Qualified Circumcision Clinic

Inspection report

2 Stoney Stanton Road
Coventry
CV1 4FS
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	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Overall summary

We carried out an unannounced focused inspection at the Qualified Circumcision Clinic on 10 and 11 October 2020. This inspection was in response to concerns raised by the local clinical commissioning Group (CCG) about the number of patients being seen at each clinic and infection control processes.

Mr Altaf Mangera 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.

On the days of inspection, we spoke directly with members of five families in order to gather their views of the service. Comments included the quality of pre-operative information provided.

Our key findings were:

- The service was offered on a private, fee paying basis only and was accessible to people who chose to use it.
- The provider had limited systems in place to assess, monitor and manage risks to patient safety. This included ineffective management of infection prevention and control.
- The provider was unable to demonstrate that all health and safety checks had been carried out prior to clinics commencing, as the building manager had not always been notified about additional clinics taking place. The building manager was unable to ensure that health and safety checks had been carried out in advance of the additional clinics operating.
- Checks for COVID-19 symptoms of those attending the clinic were discussed on initial contact when a booking was being made. On the day of the inspection we observed that no COVID-19 checks had been carried out on those people attending the clinic. The clinic's website had not been updated with the latest COVID-19 guidance concerning the wearing of masks in a primary care setting.
- The service had procedures in place regarding consent, but we found the system was not effective nor consistently implemented. Limited information was recorded.
- The recording of parental responsibility was not effective, and the provider was unable to demonstrate they had a system in place to ensure all parental responsibility was reviewed appropriately.
- Some staff were unable to demonstrate what polices were available and what information was held at the clinic.
- Information for parents/those with parental responsibility, and/or patients, was available which explained the procedure and outlined the recovery process. However, information was only available in English and no translation services were offered. The provider told us it was the patient's responsibility to provide interpretation services.
- The overall governance arrangements were ineffective.
- The service did not communicate directly with the patient's registered GP. Correspondence was provided to the patient and it was their responsibility to ensure the GP was notified that the procedure had been undertaken.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that care and treatment of patients is only provided with the consent of the relevant person.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Qualified Circumcision Clinic

Mr Altaf Mangera operates as an independent circumcision provider as the Qualified Circumcision Clinic (QCC) and delivers services from locations in Sheffield and Coventry. The service based in Coventry operates from accommodation within the City of Coventry Health Centre, 2 Stoney Stanton Road, Coventry, West Midlands CV1 4FS. The service provides circumcision to children and adults for therapeutic and non-therapeutic reasons under local anaesthetic. Many circumcisions carried out by the clinic were on children under one year of age, although older children and adults also use the service.

The service is registered with the Care Quality Commission for the provision of surgical procedures and the treatment of disease, disorder or injury regulated activities.

The City of Coventry Health Centre where the service is located is a newly converted and modernised multi use health facility just outside Coventry city centre. It is easily accessible for those bringing children or young people to the clinic, or for those with mobility issues. The centre has level floor surfaces, automatic doors and parking is available along with good public transport links. The Qualified Circumcision Clinic utilises two clinical rooms on the ground floor of the building for the delivery of its services, one for surgical procedures and another for ancillary areas such as a waiting area and toilets. The service is operated by an individual who is the named provider, and procedures are undertaken by the provider who is a qualified and a registered urologist. Other staff working at the clinic includes a clinical support worker and a receptionist. The Coventry-based service provides appointments monthly on Saturdays and occasional Sundays dependent on patient demand.

How we inspected this service

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Explored clinical oversight and how decisions were made.
- Spoke with people using the service.
- Spoke with staff.

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

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

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

Inspected but not rated

Are services safe?

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The service had some systems in place to assure that an adult accompanying a child had parental authority although these were not consistently followed. We reviewed consent forms and found these were also used to record pre-consultation checks. Information such as multiple attempts to contact a child's father or details of the father were not always recorded. Additionally, we saw that the procedure had been carried out where parents had failed to bring identification with them. If a parent had forgotten their identification they could send on a copy after the appointment. If there was no red book for the baby brought in by the adults on the day, the baby could be weighed by the doctor and treated. No birth certificate was required to identify the baby.
- Staff were unaware of the availability of policies and procedures to them but told us they would refer to the provider should they need any information. They were not aware of specific policies such as those relating to whistleblowing and the safeguarding of adults and children. They were however, aware of local telephone numbers available to call should they have any safeguarding concerns.
- We found that verbal consent for the procedure was obtained via a telephone call prior to the procedure appointment. The provider did not document the detail of the discussion to confirm the consenting process had been fully understood.
- There was an ineffective system to manage infection prevention and control. We found limited cleaning was taking place in between each patient. For example, considering the COVID-19 pandemic, the door handles were not cleaned in between each family entering and leaving the surgical room and the recovery room was not cleaned in between patients.
- During our visit on Saturday, we saw that the same clipboard and pen was used by reception staff and all patients/ representatives to complete relevant paperwork. This was wiped down with tissue and hand sanitizer between each patient. We asked the provider to ensure that appropriate wipes were provided to sterilise the clipboard and pen appropriately. On Sunday's inspection we were told these had not been provided as they were unavailable. The providers COVID-19 risk assessment had specified that all contact areas and high use items would be wiped down with alcohol based detergent wipes between patients.
- We saw that five families in the waiting room had exceeded the permitted number according to the provider's own COVID-19 risk assessment.
- The provider told us that patients were asked about COVID-19 symptoms on initial contact when a booking was made. On the day of the inspection, we saw no evidence of COVID-19 checks being carried out whilst we were onsite.
- We found the clinic's website had not been updated with the latest COVID-19 guidance issued in September 2020, concerning the wearing of masks in a primary care setting. Patients had been informed via the QCC's website that face coverings were only advised for hospital attendances and not for attending general practice areas. Information stated that if the guidance changed to include a mandatory requirement for face coverings in general practice areas they would include this in their policy too. This information had not been updated and was not accurate at the time of the inspection.
- The provider had updated their website to reflect current guidance following the inspection.
- The provider was unable to ensure that health and safety checks had been carried out in advance of clinics operating as the building manager had not been notified of the additional clinics scheduled by the provider. Additionally, there was no assurance that healthcare waste was managed safely when additional clinics had been scheduled.
- The provider ensured that equipment used was safe and maintained according to manufacturers' instructions.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

Inspected but not rated

Are services safe?

- The provider told us that verbal consent was obtained for the procedure following a telephone consultation or by text message with the parents of the perspective patient before an appointment was scheduled. The provider kept a tick list to record completed processes.
- The tick list failed to provide a detailed contemporaneous record of the nature and discussion of these calls, or details of the subsequent treatment and post treatment guidance provided.
- Parents, or those with parental responsibility were given a consent form to sign by the receptionist on arrival at the clinic. At our previous inspection in February 2020, we reported that the service had reviewed and updated their systems following an inspection at its sister site. This included procedures that gave assurance that consent had been obtained. The providers audit of the consent process at the end of 2019 highlighted that changes were needed.
- On arrival at the clinic we asked the receptionist to confirm the number of children booked in appointments. The receptionist told us that over 20 children had appointments. We viewed the patient list and found that 34 children had been booked in. The clinic hours were from 9am to 5.15pm with no breaks scheduled in for staff. There was also a clinic planned for Sunday morning from 9am to 12.45pm and a total of 17 children were booked in for this clinic.
- When we visited on Sunday 11 October 2020, we verified how many children had been seen on Saturday. A total of 35 patients had been booked in according to the receptionist's list and five patients had cancelled. A total of 30 children had been seen. There were 17 children booked in for the Sunday clinic.
- We asked for copies of the consent forms and clinical records from Saturday's clinic. A total of 19 consent forms were provided, however we saw evidence to demonstrate that a total of 30 patients had been seen on that day. On speaking with the provider, we were told that the 19 consent forms were for all the patients that had been seen in the clinic on that day. Consent forms for 11 patients treated that day were not made available to us despite our request to see all the forms.
- The service had limited systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. At our previous inspection, we were told that following the procedure, the service sent a letter directly to the service user's GP 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 letter also included advice to the GP regarding aftercare and prescribing practice. At this inspection we were told it was the parent/person with parental responsibility of the patient's responsibility to inform their registered GPs.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- Staff had not kept accurate records of medicines. We found that the provider had not kept contemporaneous records, including the recording of expiry dates or batch numbers of anaesthetic that had been used. Recommended guidance states that a clear record was to be kept against the patient's record of the medicine, batch number, and expiry date of the medicine.
- Records failed to demonstrate the time allowed for the anaesthetic to take effect and the methods used to determine this, or the details of aftercare discussions with families. We saw that circumcision appointments were booked every 15 minutes.

Inspected but not rated

Are services well-led?

Governance arrangements

There was no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective. The governance and management of joint working arrangements and shared services had not promoted interactive and co-ordinated person-centred care.
- We were unable to gain assurances that the provider had established proper policies, procedures and activities to ensure safety which assured themselves that they were operating as intended.

Managing risks, issues and performance

There were ineffective processes for managing risks, issues and performance.

- There was an ineffective process to identify, understand, monitor and address current and future risks including risks to patient safety. We found the processes for ensuring infection control procedures were followed was inconsistent. The surgical room used for the procedure was not cleaned appropriately between patients, with door handles being left uncleaned and, on the days of our inspection the post-operative room was not seen to be cleaned between patients.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- We saw that limited clinical notes had been written on the backs of consent forms. These notes did not provide a detailed contemporaneous record of the process. There were no details of the initial consultation, information about the treatment provided including details related to the use of and application of anaesthetic, and information about the post treatment arrangements or advice provided.
- We found that completion of consent forms was inconsistent. On reviewing the consent forms for Saturday's clinic, we found the number of consent forms did not correspond to the number of patients that were seen on the day. The appointment register showed that a total of 30 patients had been seen at the Saturday clinic and only 19 consent forms were provided for us to review. The provider confirmed the consent forms we had been given were the total number of patients he had treated on that day. Consent forms for 11 patients were not made available to us to review as requested.
- The recording of parental responsibility was not effective, and the provider was unable to demonstrate they had a system in place to ensure all parental responsibility was reviewed appropriately. Of the forms we reviewed we saw that details of all checks made had not always been noted, such as names of both parents.
- The provider could not be assured that patients and/or their families fully understood all aspects of the service provided as documents available were written in English. Information in alternative and appropriate languages was not provided. During the inspection we spoke with families in the waiting room who had limited understanding of English and no interpreters had accompanied them or had been made available by the service. We were told by the receptionist that she and the clinical team could speak a range of Asian languages, however during the time we were at the clinic we did not hear any other language but English being spoken.

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
Treatment of disease, disorder or injury Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems and processes must be established and operated effectively to ensure the health, safety and welfare of service users are protected.** **How the regulation was not being met:** **The provider had failed to ensure there was an effective system to manage infection prevention and control processes.** • The provider's COVID-19 risk assessment protocols were not followed to provide consistent infection control measures for high contact areas. For example, door handles were not consistently cleaned between each family entering and leaving the surgical room; and the recovery room was not cleaned in-between patients. • The number of families in the waiting room exceeded the permissible number stated in the provider's own COVID-19 risk assessment. • We did not see COVID-19 checks carried out during the inspection. • The clinic's website had not been updated with the latest COVID-19 guidance concerning the wearing of masks in a primary care setting which came into effect September 2020. **The provider had failed to ensure that appropriate environmental risk assessments were completed.** • The health centre where the clinic was held were unaware of all clinic days that were arranged by the provider. • There was no assurance that healthcare waste was managed safely or that appropriate environmental risk assessments had been completed before the clinics were held.

This section is primarily information for the provider

Requirement notices

The provider had failed to ensure that records relating to the care and treatment of each person using the service were consistently kept and fit for purpose.

- Records we saw failed to demonstrate the appropriate recording of individual consultations (including pre-consultations); the record of the dose, expiry date and batch numbers of the local anaesthetic used.
- There was no record of the time allowed for the local anaesthetic to take effect and the methods used by the provider to determine this.
- After care details were not documented.
- Protocols for verifying the identity of patients including children were not effective.
- We found that staff were not aware of policies available to them such as safeguarding and whistleblowing policies.

This was in breach of Regulation 17(2)(b) and 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Information about the proposed care and treatment must be provided in a way that the patients or their representatives can understand, including information about the risks, complications and any alternatives to the treatment offered. **How the regulation was not being met:** The provider had failed to ensure that there was an effective system or process in place that met people's communication needs. • The provider had not ensured patients or their representatives fully understood the risks, complications and any alternatives to the care and treatment available in a way that consenters could understand.

This section is primarily information for the provider

Requirement notices

- People were asked to sign a consent form to confirm they had read the information leaflet and understood the processes. This information leaflet and the consent form was only available in English.
- Information was not made accessible to everyone in a safe and consistent way. We spoke with families in the waiting room during the inspection and found they were unable to understand English.

This was in breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.