

# Announced Inspection Report: Independent Healthcare

**Service:** House of Hearing, Glasgow

**Service Provider:** House of Hearing Ltd

15 November 2023

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## Contents

<b>1</b>	<b>A summary of our inspection</b>	<b>4</b>
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<b>2</b>	<b>What we found during our inspection</b>	<b>8</b>
----------	--	----------

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	<b>Appendix 1 – About our inspections</b>	<b>18</b>
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# **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 House of Hearing on Wednesday 15 November 2023. We spoke with the service manager, the head of nursing and the clinical group lead. We received feedback from eight 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 Glasgow, House of Hearing (Glasgow) 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 House of Hearing, 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>	
<b>Summary findings</b>		<b>Grade awarded</b>
The service aimed to provide access to high quality audiological facilities with fully qualified audiologists. Well-defined leadership structure and effective processes were in place to help identify and sustain service improvement.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patients received information to make informed choices and consent. A range of policies and procedure were available to help deliver safe care. Systems were in place for monitoring and managing risk. Regular audits reviewed key aspects of care and treatment and a quality improvement plan helped the service continually improve. Patient feedback should be shared with patients.		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The care environment and equipment was clean, equipment was fit for purpose and regularly maintained. Patients were satisfied with their care and treatment. Next of kin or emergency contact details must be documented in patient care records. Appropriate consent and consent to share information should be included in all patient care records.		✓✓ 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:  
[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/ihc\\_inspection\\_guidance/inspection\\_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Assurance Framework can also be found on our website at:  
[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## What action we expect House of Hearing 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 one requirement and two recommendations.

Implementation and delivery	
Requirements	
None	
Recommendation	
a	<p>The service should update its participation policy to include how it will inform patients how their feedback has been used to improve the service (see page 11).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 4.8</p>

Results	
Requirement	
1	<p>The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 17).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(1)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>

Results (continued)	
Recommendation	
<b>b</b>	<p>The service should review documentation to ensure consent is clearly recorded for treatment and information sharing (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</p>

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:  
[www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/independent\\_healthcare/find\\_a\\_provider\\_or\\_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

House of Hearing Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at House of Hearing 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 aimed to provide access to high quality audiological facilities with fully qualified audiologists. Well-defined leadership structure and effective processes were in place to help identify and sustain service improvement.**

#### *Clear vision and purpose*

The service had a clear vision displayed on its website. Its vision and purpose was to provide access to high quality audiological facilities with fully qualified audiologists, using the latest equipment.

A strategic plan provided the service with a structured approach to improvement. This set out strategic objectives, operational priorities and the vision of the service. Key areas of focus included:

- increasing patient capacity
- revenue growth, and
- staff development and feedback.

Key performance indicators (KPIs) helped the service identify and measure the effectiveness and quality of the treatment it provided. Data from patient satisfaction surveys, audits and risk assessments was collected and analysed to be used as the service's KPIs. Results from the KPIs were discussed at staff meetings and recorded in a yearly report.

Following review of the KPIs, the service had planned to introduce an IT system to allow patients to book appointments online. The service had also engaged with local NHS GPs to offer a referral system to the service for patients. This was aimed to reduce GP visits, waiting times for patients and benefit the local community.

- No requirements.
- No recommendations.



### ***Leadership and culture***

The service's staff were made up of a service manager (registered with the General Medical Council), a hearing healthcare assistant and reception staff.

A number of professionals worked under practicing privileges (staff not employed directly by the provider but given permission to work in the service). We saw that the service had a practicing privileges agreements in place.

The service had a documented leadership structure with well-defined roles, responsibilities and support arrangements in place.

A well-defined clinical governance framework set out the service would monitor the quality and safe delivery of care and treatment provided, according to its clinical governance policy. This included education and training, clinical audits and risk management.

The service manager engaged in regular continuing professional development (CDP) through their GMC registration and revalidation process, as well as yearly professional appraisals.

We saw the service promoted a positive culture of staff engagement in a variety of ways, such as through:

- formal and informal opportunities for team discussion
- sharing information from patient feedback, audit results and training, and
- staff meetings.

An open-door policy helped to encourage open communication between the service manager and staff.

Staff could access minutes of meetings and the service's policies and procedures through the service's intranet.

- 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

**Patients received information to make informed choices and consent. A range of policies and procedure were available to help deliver safe care. Systems were in place for monitoring and managing risk. Regular audits reviewed key aspects of care and treatment and a quality improvement plan helped the service continually improve. Patient feedback should be shared with patients.**

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

Key information about the service was available on its website, including information about:

- costs
- how to make appointments, and
- treatments provided.

The website had comprehensive educational resources and a 'question and answer' section about treatments. Information leaflets were also available for patients in the service.

The service's participation policy described how it would gather and use patient feedback to continually improve. Patients were e-mailed a survey every 3 months asking for their feedback. Patients were also encouraged to provide online reviews and verbal feedback about their experience at any stage of their treatment.

Feedback was analysed and the results were presented and discussed at staff meetings. We saw that action plans had been developed based on feedback and the progress of improvement actions was monitored. For example, the service had sent an email to patients about alternative modes of transport available after patients experienced difficulties and confusion around a new low-emission zone in Glasgow.

The service recognised and rewarded staff achievements and contributions in a variety of ways, such as:

- gifts
- Christmas bonus
- Christmas parties
- teambuilding events (such as lunches), and
- verbal appreciation.

Staff told us that these encouraged and motivated them in their work.

Staff told us that they were able to make suggestions, give feedback and voice ideas for improvement, for example the purchase of a coffee maker for both the staff and their patients, as to buy locally was very expensive.

### **What needs to improve**

We saw good evidence that the service collected, recorded and analysed patient feedback. However, it was not clear how the service shared the improvement actions taken as a result of their feedback with patients (recommendation a).

- No requirements.

### **Recommendation a**

- The service should update its participation policy to include how it will inform patients how their feedback has been used to improve the service.

### ***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.

A range of written policies and procedures were available to make sure patient care was delivered safely. The service regularly reviewed and updated the policies and procedures, including those for:

- emergency arrangements
- health and safety
- infection prevention and control
- medication management, and
- safeguarding (public protection).

An infection prevention and control policy was in place and the service had a good awareness of infection prevention and control practices, including hand hygiene and clinical waste management. We saw evidence of completed and up-to-date cleaning schedules. All equipment used, including personal protective equipment (such as aprons and gloves) was single-use to prevent the risk of cross-infection.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies.

Fire safety signage was displayed and fire safety equipment was serviced every year. Electrical equipment had been tested and safety certificates were in place for fixed electrical wiring and portable appliance testing (for electrical appliances and equipment to ensure they are safe to use). The service had a clinical waste contract in place.

An incident and accident book was available to record all accidents or incidents. The service was aware of the notification process to Healthcare Improvement Scotland. During the inspection, we saw that the service had not experienced any events or incidents that should have been notified to Healthcare Improvement Scotland.

The service had a complaints policy in place, which described the process for managing a complaint. The policy also provided information on how a patient could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The service published its complaints policy on its website, which signposted patients to the procedure on

how to make complaints. No formal complaints had been received since the service was registered with Healthcare Improvement Scotland in November 2021.

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 in place and displayed a yearly duty of candour report in the clinic.

Appropriate arrangements were in place to maintain the privacy and dignity of patients. All consultations were appointment-only. Access to treatment rooms was controlled through reception. Window screening in the treatment room also helped make sure patient privacy was not compromised.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations. Patient care records were stored electronically and password-protected, to help maintain patient confidentiality. All patients were provided with a face-to-face consultation to assess their suitability for treatment before a treatment plan was prepared or any treatment was administered. During their consultation appointment, patients discussed the risks and benefits, costs and likely outcome of the desired treatment.

All patients who responded to our survey agreed they were involved in decisions about their care and treatment. This helped to make sure patients had realistic expectations of the proposed treatment. Comments included:

- 'Felt part of the consultation at all times.'
- 'Very delightful clinic and experienced member of staff who removed the wax and was very professional in the explanations provided.'
- 'Very professional and thorough.'

Safe recruitment policies and processes were in place for all staff. Relevant pre-employment checks carried out before staff started working in the service, including those for:

- Disclosure Scotland background checks
- insurance
- proof of ID
- qualifications, and
- references.

We saw systems in place for the ongoing checks of clinical staff members' professional registration and revalidation.

We were told all new members of staff had an induction to the service. This included an introduction to key members of staff and training on the service's policies and procedures.

Staff were expected to complete mandatory and refresher training on a range of topics relevant to their roles. This included basic life support, health and safety, infection protection and control and fire safety.

Staff that the service directly employed had yearly appraisals carried out. These helped to identify training and development needs and opportunities. Formal agendas for the appraisal meetings showed discussions on goals, personal and professional objectives, as well as performance reviews.

### **What needs to improve**

The service had a process in place for obtaining appraisals for the staff working under practicing privileges from their NHS employers. However, it did not carry out its own appraisal. While this is sufficient to meet the regulatory requirements for appraisal, we discussed the service carrying out its own appraisals to provide feedback on performance to those working under practicing privileges. We will follow this up at future inspections.

- No requirements.
- No recommendations.

### ***Planning for quality***

The service maintained a register of practice-associated risks and their impact to help manage risks. We saw a number of current risk assessments in place to protect patients and staff. For example, infection control and fire safety. Risk assessments were easy to follow and each risk assessment had a likelihood of occurrence attached. We saw that each risk had been regularly reviewed and that all necessary action plans were in place.

A business continuity policy was in place in the event that the service experienced a disruptive incident. The policy stated that, in such a scenario the service would establish alternative arrangements for patient treatments and prioritise critical functions.

The service carried out a comprehensive programme of audits regularly. These audits included:

- cleaning and maintenance of the care environment
- infection protection and control, including hand hygiene
- patient care records, and
- training and development.

Action plans were produced to help make sure any improvements were addressed in specific timescales. For example, a new system had been introduced to keep track of due dates for mandatory and continuing professional development training for all staff. The system also recorded completed training courses.

A quality improvement plan helped to monitor and review progress of the service's quality improvement work. The plan prioritised improvement projects and monitored how the service was performing against the KPIs to drive continuous improvement. For example, the service had recently introduced offering free wax removal for over-75-year-olds.

The plan was reviewed regularly and discussed at staff meetings held every 3 months and monthly senior management meetings.

The service had support networks with the provider's other independent clinic services. These helped to provide independent auditing, peer support and advice around best practice. This also gave an opportunity to discuss any treatments, procedures or complications with other services.

- No requirements.
- No recommendations.

## Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

### Our findings

**The care environment and equipment was clean, equipment was fit for purpose and regularly maintained. Patients were satisfied with their care and treatment. Next of kin or emergency contact details must be documented in patient care records. Appropriate consent and consent to share information should be included in all patient care records.**

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 clean and well maintained. Equipment used in the service was clean, well maintained and serviced regularly where required. Patients who responded to our survey also told us they felt safe in the environment and the cleaning measures in place helped reassure them that their risk of infection in the service was reduced. All patients stated the clinic was clean and tidy.

All four of the electronic patient care records we reviewed showed that consultation and assessments had been carried out before treatment started. Patient care records included:

- comprehensive practitioner notes
- consultation and assessment
- medical history (including details of any health conditions, allergies, medication and previous treatments), and
- treatment plans.

Feedback from our online survey was very positive about the experience patients had at the service. All patients agreed they had been treated with



dignity and respect and they told us they were satisfied with the facilities and equipment in the service. Comments included:

- ‘Great service and care.’
- ‘Lovely clean clinic.’
- ‘I received the most professional treatment.’

### **What needs to improve**

Patient care records we reviewed did not consistently document evidence of next-of-kin or emergency contact details (requirement 1).

Patient care records also did not consistently document patients’ consent for treatment and consent to share information with other healthcare professionals in the event of an emergency situation (recommendation b).

### **Requirement 1 – Timescale: immediate**

- The provider must ensure patients’ next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented.

### **Recommendation b**

- The service should review documentation to ensure consent is clearly recorded for treatment and information sharing.

## 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.

### Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

### During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

### After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[https://www.healthcareimprovementscotland.org/scrutiny/the\\_quality\\_assurance\\_system.aspx](https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx)

## 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

**Telephone:** 0131 623 4300

**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)

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Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [his.contactpublicinvolvement@nhs.scot](mailto: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.org](http://www.healthcareimprovementscotland.org)