

# Announced Inspection Report: Independent Healthcare

**Service:** House of Hearing, Edinburgh

**Service Provider:** House of Hearing Ltd

31 August 2022

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## 1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

### About our inspection

We carried out an announced inspection to House of Hearing on Wednesday 31 August 2022. We spoke with the service manager and two other members of staff during the inspection. We received feedback from 24 patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector and one inspector observing.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality 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. Although requested, the service did not submit a self-evaluation before the inspection.

### What we found and inspection grades awarded

For House of Hearing Ltd, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	The service proactively gathered feedback from patients and used this information to improve the service, wherever possible. Patients told us they were happy with their experience of the service. Patients were fully consulted before a plan of care was agreed. A comprehensive complaints management process was in place.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The service worked hard to ensure a safe environment for staff and patients. Staff had an extensive understanding of risk management principles, with comprehensive policies and procedures, and an audit programme in place to ensure safe delivery of care to patients. Incidents such as adverse reactions to treatments must be reported to Healthcare Improvement Scotland.	✓✓ Good
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	Governance systems helped effectively deliver safe and person-centred patient care in line with best practice, current guidance and legislation. Staff were clear about the reporting structures in the service. A quality improvement plan should be developed.	✓✓ Good

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Comprehensive consultations and assessments were completed for every patient to determine their suitability for treatment. Patient care records contained detailed information to help plan care and treatment according to individual need. Patient care records should include next of kin or emergency contact details and consent to share information with other healthcare professionals.

Additional quality indicators inspected (ungraded)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	The service had a stable staff group and a low staff turnover. Systems and processes were in place to help make sure staff recruitment was safe and effective. All pre-employment safety checks had been completed for staff. Induction and appraisal programmes were in place. Staff received regular role-specific training.

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 Framework can also be found on our website at:  
[https://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach/quality\\_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

## What action we expect House of Hearing Ltd to take after our inspection

This inspection resulted in one requirement and two recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

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

### Outcomes and impact

This section is where we report on how well the service meets people's needs.

#### Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

#### Our findings

#### Quality indicator 2.1 - People's experience of care and the involvement of carers and families

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**The service proactively gathered feedback from patients and used this information to improve the service, wherever possible. Patients told us they were happy with their experience of the service. Patients were fully consulted before a plan of care was agreed. A comprehensive complaints management process was in place.**

The service used a variety of methods to collect patient feedback, in line with its patient participation, and quality and governance management, policies. For example, the service's marketing department collated social media reviews. Testimonial forms were also available for patients in the service. Following treatment, patients were contacted by the marketing department for feedback.

Patients were also sent out a questionnaire every 3 months by the marketing department. Patients were selected randomly, though care was taken not to contact the same patients repeatedly. We were told the service aimed to increase the number of patients contacted this way from approximately 75 to 100 patients.

All feedback was shared with the service manager and discussed with staff at team meetings held every 3 months. All staff members were encouraged to participate in reviewing this information with a view to improving the service. An action plan was then produced and was discussed with the senior clinical ear care team.

Feedback from our online survey showed that patients, in general, were very pleased with the service and spoke highly about the professionalism of the practitioner. They said they were satisfied with the advice and information received before treatment and had been fully informed about the treatment's risks and benefits. Patients also stated they had been fully involved in decisions reached about their care.

Comments from our online survey included:

- 'I was always asked what I felt.'
- 'Information pitched at the right level and questions answered appropriately.'
- 'I asked relevant questions and was satisfied with the answers and advice given.'

An informative and easy to navigate website contained information about the treatments and products available, including hearing health, hearing aids, hearing protection, hearing accessories and a varied range of services available.

All complaints were recorded and reviewed at the clinical ear care team meetings. Clear and concise information about how to make a complaint was available on the website. An information pack about making a complaint was available in the service which included references to Healthcare Improvement Scotland. The complaints policy had clearly defined flowcharts and escalation processes detailing how a complaint would be managed, and the timescales involved. Staff we spoke with had completed complaints handling training, knew what to do if a complaint was raised, and described a consistent approach to dealing with complaints.

All patients were given a business card with the practitioner's name and contact details should they have any complaints or concerns following treatment.

Although the number of complaints was minimal, the service used this information to support learning and to take forward quality improvement initiatives. Minutes of meetings and clinic audits we reviewed supported these findings.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with people when things go wrong. The service had detailed duty of candour information contained in the complaints policy. We noted the service had not had any instances requiring it to implement duty of candour principles.

Controlled access to the treatment room meant patients' privacy and dignity was not compromised.

- No requirements.
- No recommendations.



## Service delivery

This section is where we report on how safe the service is.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

### Our findings

#### Quality indicator 5.1 - Safe delivery of care

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**The service worked hard to ensure a safe environment for staff and patients. Staff had an extensive understanding of risk management principles, with comprehensive policies and procedures, and an audit programme in place to ensure safe delivery of care to patients. Incidents such as adverse reactions to treatments must be reported to Healthcare Improvement Scotland.**

Patients were cared for in a clean and safe environment. Good systems were in place to achieve this, including completing cleaning schedules, equipment servicing and maintenance contracts, and regular internal checks and audits. All equipment used was single use to prevent the risk of cross-infection. An infection prevention and control policy, and separate COVID-19 policy, were in place. Clinical staff had good awareness of infection prevention and control practices and actions that were continuing to be taken. Monthly assessments took place reviewing staff practice, such as hand washing and use of personal protective equipment (gloves, aprons), to minimise the spread of COVID-19.

Staff had a good understanding of how risk management principles applied across all aspects of the service. Appropriate risk assessments had been carried out and suitable policies put in place to show how key aspects of the service would be managed. Risk assessments were documented on an online risk register, and this was presented and discussed at team meetings.

An accident and incident investigation process was in place. Detailed information was recorded on an electronic incident reporting system, such as incidents relating to treatments. We saw that incidents involving patients were also documented in the relevant patient care records. Individual risk assessments had been carried out to identify if further actions could be taken and each follow-up intervention taken was documented in the patient's notes.

Members of the management team reviewed incidents that occurred to ensure a transparent, focussed and comprehensive approach was taken to managing, and learning from, incidents.

The service carried out a range of monthly and 3-monthly audits to support the safe delivery of care, clinical excellence and to inform quality improvement, clinician support and training, and also for benchmarking purposes with the provider's other services. The service's audit programme included patient care records, infection prevention and control, cleaning schedules, patient feedback and satisfaction.

We saw examples of completed electronic audits being carried out by various members of staff. We also saw how areas for improvement had been identified with planned actions and timeframes for completion. We noted that some actions that had been taken as a result of audits included moving premises to facilitate a disabled entry for patients and creating a larger reception area.

Infection control audits were carried out every month and followed Health Protection Scotland guidance. Audit results we saw showed very good compliance. For example, results from the most recent hand hygiene audit achieved 98–100%.

Arrangements were in place to make sure staff could support patients in the event of a medical emergency. This included mandatory staff training on resuscitation and choking as advised by the Resuscitation Council UK.

All three treatment rooms were clean, equipment was in good working order and regularly maintained. Maintenance contracts for fire safety equipment and detection systems were up to date. Water testing and fire safety checks were regularly monitored and recorded. An up-to-date clinical waste management contract and clear procedures for the safe disposal of sharps and clinical waste were in place.

### **What needs to improve**

Although the service had a comprehensive risk register and policies in place, it was unaware of the need to report certain situations to Healthcare Improvement Scotland, such as adverse reactions to treatments experienced by patients (requirement 1).

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

- The provider must notify Healthcare Improvement Scotland of certain matters as noted in Healthcare Improvement Scotland's notification guidance.
- No recommendations.

### Quality indicator 5.2 - Assessment and management of people experiencing care

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**Comprehensive consultations and assessments were completed for every patient to determine their suitability for-treatment. Patient care records contained detailed information to help plan care and treatment according to individual need. Patient care records should include next of kin or emergency contact details and consent to share information with other healthcare professionals.**

Before attending for their health assessment, patients were emailed information about what to do before their treatment, COVID-19 guidance, what to expect on the day and information on aftercare. Patients' expectations were managed through the continued assessment and treatment period.

The five patient care records we reviewed showed that comprehensive consultations and assessments had been carried out before treatment started. Records included the initial consultation and assessment, treatment plan and aftercare advice. All entries in the patient care records were signed, dated and timed by the practitioner.

Treatment plans set out the course and frequency of treatment. We saw evidence that these had been developed and agreed with patients. Patient care records also documented that a copy of the treatment plan had been given to the patient for their own reference. Comprehensive records of each treatment session were also kept, including a breakdown of all physiological aspects of their healthcare needs.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights).

#### What needs to improve

There was no evidence of the patient's next of kin or emergency contact details in case of an emergency situation recorded in the patient care records we reviewed. There was also a lack of information requesting consent from patients to share details with other healthcare professionals (recommendation a).

- No requirements.

#### Recommendation a

- The service should record next of kin or emergency contact details in patient care records. Patients should also be encouraged to give consent to information being shared with other healthcare professionals in the event of an emergency situation.

## Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

### Our findings

#### Quality indicator 7.1 - Staff recruitment, training and development

**The service had a stable staff group and a low staff turnover. Systems and processes were in place to help make sure staff recruitment was safe and effective. All pre-employment safety checks had been completed for staff. Induction and appraisal programmes were in place. Staff received regular role-specific training.**

Staff files we reviewed confirmed that all appropriate and necessary pre-employment recruitment checks were completed for all nursing staff before they could work in the service. Occupational health screening checks were also maintained.

All staff employed received an induction, mentoring support and supervised practice. Competency-based assessments, appraisals and professional development plans were in place to help make sure staff maintained appropriate skills and knowledge. Staff we spoke with demonstrated a good understanding of their role and told us they received good opportunities for ongoing training and development. Staff files included a record of mandatory and refresher training.

Training needs analysis was carried out by the service manager for all members of staff following regular supervision sessions and annual appraisals.

Ongoing professional development opportunities were in place, including education in new processes and on the use of equipment.

Following feedback and requests from staff, further training and education opportunities had been provided. This had included all staff being able to attend conferences and specialist consultants being asked to deliver specific training to staff.

- No requirements.
- No recommendations.

## Vision and leadership

This section is where we report on how well the service is led.

### Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

### Our findings

#### Quality indicator 9.4 - Leadership of improvement and change

**Governance systems helped effectively deliver safe and person-centred patient care in line with best practice, current guidance and legislation. Staff were clear about the reporting structures in the service. A quality improvement plan should be developed.**

The service had a clear leadership structure with well-defined roles, responsibilities and support arrangements. For example, the clinic manager was responsible for the day-to-day operational management of the service and received support and supervision from the provider's senior management team. The clinical director also provided effective clinical leadership for the audiologist. This meant that any issues or concerns could be escalated to the provider's senior management team. Operational and business plans were in place to ensure service growth and improvement.

The majority of staff are registered nurses with the Nursing and Midwifery Council (NMC). They maintain continuing professional development in order to complete mandatory revalidation with the NMC in a variety of ways. This included attending regular training and conferences in the audiology industry to keep up to date with best practice and delivery of treatments in line with evidence-based research. Revalidation is where clinical staff are required to gather evidence of their competency, training and feedback from patients and peers for their professional body, such as the NMC, every 3 years.

Staff we spoke with told us they felt valued, respected and well supported in the service. We were told the service's senior management team was visible, approachable and encouraged staff to share their ideas to help support how the service continued to improve. For example, we were told patient forms were reviewed and amended as a result of feedback from staff. Staff we spoke with had a clear understanding of the company's vision and values. While they did

not attend senior leadership meetings, they told us they were well informed through regular weekly meetings which kept them up to date with the provider's wider business plans.

Minutes of staff meetings showed that staff could express their views freely and were encouraged to share new methods of working or changes in practice to support service development. Career progression was supported and encouraged. We saw published articles in the press and specialised ear, nose and throat journals written by two members of nursing staff.

We were told staff had independently, with the service manager's support, initiated a 'peer support' process shared across the provider's group of House of Hearing services and other hearing services across Scotland.

### **What needs to improve**

We saw evidence that quality assurance systems for reviewing the quality of care and treatment provided in the service were in place. However, a formal quality improvement plan would further help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would help to guide and direct continuous quality improvement activities in the service (recommendation b).

- No requirements.

### **Recommendation b**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

## Appendix 1 – Requirements and recommendations

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 at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirement

- 1** The provider must notify Healthcare Improvement Scotland of certain matters as noted in Healthcare Improvement Scotland's notification guidance (see page 10).

Timescale – immediate

*Regulation 5(1)(b)*

*The Healthcare Improvement Scotland (Applications and Registration) Regulations 2011*

#### Recommendation

- a** The service should record next of kin or emergency contact details in patient care records. Patients should also be encouraged to give consent to information being shared with other healthcare professionals in the event of an emergency situation (see page 11).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
<b>b</b>	<p>The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>



## Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach 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:

[www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/quality\\_of\\_care\\_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.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)

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