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

South of England Cochlear Implant Centre

Building 19 University of Southampton, Highfield, Southampton, SO17 1BJ
Tel: 02380593989
Date of Inspection: 31 January 2013
Date of Publication: May 2013

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
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<td>Ms. Julie Brinton</td>
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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 announced 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 31 January 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with two people who told us that they were very happy with the service and that it had made a big difference to their lives. They told us that they were very well informed and we saw in people's records evidence of the information provided.

People told us that they thought the staff were well trained, approachable and supportive. We saw training records that showed that staff had access to regular training, supervision and appraisal. This ensured that the staff were supported to provide care and treatment.

We saw the records of people using the service in which people's needs were clearly identified and the care provided was in support of people's individual needs.

The provider had a range of systems in place to monitor and assess the quality of service. We saw evidence that information from these sources was used to plan developments and improvements in care.

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.

People'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

We saw information packs for adults and children that were sent to people referred to the service. The packs were age specific and included information about deafness, the cochlear implant process and the support that could be expected following the procedure. The packs also included a DVD. It explained the process of assessment, information about staff, their specific roles and the name of the person's key contact.

In addition to extensive information about the assessment, treatment and support available each person received a specially summarised copy of their report written in a user friendly manner. This ensured that people had access to the most up to date evidence in a format that was clear and understandable.

People referred to the service initially attended a week long assessment process. The assessment process then continued over a period of months. The week long assessment commenced with a group meeting led by members of staff and provided an opportunity to meet other people referred to the service. It was followed by a multidisciplinary assessment and an opportunity to meet a people with successful implants. When the assessment was completed, the person received a phone call from their key contact to discuss the outcome of the assessment. Prior to the assessment being completed, people were offered an 'expectations counselling' session with the key contact to discuss the benefits or potential limitations of the implant procedure.

We spoke with two people who were attending with their children. They told us that they had received very detailed information about the service and other forms of support that were available to them. People told us that they were given information in various formats and in ways that met their needs. They told us that the manager and staff were always accessible to answer questions. In consequence of the information provided and the opportunities to ask questions, people said they felt involved in decision making about their care and support.

We saw from the records that a full interpreter service was available when needed and we
saw that all of the information provided was available in a wide range of languages. People were also offered a written transcript of all contact with staff in addition to speech to text technology if appropriate. There were notice boards in the reception area which contained information in a number of different languages and with visual images. In the waiting area an electronic notice board with a rolling programme of information provided guidance about the ways that people could complain about the service if necessary.

People told us that the staff were friendly and consistently went out of their way to be helpful. They said that they had good relationships with the staff who were courteous and respectful.

The Manager confirmed that an annual survey was sent to people who used the service. We saw the results of the surveys which were regular but focused on the outcomes of the implant. The provider might like to note that the survey did not obtain people’s views about the quality of the overall service they had received.
Care and welfare of people who use services  ✔ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People said that they could not fault the care and support provided. They said the staff were professional and understanding.

We looked at the records of ten people who used the service. We saw that each person had a detailed assessment completed. This was multidisciplinary and comprehensive. The assessment determined if people would benefit from implant surgery. Risk assessments were part of these records. The records showed that people were involved throughout the process. When there was agreement for implant surgery this was carried out in a local hospital. Following the surgery, a full programme of support and rehabilitation was provided.

The records included a journal which was the plan of care following implant. These were detailed and included information about the planned support to be provided to ensure the best outcomes for people using the service. The plans we looked at provided a good understanding of what support people needed.

We saw that the service was provided according to up to date research evidence. Copies of this research were available to people and staff. The Manager showed us programme of service reviews which audited the provision against the standards.

People's care and support were reviewed during monthly clinical team meeting. The results of these were always discussed with people and we saw evidence of this in people's records.
Safeguarding people who use services from abuse  ✔ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We were shown the Safeguarding policies for adults and children that were available on the University intranet. Staff we spoke with understood the safeguarding policies and confirmed that they had received training. We verified this in the staff records.

We were also shown a copy of the provider’s Professional Code of Conduct (2012). This document was downloaded from the intranet and all staff had received copies as part of their induction. The section on Safeguarding stated that all staff must be aware of the Safeguarding policy and the actions to be taken in the event that staff had concerns about service users.

The staff we spoke with described what action they would take in the event of a safeguarding matter coming to their attention. They were clear about their roles and responsibilities in this area. We were told that they would always escalate concerns to their team leader or manager. They said they were confident that the team leader and manager would take their concerns seriously.

We asked the manager and staff about their understanding of the Mental Capacity Act (2005). They had a good understanding about the act as it related to people using the service. In the case of children, the accompanying adult gave consent for assessment and subsequent care and treatment. There were no adults currently using the service who were not able to give consent. The manager told us that there was training in mental capacity and we saw evidence of this in staff records.
Supporting workers  ✔ Met this standard

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

Staff new to the service participated in the University induction programme. We saw an induction booklet which recorded staff progress. Following this they undertook a regular training programme appropriate to their role in the service. For example, administrative staff underwent customer care and telephone training. Clinical staff took further training concerning the specialist provision of support for people with profound deafness.

There were annual team meetings during which staff proposed changes to the organisation of the service. For example when staff proposed the development of three locality based teams, this was implemented by the manager. The staff we spoke with said that this made them feel that their opinions were valued.

Staff told us that they received monthly supervision and we saw evidence of this in their records.

We spoke with three staff who told us that they were well supported at work. They said that there was always a senior member of staff with whom to discuss issues. They said that they received annual appraisals and we saw evidence of these in their records. When appraisals identified an individual learning need, these were met.

Staff told us that they were very happy working for the provider and they felt appreciated. They told us that there were monthly team meetings and this ensured that they felt part of the organisation. We were told that the team leaders and the manager were approachable and were available to discuss issues.
Assessing and monitoring the quality of service provision

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 has an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager told us that the quality of the service was assessed through several routine measures. These reflected the ways in which the service was commissioned, the fact that it was part of Southampton University and has close working relationships with the NHS, and subject to national standards relating to services for profoundly deaf people.

The service was subject to national annual commissioning audits which included user satisfaction, quality of life and waiting times. We saw the results of these which were also shared with people using the service. We saw evidence of these in people's records. As a part of the University, the provider was accountable to a Governance Board reporting on quality standards. As a result of its association with national regulatory bodies for people with deafness, regular audits were submitted to ensure the maintenance of quality standards.

All of the methods used to assess the quality of the service combined to ensure that the service was regularly assessed and these assessments used to plan improvements in treatment and care. We saw a number of documents that used evidence from quality assessment processes as the basis for service planning and development.

People told us that the service was well run and efficient. They told us that they were regularly asked for their opinions about the service during regular meetings with their key worker and the manager. People said they thought the service was very safe and that there were extensive systems in place to ensure that they received appropriate treatment and care. They said that they knew how to make a complaint and they felt confident that in the event it became necessary the manager and staff would act promptly to resolve it.

Staff told us that they had received customer care training and this helped them to support people on the telephone and when they attended the service. They told us that they had access to a range of professionals for advice both within the service, from the university and the wider health and social care community. In consequence of these the provider was able to manage risks relating to the health and welfare of service users.
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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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:

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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.