

Dr Kamrul Hasan

The London Circumcision Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection at The London Circumcision Clinic on 2 August 2018, to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? Overall, we found the service was not providing safe, effective and well-led services in accordance with the relevant regulations. The provider was issued with warning notices under regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to not complying with their legal obligations around emergency procedures, including medicines, equipment and fire safety, infection prevention and control, recruitment and training and governance. The full comprehensive report published in September 2018 can be found by selecting the 'all reports' link for The London Circumcision Clinic on our website at www.cqc.org.uk.

This inspection was an announced follow up inspection carried out on 30 October 2018 to confirm that the service had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 2 August 2018.

This inspection was not rated and the report covers our findings in relation to those requirements outlined in the issued warning notice.

Our findings were:

- There were policies and procedures to govern activities, but there was no system to update them.
- Staff recruitment files contained all the required information.
- A fire risk assessment had been completed but there were no smoke detectors or fire alarms in the premises.
- The service had a legionella risk assessment but there was no infection prevention and control risk assessment.
- There were emergency medicines and emergency equipment, but no system for checking these on a routine basis.
- There was no system for reviewing and acting on patient safety alerts, but post inspection we saw evidence that a system had been put in place.
- Non-Clinical staff had received no other training than safeguarding training.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.

Summary of findings

There were areas where the provider could make improvements and should:

- Review the system for reviewing policies and procedures.
- Establish a system to routinely check emergency medicines and equipment to ensure they are in date and in good working order.

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

The London Circumcision Clinic

Detailed findings

Background to this inspection

The London Circumcision Clinic operates under the provider Dr Kamrul Hasan. The provider is registered with the Care Quality Commission to carry out the regulated activity of surgical procedures.

Dr Kamrul Hasan is the responsible individual, 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.

The service consists of one surgeon, two clinical assistants and one reception staff member. The service provides child and adult circumcisions to approximately 1000 patients per year, 50 of which are adults.

The service opens on a Sunday and provides appointments from 9:30am when it opens with no end time. When demand for appointments are high, the service provides additional week day appointments. The service has a mobile telephone, which is manned seven days a week from 10am to 8pm for appointment booking, queries and concerns.

Patient records are all hand written and the service refers patients when necessary back to their GP.

The inspection was undertaken on 30 October 2018 and the inspection team was led by a CQC inspector, who was supported by a second inspector and a GP specialist advisor. During the inspection, we spoke with the surgeon, made observations of the environment and infection and prevention control measures as well as looking at governance procedures.

Are services safe?

Our findings

At our previous inspection on 2 August 2018, we issued a warning notice under regulation 12 as the service had no access to emergency medicines or equipment, there was no infection prevention and control or fire safety audits or systems and the surgeon had no access to patient safety alerts.

A warning notice under regulation 17 was also issued as the service had a lack of policies and procedures to govern activities, staff were not sufficiently trained to carry out their roles and personnel files did not contain all the required information.

These arrangements had improved when we undertook a focussed inspection on 30 October 2018.

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff, but these were not version controlled and there was no system for reviewing these. There was a separate document, which outlined clearly which organisations to contact for further guidance.
- The provider carried out
- All staff received up-to-date safeguarding training and knew how to identify and report concerns. However, this was the only training that staff members had completed. For example, no staff members had received fire safety or infection and prevention control training.

- The service had completed a fire risk assessment and had begun completing the actions identified. For example, there were now fire extinguishers, fire signage and a fire safety policy, but there were no fire or smoke detectors and no fire drills had taken place.
- The service had not completed an infection prevention and control (IPC) risk assessment, but had completed a legionella risk assessment. Post inspection we were informed by the provider that an IPC risk tool had been ordered and a risk assessment would be completed.
- The provider had policies and procedures to govern activity, however these were not version controlled and there was no system to update these to ensure they remained current and relevant.

Safe and appropriate use of medicines

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

- The service had supplies of emergency medicines, however this did not include chlorphenamine, which is used to treat allergic reactions. However, we were sent evidence that this was purchased post inspection. There was no system for routinely checking that these medicines remained in date and fit for purpose.
- There was oxygen and a defibrillator on the premises, these were brand new but there had been no consideration as to how these would be routinely checked to ensure they were in good working order.

Lessons learned and improvements made

- Post inspection the provider provided us with evidence that the service was signed up to receive patient safety alerts.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was practicable to prevent the spread of infection as there had not been an infection prevention and control risk assessment.</p> <p>The provider did not do all that was practicable to prevent risks associated with fire as there were no fire detection systems installed in the premises.</p> <p>The provider had not assured themselves that all staff working for the service were appropriately trained to carry out their role</p>