

Northern Circumcision Clinic-Billingham

Inspection report

Abbey Health Centre
Finchale Avenue
Billingham
TS23 2DG
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. The location was last inspected in December 2018 and was not rated at that time.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Northern Circumcision Clinic – Billingham as part of our inspection programme.

CQC had inspected the service on 12 December 2018, and whilst breaches of regulations were not identified, we asked the provider to make improvements and to:

- Review mandatory training needs and ensure staff received appropriate training as required.
- Review and improve the content and level of depth of the service health and safety risk assessments.

We checked these areas as part of this comprehensive inspection and found these issues had been resolved.

The service provided circumcisions to those under 18 years of age for both medical and cultural and religious reasons under local anaesthetic. The service also carried out post procedural reviews of patients who had undergone circumcision at the clinic.

One of the directors of the service is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed key policies and procedures.

Overall summary

- Reviewed clinical records.
- Interviewed the lead clinician both by telephone and face to face.
- Received written feedback from staff.
- received and reviewed CQC comment cards completed by families of children who had used the service.

To get to the heart of patients' experiences of care and treatment, we asked the following questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

These questions formed the framework for the areas we looked at during the inspection.

Note: Within the report where we make reference to a parent or parents this also includes those who act as a legal guardian or legal guardians of an infant or child.

Our key findings were:

- Circumcision procedures were safely managed and there were effective levels of patient support and aftercare.
- There were systems, processes and practices in place to safeguard patients from abuse. We saw staff had received safeguarding training appropriate to their roles.
- The service had procedures in place regarding consent, and when required the formal identification of those with parental responsibility.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- The clinical and non-clinical facilities used in the host GP location were clean and well maintained.
- The service had developed materials for parents/service users which explained the procedure and clearly outlined the recovery process. This included information which had been translated into four languages. Information was also communicated to the GP of the patient after the procedure had been undertaken via letter.
- The service operated a 24-hour advice line which allowed service users to contact them with any concerns post-procedure.
- Patient records were detailed and noted important information such as details of anaesthesia used, including batch numbers and quantities administered. At the time of inspection batch numbers of circumcision devices used were not being recorded by the provider. However, we were sent evidence to show that immediately after the inspection the service had introduced the recording of batch numbers of devices.
- Quality improvement activity was undertaken by the service including clinical audit, and via the investigation of significant events and complaints.
- Staff performance monitoring was undertaken, and we saw that appraisals had been undertaken. We also heard that staff communication was effective and saw that meetings and debriefings were being held.
- The service sought feedback from a proportion of service users via a satisfaction survey. Feedback for the clinic showed high satisfaction rates. CQC service user comment cards also showed high satisfaction rates.

Overall summary

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC GP specialist advisor.

Background to Northern Circumcision Clinic-Billingham

Northern Circumcision Clinic is an independent circumcision service provider which is registered in Billingham, Cleveland, and operates from locations in Leeds and Billingham. The Billingham based service operates from accommodation within Abbey Health Centre, Finchale Avenue, Billingham, Cleveland, TS23 2DG. The service provides circumcision to those under 18 years old for both medical and cultural and religious reasons under local anaesthetic and carries out post procedural reviews of patients who have undergone circumcision at the clinic. The majority of circumcisions carried out by the clinic are on children under two years of age.

The service is hosted within Marsh House Medical Practice which operates from Abbey Health Centre. The health centre is a modern building which is easily accessible for those bringing children or young people to the clinic, for example it has level floor surfaces, automatic doors and parking is available. The Northern Circumcision Clinic utilises the minor surgery room within Marsh House Medical Practice for the delivery of services, as well as ancillary areas such as waiting areas and toilets. One of the directors of the service is a partner at the Marsh House Medical Practice.

The service is led by two directors (one male/one female) and is delivered by two clinicians (all male – one of whom is also a director). These clinicians are all trained and experienced in this area of minor surgery. Other staff working to support the clinic includes a booking clerk, a receptionist, and a procedural assistant.

The Billingham based service provides sessions when required led by patient demand.

Are services safe?

We rated safe as Good because:

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had systems in place to safeguard children and vulnerable young persons from abuse. Policies regarding safeguarding were regularly reviewed and were up to date. Although the provider had not had the need to raise any recent safeguarding concerns to the appropriate authorities for incidents or concerns identified at this location, we saw that staff were fully aware how to do so if required. Staff took steps to protect service users from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. All staff had received up-to-date safeguarding and safety training appropriate to their role. For example, the clinicians had received child safeguarding training to level three, and non-clinical staff had received training to a minimum of level two.
- The provider had undertaken safety risk assessments in respect of the delivery of the service. Appropriate safety policies had been developed, and we heard that these had been communicated to staff.
- The service sought to confirm with parents prior to the procedure if a child was subject to a child protection plan, as well as confirming their parental authority to consent to the circumcision or any aftercare treatment if this was required. The patient record was detailed and noted the assessment of parental authority, and the identification of all parties concerned with the consent process. This included specific details and evidence of identification documentation which had been checked such as parental passport, driving licence or other formal documentation. The provider recorded sight of the Personal Child Health Record (the 'red book') which it used to help to identify the child.
- The provider carried out staff checks at the time of recruitment, which included taking up references from third parties. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). If the provider decided that a DBS check was not required, a formal process was undertaken to risk assess and support this decision.
- The provider had procedures in place to check staff registration with professional bodies and their ability to deliver clinical services.
- There was an effective system to manage infection prevention and control (IPC). We inspected the procedure room and found this to be in a clean and well-maintained condition. The service utilised the host GP practice for clinical waste disposal. The lead clinician was able to gain assurance that key controls were in place within the host practice such as IPC audits, fire risk assessments, and Legionella controls. Staff records we examined showed that staff had received required training in subjects such as fire safety and infection control.
- The provider carried out appropriate environmental risk assessments. This included implementing COVID-19 risk controls such as staggering appointment times and calling families into the waiting area from the car park to avoid congestion inside the building.
- The service had procedures in place to access medicine and patient safety alerts and updates which were applicable to the safe operation of the clinic.
- Records completed by the provider showed that clinicians and non-clinical staff were up to date with necessary training. This included basic life support.
- Staffing for the service was planned around the scheduled patient appointments. We were told that any issues which resulted in insufficient staffing numbers being available would lead to the cancellation of the clinic for that session.
- There were appropriate indemnity arrangements in place.

Are services safe?

- The service kept records of anaesthesia used, including type, quantities administered and batch numbers. However, at the time of inspection the service had not recorded the batch numbers of circumcision devices used. Following the inspection, we were provided with evidence that the service had begun to record batch numbers of circumcision devices.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- The clinic had access to emergency equipment and medicines provided by the host GP practice as part of their service level agreement. We saw that in the practice a defibrillator, emergency medicines, anaphylaxis kits, and spill kits were available if required.
- The clinic operated a 24-hour contact and advice line via a duty doctor system, whereby the provider was available to be contacted by parents of infant/young patients if they had post-procedural concerns or wanted additional advice. The provider also asked parents if they would like a follow-up call in the days after the procedure, and we were told this was undertaken if requested.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The provider completed a pre-treatment assessment, and informed parents of an infant or child of any risks or possible complications associated with the procedure. We saw evidence from patient records that these booking checks and pre-procedural assessments were detailed and contained the relevant detail.
- The service had systems in place for sharing information with other health professionals. We saw that the service sent letters to the patient's own GP to inform them the procedure had been completed. These letters carried details of the procedure undertaken, details of possible complications, advice regarding the recovery period and contact details for the service. The service monitored the sending of correspondence letters and had carried out an audit to gain assurance that they had reached the patient's GP. This audit indicated that 98% of correspondence reached the relevant GP. This was an improvement on the previous procedure which relied on giving parents a letter with instructions to give the letter to their child's GP.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including pain relief and emergency medicines were appropriate. We saw that emergency medicines had been regularly checked by the host location and were within date and stored safely and securely.
- The service recorded details of the anaesthesia used, which included manufacturer, batch number, expiry date and quantity administered.
- The service told us that medicines for patients were prescribed very infrequently.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues. This included risk assessments related to specific activities undertaken, such as the constraint of children during the procedure. In addition, the service had access to risk assessments and safety procedures applicable to the host GP practice, and had assurance that the necessary health and safety controls and monitoring processes were in place.
- The service monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service had a system in place for reporting and recording significant events and complaints. We saw significant events and complaints policies had been developed which demonstrated that where patients had been impacted they would receive a timely apology, including details about any actions taken to change or improve processes when appropriate.
- We were told that all significant events and complaints received by the service were discussed by staff. We reviewed recent significant events and saw that these had been investigated and learning and improvements had been made as a result of these incidents. For example, a needlestick injury to a clinician saw improvements made in respect to ensuring the patient was properly held and secured before the procedure was undertaken.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. Both clinicians had extensive experience in the delivery of circumcisions. As well as delivering these services the clinicians were GPs and had attended regular update training sessions relevant to their roles. In addition, they had also been subject to clinical appraisal.
- Patients' immediate and ongoing needs were fully assessed. During the booking and initial patient assessment parents of infants and children, who were to be circumcised received information regarding the procedure. There were also details of the circumcision procedure posted on the service's website. We saw via feedback that parents felt well informed, and that additional information and advice concerning the procedure was detailed.
- The service reviewed the medical history of the proposed patient and made an assessment of the suitability of the individual to receive the procedure.
- Information was also given to the service user or, if appropriate, their parent regarding post-procedural care during the recovery period. Information was available in four languages.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider told us that it used information about care and treatment to make improvements. For example:
 - The provider systematically reviewed significant events and any complaints to identify areas of service improvement.
 - Feedback was sought via a survey sent to around 25% of parents who had taken their children to the service.
 - Clinical and non-clinical audits were undertaken on an annual basis. The 2021 post-circumcision wound infection audit showed a low number of contacts from concerned parents, and that there had not been a need to prescribe antibiotics for any patients. The 2021 audit post-circumcision bleeding audit showed that of 220 patients no patients had suffered bleeding, and only five patients had experienced slight blood spotting.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had induction processes in place for all newly appointed staff.
- Relevant health professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Records of skills, qualifications and training were maintained for staff and annual appraisals were in place to discuss performance and training needs.
- Feedback from a non-clinical staff member at the service informed us that they felt supported in their role.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Feedback we received from both the lead clinician and staff indicated that they felt that they worked well as a team, and that they sought to deliver effective, person-centred care.
- Before providing treatment, doctors at the service assessed the suitability of the potential patient to receive the procedure. When a patient was assessed as being not being suitable to receive a circumcision at that time, we were told that they were referred to their own GP or signposted to a more relevant service.
- Following the procedure the clinic sent the patient's GP a letter which explained that a circumcision procedure had been carried out and gave their contact details should the GP wish to contact them for further information or advice. This information was comprehensive and relevant.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering service users, and supporting them to manage either their own health or the health of others, and to maximise their independence.

- The service had produced information and advice resources in relation to the recovery period after the procedure, this included details of actions to take should concerns and complications appear.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making, this included those in relation to the Mental Capacity Act 2005.
- The provider had developed procedures and processes to check and record the identity of both the patient and parents in order to confirm parental authority. In records we checked on the day of inspection we saw that these checks had been undertaken, and necessary evidence had been recorded to support this. We saw that both parents were asked to consent, unless there was a valid reason as to why this was not possible. If only one parent was able to consent the reason for this was noted in the patient record. The provider told us that they would ask older children for their views and gain consent prior to undertaking any procedure. We were told that a child or young person who objected to the procedure would be supported in this choice, and that the circumcision would not be undertaken against their will.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients and parents with kindness, respect and compassion.

- Feedback we saw or received from parents who had used the service was positive about the way staff treated them and their child. For example, feedback posted on the website spoke of the kindness and care of staff. As part of the inspection process we received 16 Care Quality Commission comment cards which had been completed by parents. Of these 16 cards, 15 contained positive comments and one contained mixed comments. Many of the responses received mentioned that staff had been caring and reassuring and that the service had been informative and had sought to put them at ease.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. For example, the website contained a detailed explanation of the circumcision process and recovery.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff from the service had language skills which allowed them to communicate effectively with the majority of service users whose first spoken language was not English. Parents were also able to bring other family members or friends if additional language support was deemed as required. If further interpretation or translation was required, the service was able to access external support via a telephone service, although this was at an additional cost to the service user. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care, these were available in four languages.
- The service told us that for patients with learning disabilities or complex social needs family, carers or social workers would be involved. In particular, the consent process was detailed and considered mental capacity.
- Parents were encouraged to be present during the procedure as this was felt by the service to reduce anxiety both for the child and the parents. Parents could choose not to be present if they so wished. The standard operating procedure for circumcisions was that two clinicians delivered the service and were supported by an assistant if required.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of the patient's dignity and respect.
- Treatment room were closed during consultations and the delivery of the procedure. Screening was provided in the procedure room used by the clinic which could be used to maintain privacy and dignity during examinations, and the delivery of the procedure.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private area to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of needs and preferences.

- The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it, and when patients were deemed suitable to receive the procedure. If it was decided that a potential patient was unsuitable for circumcision, then this was discussed with either the prospective patient themselves or the parents of the infant or child concerned.
- The facilities and premises were appropriate for the services delivered.
- The clinic had developed a range of information and support resources which were available to service users.
- Longer appointments were available for older children and young persons, or for those with more complex needs.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, the delivery of the procedure, and had access to aftercare advice and support.
- The provider reported that demand for services had increased due to a number of reasons which included the recent closure of another nearby service, a historic backlog as the result of COVID-19 and the temporary suspension of the service. As a result, the number of clinic sessions held per year had been increased to around 36.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had a complaints policy and procedure in place. Information about how to complain was displayed on the website. Service users could do this via the telephone line or service website.
- The lead clinician managed and had oversight of complaints, concerns and significant events.
- The service reported that it had very low levels of concerns raised by service users and had only received one concern over the previous 12 months. This involved the retention of a circumcision device which had failed to detach. This concern had also been recorded as a significant event to promote learning. We saw that this issue had been investigated fully, and that as a result the service had implemented a change to their advice leaflet making it explicit that the parent contact them if the device does not detach after ten days following the procedure.
- We were told by the provider that any incidents and complaints and concerns would be discussed at the quarterly staff governance meetings. Any concerns or incidents would also be discussed at the debrief session held with staff after each clinic.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The clinical lead was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Challenges to the service that had been identified included the impact of the COVID-19 pandemic, increased demand and finite capacity to deliver services, the impact of costs on the families of patients, and at times the limited understanding of health professionals and others in respect to the circumcision process.
- The lead clinician was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Feedback from a staff member indicated that relationships in the small delivery team were strong and that communication at all levels was effective.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The provider told us that they felt that everyone deserved the safest and best quality treatment available. The service had a realistic strategic approach to achieve priorities and monitored progress against these priorities via audits and patient satisfaction.
- A staff member told us that they were clear on their responsibilities and the role they played within the organisation.

Culture

The service had a culture of high-quality sustainable care.

- Processes and procedures which operated within the service supported a culture of openness, honesty and transparency. For example, the service sought service user feedback.
- There were positive relationships between the provider and staff.
- Staff told us they were aware of how to raise concerns and were encouraged to do so.
- The service focused on the needs of patients.
- There were processes for providing all staff with the development they needed to effectively deliver their roles. This was achieved via one to one feedback and by annual appraisal discussions. We saw that appraisals had been held with staff during the previous 12 months. We saw that training needs had been identified for some staff in relation to child safeguarding, and that this training had been sourced and completed.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were in place.

Are services well-led?

- A member of staff told us that they were clear on their roles and accountabilities. They also told us that they were supported by the service during their induction period, and soon became an effective member of the delivery team.
- The provider had established policies, procedures and activities which ensured safety and assured themselves that they were operating as intended. For example, these included:
 - Safeguarding
 - Infection prevention and control
 - Complaints and incidents
- The service used performance information which it gathered and monitored. This enabled the management and staff to be held to account
- Consent and parental and child identification

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits of procedures undertaken.
- Processes were in place to manage patient safety and medicines alerts, incidents, and complaints.
- Clinical audit was used to assess the performance of the service and assess care and outcomes for patients.
- The provider had plans in place major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service gathered information concerning the health of the patient prior to the procedure, and recorded decision making if they concluded that the procedure should not be completed on the patient. Records we examined of patients who had undergone a circumcision carried the appropriate level of detail.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Since the time of the last inspection the service had changed operating practices and now kept the majority of records and documents in electronic rather than in paper format.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- Quarterly meetings were held with staff, as well as post-session debriefings after every clinic.
- The clinic made use of parent, and if they were older, patient feedback to assess satisfaction and to identify issues and potential improvements to services. The service collected informal feedback during each clinic. In addition, they carried out their own survey conducted with a proportion of service users. Results gathered from 20 survey forms obtained by the service in August 2021 showed high overall satisfaction with the service provided. Service users were also able to post comments on the provider's website.
- Staff associated with the service had been involved in the publication of a number of medical papers regarding circumcision.

Continuous improvement and innovation

Are services well-led?

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Performance and learning needs were discussed during appraisals.
- Clinical audits had been undertaken to gauge performance and identify areas for improvement. Audits undertaken included those in relation to:
 - Post-circumcision wound infection
 - Correspondence letters sent to the GP of the patient
 - Post-circumcision bleeding.