

Announced Inspection Report: Independent Healthcare

Service: Clear Ear Glasgow Ltd, Whitecraigs
Glasgow

Service Provider: Clear Ear Glasgow Ltd

12 February 2025

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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 Clear Ear Glasgow Ltd on Wednesday 12 February 2025. We spoke with the service owner, who is also the sole practitioner during the inspection. We received feedback from five 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 Whitecraigs, Glasgow, Clear Ear Glasgow Ltd 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 Clear Ear Glasgow Ltd, 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 practitioner is a registered nurse and an independent nurse prescriber. The service had clear aims and objectives, available for patients to view on its website. A system should be in place to assess whether the service is meeting its aims and objectives.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
<p>Patients were fully informed about treatment options and involved in all decisions about their care. Clear processes and procedures were in place for managing complaints. All stock was in date. A system was in place for reviewing policies.</p> <p>A risk management system including a risk register must be implemented. Patient feedback should be formally reviewed in line with the service's participation policy. An audit programme should be introduced. A quality improvement plan should be developed.</p>		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
<p>The mobile service stores its equipment in a clean, well maintained and well equipped, safe container. Patients were satisfied and reported good levels of infection control practices. Patients felt safe in their homes while treatments were delivered.</p> <p>Next of kin or emergency contacts must be documented in patient care records. Patient care records must be appropriately signed, dated and timed. Consent to share information with other healthcare professionals should be documented.</p>		✓ Satisfactory

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 Clear Ear Glasgow 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 three requirements and six recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should ensure a system is in place to make sure it is meeting the aims and objectives identified in its business plan (see page 11).</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>
b	<p>The service should develop an overall plan that sets out its key priorities with identified timeframes (see page 11).</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>

Implementation and delivery

Requirement

- 1** The provider must develop and maintain an effective system to manage risks associated with patient care delivery. This includes a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service (see page 16).

Timescale – by 12 May 2025

Regulation 12(c)(i)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

- c** The service should develop a formalised structured approach to how it gathers and uses patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made (see page 13).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- d** The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented (see page 16).

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

- e** The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvements (see page 16).

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

Results	
Requirements	
2	<p>The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refused to provide the information, this should be documented (see page 18).</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>
3	<p>The provider must ensure the patient care records are signed, dated and timed by the healthcare professional, including the details and name of the healthcare professional (see page 18).</p> <p>Timescale – immediate</p> <p><i>Regulation 4(2)(b)</i> <i>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>
Recommendation	
f	<p>The service should ensure patient care records contain consent to share information with other healthcare professionals (see page 18).</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>

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 practitioner is a registered nurse and an independent nurse prescriber. The service had clear aims and objectives, available for patients to view on its website. A system should be in place to assess whether the service is meeting its aims and objectives.

Clear vision and purpose

This mobile service's aims and objectives were available for patients to read on its website, patient information folder and leaflets advertising the service in local GP surgeries and pharmacies. This information was also available to send out to patients unable to access the website or the public areas where it was advertised.

The service's vision was to 'provide safe and effective ear care' for its patients through delivering high quality person-centred care.

The owner (practitioner) was an experienced registered nurse, advanced nurse practitioner and independent nurse prescriber. The owner told us they planned to increase the size of the service in the future.

The service had identified key areas for improvement, which included:

- increasing the number of patients
- introducing an electronic patient care record system, and
- introducing another method to remove ear wax.

This service offered flexible appointments, assessments and treatments to patients over the age of 16 years, in their own homes and for patients residing in care homes.

What needs to improve

The service had identified aims and objectives, which included its key priorities. However, it did not have a process in place to assess whether it was meeting the identified aims and objectives (recommendation a).

While we were told that the service's key priorities and plans for the future had been identified, we saw no evidence of this plan or timeframes for the planned improvements (recommendation b).

- No requirements.

Recommendation a

- The service should ensure a system is in place to make sure it is meeting the aims and objectives identified in its business plan.

Recommendation b

- The service should develop an overall plan that sets out its key priorities with identified timeframes.

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 were fully informed about treatment options and involved in all decisions about their care. Clear processes and procedures were in place for managing complaints. All stock was in date. A system was in place for reviewing policies.

A risk management system including a risk register must be implemented. Patient feedback should be formally reviewed in line with the service's participation policy. An audit programme should be introduced. A quality improvement plan should be developed.

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

Patients accessed the service through its website, social media and referrals made through local national health services unable to provide the treatments, or that had problematic waiting list times. The service's website included information about the service and the treatments it offered. Local care homes also accessed the service for their residents.

The service had many returning patients. The majority of new patients using the service were from recommendations from friends or after reading reviews on social media sites. All consultations were appointment-only.

The initial consultation included a discussion about the patient's desired outcomes, the benefits and risks of treatment, as well as treatment costs. Feedback from patients about their overall experience of the service was gathered in different ways. Patients could:

- complete the online feedback form on the service's website
- post online reviews, including on the service's social media pages, and
- provide verbal feedback direct to the practitioner.

Aftercare information and follow-up was part of the initial assessment and treatment plan. The practitioner's contact information was also available for patients for any questions, queries or concerns they had after treatments.

What needs to improve

While patients could give their feedback in a variety of ways, we saw no evidence that this was recorded and analysed. We discussed with the service the importance of having a structured approach to patient feedback. This should include:

- analysis of recorded results
- implementing changes to drive improvement
- measuring the impact of improvements, and
- sharing the impact of their feedback with patients and how this is used to drive improvement in the service (recommendation c).

■ No requirements.

Recommendation c

- The service should develop a formalised structured approach to how it gathers and uses patient feedback to drive improvements in the service and demonstrate the impact of change from the improvements made.

Quality improvement

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

The service had an infection prevention and control policy in place. We found that the service had a good awareness of infection prevention and control practices, including hand hygiene and waste management. Equipment used, including personal protective equipment (such as aprons and gloves) was single-use to prevent the risk of cross-infection.

The service had policies and procedures in place to support the safe delivery of person-centred care, including those for:

- information management
- complaints
- duty of candour
- emergency arrangements policy
- infection prevention and control, and
- safeguarding.

The service has updated all its policies and procedures every 2 years or in response to changes in national guidance and best practice.

Arrangements were in place to deal with medical emergencies. This included up-to-date training and first aid supplies that could be used in an emergency.

A clear system was in place to record and manage accidents and incident reporting. The practitioner was able to describe how adverse events and incidents should be reported appropriately, including to Healthcare Improvement Scotland. We noted no incidents or accidents had been reported since the service registered with Healthcare Improvement Scotland in July 2022.

Information about how to make a complaint was clearly displayed on the service's website. This included details on how to contact Healthcare Improvement Scotland. No complaints had been received since the service's registration with Healthcare Improvement Scotland.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The practitioner fully understood their duty of candour responsibilities and the service's duty of candour report was also displayed on its website. The service had a safeguarding (public protection) policy in place. The practitioner had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse.

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 in a lockable cabinet to help maintain patients' confidentiality and kept in a secure container for transportation to and from patients' homes.

The service kept up to date with changes in the removal of ear wax industry, legislation and best practice guidance through personal development and peer support. The practitioner engaged in regular continuing professional development and had completed their revalidation. This is managed through the Nursing and Midwifery Council (NMC) registration and revalidation process, and yearly appraisals. 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. They also kept up to date with appropriate training, such as for adult support and protection, equality and diversity, and infection control.

We saw evidence of the practitioner's personal and professional development. We also saw evidence of completed online NHS Scotland modules.

The practitioner received peer support from the medical staff from their NHS role and from colleagues who carried out similar treatments.

- No requirements.
- No recommendations.

Planning for quality

The service had carried out risk assessments for all patients being reviewed and treated, which included past medical history relevant to ears and hearing.

We saw evidence that the practitioner had made changes to the patient care record to include additional information provided to the patient, such as aftercare.

The service had a contingency plan in place to help make sure patients could access treatments from colleagues and other NHS services should the service cease to operate.

What needs to improve

While the service carried out risk assessment for each patient, we saw no evidence of a risk management process or risk register in place. This would allow the service to demonstrate that all risks had been considered, appropriately assessed and measures put in place to mitigate risks, such as for lone working (requirement 1).

We saw no evidence of audits carried out in the service. A comprehensive audit would help the service provide continuous safe care and treatment for patients and to identify areas for improvement. An audit programme could include audits of:

- health and safety
- infection prevention and control
- patient care records
- patient feedback, and
- stock control (recommendation d).

The service did not have a formal quality improvement plan in place. A quality improvement plan would help the service to structure and record its improvement processes. This could include outcomes identified from:

- accidents and incidents
- audits
- complaints
- education and training events, and
- patient feedback (recommendation e).

Requirement 1 – Timescale: by 12 May 2025

- The provider must develop and maintain an effective system to manage risks associated with patient care delivery. This includes a risk register to ensure effective oversight of how the service is delivered and to ensure the safety of patients and those working in the service.

Recommendation d

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

Recommendation e

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

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 mobile service stores its equipment in a clean, well maintained and well equipped, safe container. Patients were satisfied and reported good levels of infection control practices. Patients felt safe in their homes while treatments were delivered.

Next of kin or emergency contacts must be documented in patient care records. Patient care records must be appropriately signed, dated and timed. Consent to share information with other healthcare professionals should be documented.

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 limited self-evaluation.

Equipment used in the service was clean and well maintained. Storage containers for equipment were easily cleaned with appropriate detergents after every patient. We saw a plentiful supply of personal protective equipment (PPE), including disposable gloves, plastic aprons and alcohol-based hand gel. All equipment used was disposable and could be disposed of in domestic waste. No clinical waste was generated from the service. We also noted no medication was used in the service.

Patients who responded to our online survey were extremely satisfied with the care and treatment they had received from the service. Comments included:

- ‘Treatments were done in both a hospital and home setting, both were done professionally with the correct equipment.’
- ‘Invaluable service in clients’ own homes.’
- ‘Allows elderly patients to be treated in the comfort of their own home.’

We were told patients were seen face-to-face in their own environment to carry out initial assessments. The five patient care records we reviewed were legible, accurate and up to date. Patient consent to treatment was noted on all records reviewed.

What needs to improve

While patients had consented to treatments, we saw no evidence of their next of kin or emergency contact details noted in patient care records (requirement 2).

The practitioner had not signed or dated any of the patient care records we reviewed (requirement 3).

Of the five patient care records we reviewed, we saw no documented evidence of consent to share information with other healthcare professionals in the event of an emergency situation (recommendation f).

Requirement 2 – Timescale: immediate

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

Requirement 3 – Timescale: immediate

- The provider must ensure the patient care records are signed, dated and timed by the healthcare professional, including the details and name of the healthcare professional.

Recommendation f

- The service should ensure patient care records contain consent to share information with other healthcare professionals.

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

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:

[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

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