihtregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.scot