

# Victoria Road Medical Centre

## Inspection report

229 Victoria Road  
Aston  
Birmingham  
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[www.birminghamcircumcisionservices.co.uk](http://www.birminghamcircumcisionservices.co.uk)

Date of inspection visit: 25 February 2023

Date of publication: 31/03/2023

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 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 Victoria Road Medical Centre (also known as Birmingham Circumcision Service) on 25 February 2023 as part of our inspection programme and to provide a rating for the service.

The service had never been inspected or rated previously.

The service provides circumcision to children and adults for therapeutic and non-therapeutic reasons. The service is offered on a private, fee paying basis only, and is accessible to people who choose to use it.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of surgical procedures.

The service had a 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.

## **Our key findings were:**

- The provider had developed appropriate policies and processes to keep people safe from harm. We saw that policies were followed as intended and treatment was provided in a way that kept patients safe.
- Patients received effective care and treatment that met their needs.
- A plastic surgeon with over 40 years’ experience, carried out the circumcision procedure.
- The provider carried out clinical audits and requested patient/parent feedback to monitor the effectiveness of the service.
- Staff dealt with patients/parents with kindness and respect and involved them in decisions about their care.
- From patient/parent feedback we viewed, we saw that patient/parents/carers were extremely positive about the service and would recommend the service to their friends and family.
- Clinicians consulted with the child (where appropriate) to obtain their consent to the procedure as well as consent from both parents/carers.
- The service organised and delivered services to meet patients’ needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to Victoria Road Medical Centre

Birmingham Circumcision Services is the registered provider of the circumcision service.

The service is located in the Aston area of Birmingham at 229 Victoria Road, Aston, Birmingham, B6 5HP. More information about the service can be found on their website [www.birminghamcircumcisionservices.co.uk](http://www.birminghamcircumcisionservices.co.uk).

The service is located in a health centre close to the City Centre of Birmingham. There are good public transport links and car parking is available.

The service provides circumcision to fee-paying patients. The service provides circumcision to children and adults for medical, cultural and religious reasons under local anaesthetic.

The majority of circumcisions carried out by the service are on children under one year of age. The provider gave us data that showed between February 2022 and March 2023, of the circumcisions that had been carried out by the service, 81% had been on children under 1 year old, 8% were carried out on 1 to 5 years olds and 11% of all procedures were on people aged 5 years or older.

The plastic surgeon assesses the patient and decides the best method of circumcision in discussion with the patient/parents/carers. This either involves using a Plastibell (ring) (mostly under the age of two years) or a cut and stitch method.

The circumcision service has access to one minor operating room on the ground floor, a waiting area and a recovery room within the health centre. There are baby changing and feeding facilities available.

The service is registered with Care Quality Commission (CQC) to provide the following regulated activities: Surgical procedures.

The service is open Monday to Friday between 9am and 7.30pm to take telephone bookings.

The service is open on weekends between 9am and 5pm, dependent on service bookings.

The clinical team includes a plastic surgeon and a GP (both male). They are supported by a service manager and a receptionist/administrator.

Patients can book an appointment by telephoning the service.

The service provides 24 hours telephone cover for post-operative support. Staff explain to people when aftercare information is given, if it is an emergency they need to attend accident and emergency (A&E).

### How we inspected this service

Before the inspection we reviewed any existing information we held on the service and the information the provider returned to us.

During the inspection we interviewed staff, reviewed patient records, made observations of the premises and reviewed documents.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

# Are services safe?

## We rated safe as Good because:

The provider had developed processes to keep patients and staff safe from harm.

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service had systems in place to confirm the identity of children/patients.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. From records we viewed, we saw that the service carried out regular audits of infection prevention and control and took action when needed.
- The provider had systems in place to monitor and manage risks related to Legionella. Legionella is a bacteria that can live in water systems.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff told us if all members of the team were not available, a clinic would not be booked for that day.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place.
- The provider did not perform circumcision from any other location other than the registered location, and all appointments were pre-booked.
- From evidence we viewed, we found the provider had appropriate processes in place to assess the patient was well enough to have the procedure on the day.
- We saw that appointment times were spaced sufficiently apart to allow for the pre-consultation appointment, the procedure itself and then time following the procedure for the patient to recover.
- From information we viewed, we saw that clinics were not overbooked.

# Are services safe?

- The website contained information regarding consent and post-operative care, that patients/parents could view before and after their appointment.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

## 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 care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Patient records were stored securely.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service wrote back to the patient's usual GP after the procedure. They posted a copy of the letter to the GP practice and also gave a copy to the parents to hand in to the GP in case there was urgent information that needed to be shared with the GP regarding post-operative care.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.

## 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 emergency medicines and equipment minimised risks.
- The service kept prescription stationery securely and had systems in place to monitor its use. Staff told us they had never needed to prescribe medicines post-operatively, however they had processes in place if this was needed.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.
- The service recorded details of the anaesthesia used, which included type, batch number, expiry date and quantity administered.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. 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.

# Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons and took action to improve safety in the service.
- There had been 1 significant event reported in the 12 months before the inspection. We saw from meeting minutes that we viewed, staff had discussed the event and taken action to minimise the risk of the event happening again.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## **We rated effective as Good because:**

The provider could demonstrate how they delivered effective care and treatment and how they monitored performance through clinical audits and patient feedback.

### **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.
- Patients were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make a decision about whether to carry out the procedure and what method to use (Plastibell or cut and stitch).
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with patients who required a follow up. If patients needed to be seen by the plastic surgeon or GP after the procedure for follow-up care, this was arranged.
- The service's website contained relevant information, including information on aftercare, and what medical conditions were excluded (situations where the service would not carry out a circumcision).
- An initial consultation was carried out by the plastic surgeon and GP on the day of the procedure. The patient had a medical assessment to assess their suitability for the procedure and parents were also asked to complete a health questionnaire.
- The service did not request a deposit, and patients/parents were only charged if the procedure was carried out.
- Staff told us, if they were not able to carry out the procedure, they would signpost the parents/carers/patients to other relevant services.
- The clinicians provided patients/parents/carers with aftercare advice, and information about managing complications before and after the procedure.

### **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service provided 24 hour telephone access to the plastic surgeon and GP for aftercare queries and advice.
- The administrator contacted all patients within 48 hours after the procedure to monitor if there had been any complications. This information was recorded in the patient's record. A follow-up appointment was arranged if needed.
- We reviewed the clinical audits the service carried out to monitor the effectiveness of the service. We saw there had been no post-operative infections reported between February 2022 and January 2023.
- The service audited and monitored the reasons why patients had been brought back to the service post-operatively and the reasons why the procedure was not carried out.
- The service collected patient feedback to assess how effective their service was and if they needed to make any improvements. From information we viewed, we saw that patient feedback was extremely positive and all patients/parents who completed the survey would be likely to recommend the service to their friends and family.

### **Effective staffing**



# Are services effective?

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

- All staff were appropriately qualified.
- The plastic surgeon had over 40 years' experience in carrying out surgery including circumcisions.
- The plastic surgeon was experienced in identifying unusual cases that required specialist referral, and was able to manage most immediate and longer-term complications themselves.
- Clinicians were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.

## **Coordinating patient care and information sharing**

### **Staff worked with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the patient's usual GP.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, and their medicines history.
- All patients/parents/carers were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- Staff told us if the patient/parents/carers did not consent to sharing their usual GP details with them, they would not continue with the procedure and this would be regarded as a possible safeguarding concern.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The service monitored the process for seeking consent appropriately.
- The service sought consent from children (where appropriate) in addition to consent from parents/carers.
- In addition to gaining consent, the service asked the patient/parents/carers to sign a formal document to indicate they had read and understood any information that was given to them, to help them understand the procedure and any aftercare arrangements.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients/parents/carers and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service had produced pre and post-operative written information in 10 different languages to help support patients/parents/carers post operatively.

## **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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

## Are services effective?

- The service monitored the process for seeking consent appropriately.
- The service sought consent from children (where appropriate) in addition to consent from parents/carers.
- In addition to gaining consent, the service asked the patient/parents/carers to sign a formal document to indicate they had read and understood any information that was given to them, to help them understand the procedure and any aftercare arrangements.

# Are services caring?

## **We rated caring as Good because:**

The provider demonstrated they understood patients' personal, cultural, social and religious needs. They supported patients/parents/carers in making decisions.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients/parents/carers was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients/parents/carers timely support and information.
- The service provided patients with a telephone number for the plastic surgeon and GP if patients, parents or carers had any queries post-operatively. Patients/parents/carers could also contact the service Monday to Friday between 9am and 7.30pm.

### **Involvement in decisions about care and treatment**

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in 10 languages other than English, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- All staff had sufficient knowledge on religious views/beliefs to ensure all patients/parents felt at ease during their consultation/procedure, and could ask any questions.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- There were baby changing and feeding areas within the service.

# Are services responsive to people's needs?

## We rated responsive as Good because:

The provider had developed services to meet the needs of patients. Feedback from people using the service was extremely positive about staff and the service overall.

## Responding to and meeting people's needs

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

- The provider understood the needs of their patients and delivered services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- Staff told us they checked with patients/parents/carers at the time of booking if there were any additional needs, for example requiring an interpreter or information in another language.
- The service had a hearing loop, to support patients with hearing difficulties.
- The provider had displayed exclusion criteria on their website to advise patients/parents/carers about circumstances when they might refuse to carry out the procedure.
- The provider had produced written post-procedure information in 10 languages, other than English to meet the needs of their patient population.

## 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 and treatment.
- The service could be accessed Monday to Friday between 9am and 7.30pm to book an appointment, and patients could contact a clinician 24 hours a day for aftercare advice.
- Appointments for the procedure were on Saturdays and Sundays.
- Staff told us there was no or a minimal waiting list. Most people calling for an appointment were booked in the same or following weekend.
- From patient feedback we viewed, we saw that of those patients who completed the service's survey, all patients reported that the appointment system was easy to use.
- The service wrote back to the usual GP on the same day as the procedure.

## Listening and learning from concerns and complaints

### **The service took complaints and concerns seriously.**

- Information about how to make a complaint or raise concerns was available on the website and in the health centre.
- The service had not received any complaints in the 12 months leading up to the inspection.
- The service had a complaint policy and procedures in place.

# Are services well-led?

## **We rated well-led as Good because:**

Leaders demonstrated they had the skills, experience and capacity to deliver a high quality service.

### **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges of providing a safe, high quality service and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had implemented appropriate processes to monitor and discuss risk and performance.

### **Vision and strategy**

#### **The service had a clear vision and business plan that supported the delivery of high quality care and promoted good outcomes for patients.**

- The service's vision was to provide the highest quality care treatment to their patients in a safe, supportive and inclusive environment, with clinical excellence at the heart of everything they do.
- Their aim was to be the best clinic in their locality with low complication rates and high patient satisfaction at the forefront.
- The service had produced a business plan to help achieve its priorities.
- Staff were aware of the vision, values and business plan and their roles in achieving them.

### **Culture**

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

- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between clinical and non-clinical 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 clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

# Are services well-led?

- The clinical and non-clinical team met before and after each clinic to discuss patients on the list for surgery that day. The team also met every 3 months to formally discuss risks and performance including incidents, complaints and feedback from the patient survey.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## 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.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

### **The service involved patients and staff to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture.
- The service carried out appropriate audits to monitor the quality of the service and identify further areas for improvement.
- Staff could describe to us the systems in place to give feedback.
- We saw the provider monitored patient feedback and formed an action plan when patients had given suggestions for further improvements.

## Continuous improvement and innovation

# Are services well-led?

**There was evidence of systems and processes for learning and continuous improvement.**

- There was a focus on continuous learning and improvement.
- The service made use of reviews of incidents and complaints and patient feedback. Learning was shared and used to make improvements.
- The service carried out appropriate audits to monitor the quality of the service and identify further areas for improvement.
- The plastic surgeon was a trainer and provided training to doctors at all levels up to consultant level in general plastic surgery and circumcision.