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

University of Southampton Auditory Implant Service

Building 19 University of Southampton, Highfield, Southampton, SO17 1BJ
Tel: 02380593989

Date of Inspection: 09 January 2014
Date of Publication: February 2014

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

- Respecting and involving people who use services: Met this standard
- Care and welfare of people who use services: Met this standard
- Cleanliness and infection control: Met this standard
- Requirements relating to workers: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>University of Southampton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Ms. Julie Brinton</td>
</tr>
<tr>
<td><strong>Overview of the service</strong></td>
<td>University of Southampton Auditory Implant Service provides an assessment prior to cochlear implant and treatment support and rehabilitation following surgery. The service is for the duration of a person’s life. This is commissioned by the NHS England (Wessex) commissioning team and covers the South of England as well as the Channel Islands. The service has also expanded to provide middle ear implants, bone anchored hearing aids and auditory processing disorders.</td>
</tr>
<tr>
<td></td>
<td>The service is situated on the main campus of Southampton University and offers a variety of workshops and training to implant recipients, parents, family members along with local professionals.</td>
</tr>
<tr>
<td><strong>Type of services</strong></td>
<td>Doctors consultation service</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
</tr>
<tr>
<td><strong>Regulated activities</strong></td>
<td>Diagnostic and screening procedures</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
</tr>
</tbody>
</table>
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Contents

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

Summary of this inspection:

- Why we carried out this inspection
- How we carried out this inspection
- What people told us and what we found
- More information about the provider

Our judgements for each standard inspected:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Cleanliness and infection control
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

About CQC Inspections

How we define our judgements

Glossary of terms we use in this report

Contact us
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 carried out a visit on 9 January 2014, observed how people were being cared for, talked with people who use the service and talked with staff.

What people told us and what we found

In this report the name of the registered manager appeared who was not in post and not managing the regulatory activities at this location. This was because they were still a registered manager on our register at the time of this inspection.

We spoke with one patient, four members of staff and the new director of the Auditory Implant Service. We followed the patient through two different consultations with health professionals. They told us “the service is first class and well run. I often e-mail in with questions or queries and the response is pretty quick”. They added “the only problem I had was with the hospital when I was expecting to see the anaesthetist. However, when I contacted the centre they sorted it out for me straight away.” Patients were regularly asked for their opinions about the service and there were systems in place to ensure they received a prompt response and appropriate treatment and care.

The patient we spoke with told us they were very well informed before and after their implant. We were shown the documentation patients were provided with. This was detailed, set out clearly and in a format they could understand. We saw the records of patients using the service in which people’s needs were clearly identified and the care provided was in support of their individual needs.

Appropriate guidance was being followed which protected patients from the risk of infection. The areas we saw in the clinic were clean and tidy. Patients were cared for, or supported by, suitably qualified, skilled and experienced staff, who had been recruited and selected following the appropriate checks.

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.

Patient’s views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Their privacy, dignity and independence were respected.

Reasons for our judgement

Patients who used the service understood the care and treatment choices available to them. We were shown the information packs for adults and children that were sent to patients who were referred to the implant service. The packs were age specific and included information about the service, 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. Additional information was provided about the University site and what was available. For example café and transport routes to and from the university. This ensured patients had relevant information available to them about the treatment and care they received.

Patients who used the service were given appropriate information and support regarding their care or treatment. Patients referred to the service initially attended a week long assessment process once the referral was received. This 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 people with successful implants. Prior to the assessment being completed, people were offered an ‘expectations counselling’ session with their key contact to discuss the benefits or potential limitations of the implant procedure. When the assessment was completed, the person received a phone call from their key contact to discuss the outcome of the assessment.

We spoke with one patient who was returning for their yearly check-up. They said "the staff are excellent, nothing is too much trouble for them." The patient told us the staff were friendly and consistently went out of their way to be helpful. They said they had good relationships with the staff who were courteous and respectful.

Patients expressed their views and were involved in making decisions about their care and
treatment. Adult patients were asked to complete a number of different questionnaires. These were administered by computer and patients responses recorded by an easy-to-use touch screen system. The questionnaires were an opportunity for the patient to tell the service how they felt about their deafness, how it affected the quality of their life, and what they would expect from the cochlear implant. We observed in one patient's consultation how their experience of the implant a year later exceeded their expectations. They told us "everything has gone really well. I can now join in with my family's conversations and have started to go out more. They even provided me with another unit for when I went on holiday in case mine broke down. I feel I can ask the staff anything or express any concerns and they listen to what I have to say." This enabled the service to provide the correct level of support that was individual to them and based on their needs.
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.

Patients experienced care, treatment and support that met their needs and protected their rights. Research was used to improve patient outcomes and the service patients received.

Reasons for our judgement

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Referrals to the Auditory Implant Service (AIS) required a referral from Ear, Nose and Throat (ENT) or Audiology professionals. The referral would be checked by a locality team lead within AIS and if deemed to be an appropriate referral (i.e. appears to meet NICE guidelines) then the referral would be processed. One patient we spoke with following their yearly check told us "the service I have received has been brilliant. I was given a lot of information and support prior to having my operation. I can't say enough about this service, it has changed my life." They added "when I came for my first appointments they tried to book as many on the same day as possible, as I don't live locally."

"I met other people with an implant and also people in the same situation as me. This was very helpful as the appointments were planned well and I could ask the staff and other patients a lot of questions. Everything I was told has been provided for me and more." The assessment for an implant was carried out by a multidisciplinary team, consisting of ENT Consultant, Specialist Speech and Language Therapists (SALT), Teachers of the Deaf, Educational Audiologists, Hearing Therapists, Psychologists and Radiologists. A number of appointments for the patient were required which ensured the team had all the information they needed and the patient understood the process.

For children, additional help and support was provided by the implant centre. During the assessment process a SALT and Teacher of the Deaf were assigned to each family, one of whom would be the key contact. This ensured continuity of care and key contact for any referrals and liaisons with educational settings and health professionals.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare. All the patients referred needed to be fit for general anaesthesia and subsequent surgery. Patients with chronic active ear disease were not normally accepted until this has been adequately treated. We were told the effects of a number of procedures could not be predicted and if a patient was in doubt they could contact the AIS at any time during normal working hours. Patients were also advised to follow the guidance of the Department of Health (DoH), that everyone who had a cochlear
implant (or was about to be implanted) should be vaccinated against pneumococcal meningitis.

Patients' care and treatment reflected relevant research and guidance. We saw the implant service followed relevant guidance as set by the National Institute for Health and Clinical Excellence (NICE), Cochlear implants for children and adults with severe profound deafness. NICE 'technology appraisal guidance' advises on when and how drugs and other treatments should be used in the NHS. This guidance was made available for all patients and their families so they could understand how decisions were made about whether they were suitable for an implant or not. One patient we spoke with told us "I didn't meet the criteria for an implant initially; however, after several assessments I did. I was so used to communicating with my family that I was improvising during my assessment which I shouldn't have done". The service was part of the university and as such worked closely with the research department. Patients were asked for their consent to use their anonymised data. This formed part of research to improve patient outcomes and the service patients received.
Cleanliness and infection control

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. They were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The auditory lead told us there was no overall infection control policy in place. However, there were procedures in place for each of the clinical areas which included how equipment was checked and cleaned before and after use. For example we were shown how the consultant surgeon's room was prepared before and after their clinic. This followed the service's documentation for the appropriate preparation of the clinic room. The procedure and observation showed there were effective cleaning and decontamination of equipment taking place. Staff we spoke with told us that they were responsible for ensuring that the clinic and treatment rooms were kept clean, hygienic and fit for purpose.

We were shown a number of procedures that were regularly carried out by health professionals at the service. The documentation showed that the provider had regard to infection control advice in its content. For example, the procedure for taking an aural impression included reference to infection control when cleaning the equipment following use and where to find the advice. Further written procedures were also seen and contained relevant advice. This demonstrated the provider had appropriate regard to infection control procedures when providing any treatment and care to patients.

We looked at a consulting room and a treatment room at the service. We found that they were clean and tidy. We saw that each room was prepared ready for treatment with a plentiful stock of disposable gloves and hand washing facilities. We were told the service had university cleaning staff who ensured the communal areas, floor and work surfaces were cleaned on a daily basis. The cleaning schedules the cleaner was expected to follow were managed by another department. The staff responsible for checking the consultation rooms each day told us they checked the rooms every morning before the clinic was opened to ensure it was clean and tidy. The provider may find it useful to note there was no written documentation of the cleaning carried out or the checks made. However, we saw no areas of concern during our inspection.

Staff told us that all single use equipment was used once and disposed of correctly. They told us there were clinical waste contracts in place for the disposal of clinical waste and there were sufficient sharps bins in place. The provider may find it useful to note staff were
unable to tell us they had received infection control training other than that included in their in house training.
Requirements relating to workers  ✔ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff. There were effective recruitment processes and checks in place.

Reasons for our judgement

There were effective recruitment and selection processes in place. One member of staff spoken with told us they had submitted an application form and had undergone formal interview prior to their starting work with the Auditory Implant Service. The lead audiologist for education told us all new staff underwent a formal recruitment process, consisting of application form followed by interview. We were given an example of a recently recruited member of staff. The member of staff we spoke with had been with the service for one week at the time of our visit. They told us they had to wait for all the relevant checks to be completed before they started their induction. People at the service received care and support from staff who were properly assessed and vetted before selection.

Appropriate checks were undertaken before staff began work. We spoke with another member of staff. They told us they had enhanced Criminal Records Bureau (CRB) or Disclose and Barring Service (DBS) background checks carried out before they started work. They told us they had also been required to provide two separate references. We were unable to view staff personnel files as these were held centrally by the Human Resources (HR) department of the university. However, all the staff spoken with confirmed they had completed a CRB or DBS and provided two referees prior to starting work at the service. The staff also confirmed with us that they had provided different forms of identity which the service had copied for their records. People at the service benefited because the provider made appropriate checks to ensure staff were suitable to work with vulnerable adults and children.

The provider's recruitment and personnel management procedures ensured that staff understood and were appropriately qualified to carry out their job roles. We checked the service's training records. This confirmed that all staff had completed job specific training relevant to their profession. New staff completed a period of induction training and shadowed other health professionals. We spoke with two members of staff who told us they were very clear about their specific job role and responsibilities. They both had up-to-date job descriptions that matched the work they carried out. People using the service benefited from receiving support from staff who understood their roles and who were suitably qualified to carry out their work effectively.
Assessing and monitoring the quality of service provision  

Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients received. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

Patients who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager told us that the quality of the service was assessed through several routine measures. Individual patients were asked at different stages of their post procedure treatment a series of questions to see if the implant had met their expectations. We observed one patient at their first year assessment complete their questionnaire. The outcome was that the procedure had more than met their expectations and they were very happy with the service they had received from the provider.

Patients with auditory implants attending the Auditory Implant Service for a review during 2013/4 were asked a question based on the NHS Friends and Family Test. They were asked "How likely are you to recommend the University of Southampton Auditory Implant Service to friends and family if they needed similar care or treatment?" with answers on a scale of extremely likely to extremely unlikely. This was being used in hospitals and clinics used by NHS patients and service users as a way of assessing the quality of the organisation. The Friends and Family Test results for April to October 2013 was 95% response of extremely likely and likely. This was based on 206 responses which meant patients were regularly asked for their views of their experiences of using the service.

The patient we spoke with told us "the service is first class and well run. I often e-mail in with questions or queries and the response is pretty quick". They added "the only problem I had was with the hospital when I was expecting to see the anaesthetist. However, when I contacted the centre they sorted it out for me straight away." Patients were regularly asked for their opinions about the service and there were systems in place to ensure that they received appropriate treatment and care. The patient said they knew how to make a complaint and they felt confident that in the event it became necessary the staff would act promptly to resolve it.

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 patients using the service. 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 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.
About CQC inspections

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

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

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

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

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

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

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

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

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

You can tell us about your experience of this provider on our website.
# How we define our judgements

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

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

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>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.</td>
</tr>
</tbody>
</table>
How we define our judgements (continued)

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

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

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

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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Outcome</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>1 (Regulation 17)</td>
<td></td>
</tr>
<tr>
<td>Consent to care and treatment</td>
<td>2 (Regulation 18)</td>
<td></td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>4 (Regulation 9)</td>
<td></td>
</tr>
<tr>
<td>Meeting Nutritional Needs</td>
<td>5 (Regulation 14)</td>
<td></td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>6 (Regulation 24)</td>
<td></td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>7 (Regulation 11)</td>
<td></td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>8 (Regulation 12)</td>
<td></td>
</tr>
<tr>
<td>Management of medicines</td>
<td>9 (Regulation 13)</td>
<td></td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>10 (Regulation 15)</td>
<td></td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment</td>
<td>11 (Regulation 16)</td>
<td></td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>12 (Regulation 21)</td>
<td></td>
</tr>
<tr>
<td>Staffing</td>
<td>13 (Regulation 22)</td>
<td></td>
</tr>
<tr>
<td>Supporting Staff</td>
<td>14 (Regulation 23)</td>
<td></td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>16 (Regulation 10)</td>
<td></td>
</tr>
<tr>
<td>Complaints</td>
<td>17 (Regulation 19)</td>
<td></td>
</tr>
<tr>
<td>Records</td>
<td>21 (Regulation 20)</td>
<td></td>
</tr>
</tbody>
</table>

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.