

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Sussex Health Care Audiology Ltd

Dorking Hospital, Horsham Road, Dorking, RH4
2AA

Date of Inspection: 23 December 2013

Date of Publication: February
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Sussex Health Care Audiology Limited
Registered Manager	Mr. Prince Punnoose
Overview of the service	The Sussex Health Care Audiology Service is based at Dorking Hospital, in Dorking, Surrey. The service provides audiology and hearing aid services to NHS patients.
Type of service	Diagnostic and/or screening service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	11
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The clinic supports the complete hearing aid care pathway including the initial assessment, fitting, follow up, review and ongoing support and maintenance. We found that the clinic had information leaflets, written in plain English, which were provided to patients prior to and after their first assessment appointment

We saw staff used a template to guide them through the consultation and records confirmed that medical histories and consent to treatment were being updated at each consultation. This was confirmed by the patients we spoke with.

We saw that the registered manager had provided staff working at the clinic with guidance and information on the safeguarding of vulnerable adults and children. Both policies were clearly set out and described "what to do and who to contact" if abuse is suspected.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment.

The clinic supports the complete hearing aid care pathway including the initial assessment, fitting, follow up, review and ongoing support and maintenance. We found that the clinic had information leaflets, written in plain English, which were provided to patients prior to and after their first assessment appointment. On receiving a referral from the general practitioner, information leaflets were issued to patients, together with a general letter explaining the appointment time and address of the clinic. We were told that after the initial assessment appointment, a factsheet, hearing aid instruction book and a battery issuing record book were provided to support the verbal information given during the consultation, which allowed patients to read the information when required. We saw that the electronic records contained up to date medical histories and treatment management plans for each patient. The provider also had a comprehensive website providing information regarding the treatment pathway.

We asked staff how they ensured that a patient fully understood what treatment they would receive. We were told that all patients, at the initial assessment appointment, had the procedure explained to them and they were given the opportunity to ask questions and consent to treatment. This was confirmed by the two patients attending the clinic who felt involved in making decisions about their treatment as they had been given enough information to help them make decisions. One patient said "the staff were very attentive and thorough and explained my options" another said "the procedure was explained, and I felt involved in the process, my needs have been properly met." This demonstrates that patients who used the service were given appropriate information and support regarding their care and treatment which helped them make informed decisions.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare.

Reasons for our judgement

We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan.

We saw that the clinic was run in a relaxed, professional, caring manner, with staff calling patients into the clinic room and offering any support, if required. We saw staff were respectful in their dealings with patients and carers, with one member of staff telling us that "our patients being happy, is a priority". All the patients we spoke with were positive about the care and treatment they had received. One patient said " Staff are very friendly and I have only gratitude and praise for the service." Another patient said "It was efficient and I got an appointment as quickly as I wanted."

We reviewed the electronic management treatment plans of four patients and saw that care and treatment was planned and delivered in a way that met the patient's individual needs. We saw staff used a template to guide them through the consultation and records confirmed that medical histories and consent to treatment were being updated at each consultation. This was confirmed by the patients we spoke with. We were told, and records confirmed, that patients hearing was assessed using the "Glasgow Hearing Aid Benefit Profile Protocol." This questionnaire evaluates individual hearing needs during the initial assessment and follow up appointments, ensuring that all patients receive evidence based, consistent care. We were also told that at the end of the assessment consultation a copy of the audiogram is given to the patient and the degree and type of hearing loss is explained. We were told by one staff member that consultations were developed around patient needs, for example, patients who suffer from dementia will have longer appointment times, have a carer present and a manual method of assessing hearing function will be used where facial expression will alert the audiologist of the level of hearing. This meant that patients were assured of receiving treatment that protected their safety and welfare.

We saw the initial referral came from the General Practitioner (GP), but we were told that there were systems in place to accommodate emergency access. One patient told us "They were very happy with this process and that they did not have to wait long for the assessment- it was what I expected". On the day of the inspection we were told patients

were being seen approximately three weeks after being referred by their G.P.

We saw that the audiologists employed had ongoing training to keep their knowledge up to date, this included equipment demonstrations and updates which were given during training days.

There were arrangements in place to deal with foreseeable emergencies. We saw that the clinic had procedures in place for dealing with foreseeable emergencies and as the clinic took place in Dorking Hospitals outpatients department, emergency equipment was available. We saw records that confirmed that staff had undergone training in life support, emergency first aid and fire safety.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

The provider was meeting this standard.

Patients were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

At our last inspection on 25th March 2013 we found the registered person was not fully meeting this outcome because they did not have a policy in place relating to the safeguarding of children, and that staff had not undertaken training in the protection of children. The registered person sent us an action plan telling us what actions they would take to become fully compliant with the outcome.

At this inspection we saw that the registered person had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening with the introduction of "Safeguarding Children's policy" and associated staff training.

We saw that the registered manager had provided staff working at the clinic with guidance and information on the safeguarding of vulnerable adults and children. Both policies were clearly set out and described "what to do and who to contact" if abuse is suspected. The safeguarding children's policy stated the local safeguarding children board guideline and procedures for staff to follow. This was based on the local authority multi-agency procedures. One staff member told us of their understanding of their role with regards to safeguarding and said they would feel confident in reporting any concerns they had to the local authority so that the appropriate action could be taken.

The training records showed that staff had received safeguarding training of vulnerable adults and children. Safeguarding children's training had taken place on the 6th June 2013 and this was confirmed by looking at an electronic certificate that was issued confirming attendance on the course. This showed us that staff had up to date information and knew how to respond appropriately to any allegation of abuse.

We saw evidence to confirm that professionally practicing staff held current registrations with the Health and Care Professional Council (HCPC). We also saw that staff employed held checks with the Criminal Records Bureau (CRB). These checks ensured that only staff who were suitable to work with vulnerable people and had the appropriate professional qualifications were employed by the provider.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At our last inspection on 25th May 2013 we found the registered person was not fully meeting this outcome because the provider did not have suitable arrangements in place to appropriately support staff to deliver care and treatment to service users safely. Staff had not undertaken appropriate training, annual appraisal or supervision. The registered person sent us an action plan telling us what actions they would take to become fully compliant with the outcome.

At this inspection we saw that the registered person had taken action to ensure that staff were appropriately supported through training and development.

We saw that a training tracker was in place and staff completed an annual training update which included courses such as infection control, medicine management, protecting vulnerable adults and fire safety. Training records confirmed staff had received this training and it was on a continuous cycle which helped to reinforce their knowledge in these specific areas.

We were told that clinical staff were supported to work towards continuous professional development (CPD). For example, staff were able to attend training courses to ensure they received enough credits to maintain their professional registration from the HCPC. One member of staff told us that they would be attending a master class on "Tinnitus"(persistent noise in the ear) to develop a greater knowledge and understanding that can be transferred into clinical practice. This meant that staff were given the opportunity to further develop their skills.

The registered manager told us and we saw evidence that staff were supported through an appraisal process which took place annually. We were told that the registered manager conducted internal audits on a weekly basis, on the patients management treatment plans to ensure that the correct procedures and guidelines were followed and correctly recorded. Any serious discrepancies would result in immediate actions to ensure that patient safety was not compromised. All other discrepancies would be discussed at individual supervisions or training days.

We saw an agenda for the training day that took place on the 1st November 2013, which indicated that staff were keep up to date on management issues and new technology. Training days also allowed team engagement and support as lone working is undertaken across the service. We asked if staff felt supported, one member of staff said "absolutely, the registered manager is very supportive and I can call him at any time." On a day to day basis we were told that "although we are a small team engagement and communication is good, we get support from each other, colleagues are at the end of a phone." This meant that patients were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

A staff satisfaction survey has not been undertaken to date but the provider told us that this will take place in March 2014.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients receive.

Reasons for our judgement

At our last inspection on 25th May 2013 we found the registered person was not fully meeting this outcome because the provider did not have effective systems in place to regularly assess and monitor the quality of the service provided. The registered person sent us an action plan telling us what actions they would take to become fully compliant with the outcome.

At this inspection we saw that the registered person had taken action to ensure that the provider had effective systems in place to regularly assess and monitor the quality of the service provided.

We saw records that the provider held regular staff/training meetings. Staff we spoke with told us that they felt comfortable to discuss all subjects. At these meetings management issues would be discussed to ensure all staff were kept well informed and communication channels were open and transparent.

We were told that the provider was undertaking regular Board meetings. We saw the agendas from the board meetings that took place on August 9th, September 27th and October 25th 2013. These confirmed that areas discussed included incident reporting and patient complaints, staff and business development and updates on patient waiting times. We saw that the provider has started the accreditation process to register with the "Improving Quality in Physiological Diagnostic Services" (IQIPS) which will require the service to maintain and monitor the quality of the service provided to service users. This shows that the provider is responsive to continually improving the quality of care provided.

Management audits are undertaken by the provider to support continually improving standards of care including patient and staff safety and following clinical and company policies. We were told that management treatment records are audited and through this process treatments and clinical practices can be changed to improve treatment pathways. We were told that official patient satisfaction questionnaires will be undertaken in March 2014. We were told by staff that at the end of each consultation a set of questions is asked to ensure that the patient was happy with the level of care and treatment they had

received. If there are any doubts, the Audiologist will undertake a follow up telephone call to ensure patients are "not left with doubts". This shows that there is a culture of openness between clinical staff and patients that will support improving standards of care.

We also saw that the clinic had a system for reporting, tracking and investigating adverse incidents and complaints. The staff we spoke to were aware of the importance of recording such events and knew how to do so with all relevant information being available to staff on a memory stick which meant incident and complaint forms were always available if required irrespective of the clinic site. We reviewed the incident log and saw that there were a low number of reported incidents with the last input being in September 2012.

We also saw the provider had a "management of complaints" policy in place which defined the process along a strict timeline, with the provider having to acknowledge a complaint within two days and a written response within ten days. This shows that the provider is responsive to continually improving the quality of care and treatment provided.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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