

## Northern Circumcision Clinic

# Northern Circumcision Clinic – Sheffield

### Inspection report

Sloan Medical Centre  
2 Little London Road  
Sheffield  
South Yorkshire  
S8 0YH  
Tel: 07580660800  
Website: [www.northnrcircumcision.com](http://www.northnrcircumcision.com)

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### Overall summary

We carried out an announced comprehensive inspection on 27 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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

The clinic made use of parental feedback as a measure to improve services. They had produced their own survey form and results were analysed on a regular basis. Results obtained from a recent clinic held in December 2017 showed 100% of parents reported their experience of using the service as excellent.

We also received 11 Care Quality Commission comment cards. These were very positive regarding the care

# Summary of findings

delivered by the clinic and mentioned the friendly and caring attitude of staff. Responses stated that the service was professional, and that staff took the time to explain the process to them.

## **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.
- Circumcision procedures were safely managed and there were effective levels of patient support and aftercare.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members. We also saw that the clinic had put in place additional measures following an inspection of another clinic operated by the provider, this Leeds based clinic had been inspected in October 2017.
- There were systems, processes and practices in place to safeguard patients from abuse, and we saw how these had been used in the past to raise concerns with safeguarding bodies.
- Information for service users was comprehensive and accessible.
- Patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes.
- We saw evidence that when a complaint was received it was investigated thoroughly and mechanisms were in place to make subsequent improvements to the service based on complaints.
- There was a clear leadership structure, with governance frameworks which supported the delivery of quality care.
- The service encouraged and valued feedback from service users. Comments and feedback for the clinic showed high satisfaction rates.
- Communication between staff was effective with meetings and post sessional debriefings being held.

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

- Review assurance processes with the host GP practice to ensure all relevant health and safety and infection prevention and control measures are in place.
- Review assurance processes to ensure that all policies, procedures and operating protocols were dated.
- Continue to review and implement the clinic's revised procedure to directly inform the GP of the patient, via electronic communication methods, that the procedure has been carried out.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- We found there was an effective system for reporting and recording significant events; we saw that lessons were shared to make sure action was taken to improve safety in the clinic, and that recognised improvements had been introduced and implemented.
- The clinic had clearly defined and embedded systems, processes and practices to minimise risks to the clinical safety of patients.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable young people relevant to their role. We were informed of an incident where the clinic had raised a concern with an external safeguarding body. The clinic also clarified with parents prior to undertaking the procedure if their child was on a local safeguarding register and if they had the necessary powers to consent to the procedure.
- The clinic needed to assure itself that all actions in relation to health and safety and infection prevention and control were in place with respect to the host GP practice where the service was delivered from.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff were aware of current evidence based guidance, and had produced specific guidance with regard to circumcision techniques which had been adopted by other health service providers.
- Clinical audits were undertaken relevant to the services provided and these demonstrated quality improvement. In addition the practice regularly reviewed all areas of the operation of the clinic and put in place measures to improve either performance or customer experience.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The service had processes in place to assure the organisation that professionally registered staff maintained and updated their registration. This also included assurance regarding revalidation, update training and personal development.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Survey information and feedback we reviewed showed that parents said staff were friendly and caring and that they were well informed with regard to the circumcision procedure and aftercare.
- Information for service users about the services available was accessible and available in a number of formats. For example, the Northern Circumcision Clinic's website was comprehensive and contained key information that parents of children undergoing circumcision would find useful.
- The service saw they had an important role in reducing parental and patient anxiety concerning the procedure. To achieve this they encouraged parents to be present during the procedure and were accessible to them via the duty doctor during the aftercare period.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

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# Summary of findings

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- Parental feedback indicated that they were supported by the provider throughout the process.
  - The clinic had generally good facilities and was well equipped to treat children and their families and to meet their respective needs.
  - Information about how to complain was available and evidence from one example we reviewed showed the provider had responded quickly to issues raised. Learning from complaints was shared with staff.
  - The service offered post-operative support from a duty doctor who was contactable 24 hours a day.
  - The clinic was able to meet the specific needs of people such as those with a disability.
  - At the time of inspection there were limited measures in place to enable staff to access formal interpretation support if this need was identified. Since the inspection the clinic has implemented actions to enable staff to access such support.
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## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- An overarching governance framework supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
  - Staff attended six monthly meetings which were minuted, and held a debriefing meeting after each clinical session which allowed them to discuss key issues.
  - The provider was aware of and understood the principles of the requirements of the duty of candour.
  - The provider encouraged a culture of openness and honesty. The clinic had systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken.
  - The provider proactively sought feedback from staff and patients and we saw examples where feedback had been acted on, or improvements were planned to be made.
  - There was a focus on continuous learning and improvement at all levels.
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# Northern Circumcision Clinic – Sheffield

## Detailed findings

### Background to this inspection

Northern Circumcision Limited is an independent circumcision service provider which is registered in Billingham, County Durham and operates from locations in Leeds and Sheffield. The Sheffield based service operates from accommodation within Sloan Medical Centre, 2 Little London Road, Sheffield, South Yorkshire, S8 0YH. The service provides circumcision to those under 18 years old for cultural and religious reasons under local anaesthetic, and carries out post procedural reviews of patients who have undergone circumcision at the clinic. Between 95-98% of circumcisions carried out by the clinic were on children under one year of age.

Sloan Medical Centre where the service is hosted is a modern GP practice 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 the practice for the delivery of services, as well as ancillary areas such as waiting areas and toilets.

The service is led by two directors (one male/one female) and is delivered by four clinicians (all male – one of whom is also a director). These clinicians are all trained and experienced in this area of minor surgery, being either qualified paediatric surgeons or GPs. Other staff working to support the clinic includes a booking clerk, and an assistant who supports the operation of the service in a non-clinical delivery role. Two reception staff are provided by the host GP practice as part of a service level agreement.

The Sheffield based service provides one to two sessions per clinic, and clinics are held at approximately three/four weekly intervals depending on patient demand.

The inspection was led by a CQC inspector who had access to advice from a specialist advisor. The CQC inspector was also supported by a second CQC inspector on the day of inspection.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. Stakeholders we contacted did not raise any information of concern with us.

During our visit we spoke with staff, reviewed comment cards where patients and members of the public shared their views, observed how patients were treated in the reception area and reviewed key documents which supported the delivery of the service.

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?

## Our findings

### Safety systems and processes

The clinic had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, consent (including parental consent) and parental and child identification. The policies clearly outlined processes to be adhered to, and incidents relating to safeguarding were discussed at team meetings. Whilst the clinic did not meet with health visitors or other safeguarding professionals on a formal basis the clinic was aware how to formally raise concerns. We were told by the clinic of an incident where a request for female circumcision had been forwarded to the relevant child safeguarding team for them to investigate further. We also saw that the clinic sought to confirm with parents prior to the procedure if a child was on a child protection register as well as confirming their authority to consent to the circumcision or aftercare treatment. Since the inspection the clinic had strengthened their consent policy and consent form with regard to assessing parental authority. This placed an emphasis on the identification of all parties and put into operation processes to effectively assess and record parental authority. As an example of this the new consent form included the recording of the specific identification documents checked.
- Clinicians and staff had received training on safeguarding children and vulnerable people relevant to their role. For example clinicians were trained to child protection or child safeguarding level three.
- Chaperones were not routinely used by the clinic as the procedure was carried out by two clinicians and parents were encouraged to be with their child during the procedure (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). The clinic did have a chaperone policy in place in the event that one was required.

- If a procedure was unsuitable for a patient we were told by the provider that this would be documented and the patient referred back to their own GP. Where necessary the GP could contact the clinic for further details.

The clinic had a range of health and safety documentation in place; however this was not fully comprehensive with respect to health and safety risk assessments. We discussed this with the clinic and since the inspection they have submitted revised documentation covering health and safety risk assessments. The clinic also had other control measures in place and we found that:

- All electrical equipment was checked to ensure it was safe to use.
- Clinical equipment was checked regularly to ensure it was working properly.
- The clinic worked closely with the host location and was made aware of any issues which could adversely impact on health and safety. We were informed by the clinic that the host GP practice maintained firefighting systems and equipment and carried out regular alarm tests and evacuation drills. Staff from the clinic were aware of evacuation procedures and routes.

The clinic maintained appropriate standards of cleanliness and hygiene.

The clinic had an infection control policy and procedures were in place to reduce the risk and spread of infection. We fully inspected the procedure room where the circumcisions were undertaken. It was noted that the floor in the procedure room had been damaged by a recent flooding incident. We were informed by the clinic and host practice that this had been identified and remedial work was planned to be carried out to rectify this. This damage did not pose a significant risk to children who accessed the service.

Other ancillary rooms such as the waiting area generally appeared to be clean and were in good overall condition.

One of the clinicians was the infection prevention and control (IPC) lead who kept up to date with current IPC guidelines in relation to best practice. There was an IPC protocol in place and staff had received up to date training. The clinic had sight of the annual IPC audit carried out

# Are services safe?

within the host practice, and monitored IPC standards and cleaning of the areas they utilised within the practice. The clinician we spoke to on the day of inspection had a clear understanding of the IPC procedures in place.

The clinic utilised the services provided by the host GP practice for clinical waste disposal.

The legionella risk assessment for the host GP service had lapsed in August 2017 (Legionella is a bacterium which can contaminate water systems in buildings). We were informed by the clinic after the inspection that steps had been taken to ensure that a new risk assessment was to be carried out in the near future.

Equipment in use to deliver the service was subject to regular maintenance and cleaning and disinfection as appropriate. Surgical equipment was single use.

## Risks to patients

The clinic had arrangements in place to respond to emergencies and major incidents.

- Clinicians had received basic life support training.
- The clinic had access to a defibrillator on the premises and oxygen with adult and children's masks. A first aid kit and accident book were also available on-site.
- Emergency medicines were safely stored, and were accessible to staff in a secure area of the clinic. We saw that the emergency medicine stock included adrenalin. Adrenalin is a medicine used for the emergency treatment of allergic reactions. The clinician we spoke to on the day of inspection knew of their location. We saw evidence that medicines were checked on a regular basis. All the medicines we checked during the inspection were in date and fit for use.
- The clinic operated a duty doctor system, whereby one of the clinicians was available for contact by parents of patients who had post procedural concerns or wanted additional advice.

Records completed by the provider showed that clinicians were up to date with revalidation. Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field, and provide a good level of care. We saw that mandatory training records were kept

and were informed that clinicians also undertook self-directed learning to support their own professional development. Non-clinical members of staff received training and instruction appropriate to their roles.

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.

We reviewed personnel files for the clinical staff who delivered the service. Files contained appropriate details and included CVs, details of training and evidence of indemnity insurance. We also saw that all clinical staff could evidence a Disclosure and Barring Service (DBS) check (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 persons who may be vulnerable). Non-clinical staff associated with Northern Circumcision Clinic did not receive a DBS check, however they were subject to a formal assessment of why a DBS was not required.

## Information to deliver safe care and treatment

The clinic had developed protocols and procedures to ensure that consent for the circumcision had been given by both parents (unless it was proven that the parent had sole control and responsibility for the child). In addition the clinic had developed a protocol and process to check that the identity of both the patient and parents was correct. We saw evidence that the clinic had refused to perform a procedure on a child when their consent procedures were not met.

## Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency medicines in the clinic minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Overall prescribing for the clinic appeared appropriate; in particular the clinic had not prescribed any antibiotics for over a three year period for either their Leeds or Sheffield clinics.

We saw that medicines had been regularly checked, were within date, and stored safely and securely.

## Track record on safety

# Are services safe?

The clinic had clearly defined and embedded systems, processes and practices in place to identify, record, analyse and learn from incidents and complaints. We were told that all staff had a role to play in the identification of incidents and that Directors of the clinic had the overall lead for investigating complaints.

There was a system in place for reporting and recording significant events and complaints. We saw significant events and complaints policies 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 clinic were discussed by the clinicians involved in delivering the service whenever these were received, and we saw meeting minutes which confirmed this.

The provider was aware of and complied with the requirements of the Duty of Candour. This means that

people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The provider encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.

Where there were unexpected or unintended safety incidents there were processes and policies in place which showed the clinic would give affected people reasonable support, truthful information and a verbal or written apology.

## **Lessons learned and improvements made**

Lessons learned were shared at post sessional de-briefing meetings and at six monthly team meetings to make sure action was taken where necessary to improve procedures or safety in the clinic.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The provider assessed need and delivered care in line with relevant and current evidence based guidance.

Patients and parents of those using the service had an initial consultation where a detailed medical history was taken. Parents of patients and others who used the service were able to access detailed information regarding the process and the different procedures which were delivered by the clinic. This included advice on post-operative care. If the initial assessment showed the patient was unsuitable for the procedure this would be documented and the patient referred back to their own GP. After the procedure clinicians also discussed after care treatment with parents and sought to inform them of what to expect over the recovery period. This was both to allay concern and anxiety from the parents and to prevent them unnecessarily attending other primary or secondary care services.

The service offered post-operative support from a duty doctor who was contactable 24 hours a day. In addition to this the clinic carried out post procedural reviews of patients. This gave an added opportunity for parents to discuss any concerns they had regarding their child's treatment.

### Monitoring care and treatment

There was evidence of quality improvement including clinical audit. We discussed three clinical audits that the clinical team had carried out. These were completed audits where the improvements made were implemented and monitored. The subject areas of these audits included:

- Post circumcision bleeding.
- Post circumcision infection.

The audits showed high levels of performance. For example the audit into post circumcision bleeding showed a rate of under 1%.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

The clinical team who carried out the procedures was composed of two paediatric surgeons and two GPs who between them had a wide range of experience in delivering

circumcision services to children and young people. Staff from the clinic had been involved in the publication of a number of medical papers on circumcision and had produced circumcision guidance which had been adopted by other health providers.

We saw that the service had a process in place to assure the organisation that professionally registered staff maintained and updated their registration. This also included assurance regarding revalidation.

### Coordinating patient care and information sharing

Whilst the opportunity for working with other services was limited, the clinic did so when this was necessary and appropriate and they were examining ways to improve information sharing with other health professionals. For example at the time of inspection the clinic gave parents a letter which they were asked to give to their own 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. We were told that this process was to be changed in the near future and when implemented the clinic would then directly inform the patient's GP practice that the procedure had occurred.

### Consent to care and treatment

We found that staff sought patients' consent to care and treatment in line with legislation and guidance.

- The clinic had developed protocols and procedures to ensure that consent for the circumcision had been given by both parents (unless it was proven that the parent had sole control and responsibility for the child). In addition the clinic had developed a protocol and processes to check that the identity of both the patient and parents was correct, this was used to assess overall parental authority to consent to the procedure. We saw evidence that the clinic had refused to carry out a procedure when all their requirements in relation to consent had not been met.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. To support this the clinic had devised and introduced a learning disability protocol.

# Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services caring?

## Our findings

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

The clinic demonstrated a good understanding of the personal, cultural, social and religious needs of their patients and their families. On the day of inspection we saw that the staff interacted well with children and parents, and feedback from parents mentioned that staff were friendly and caring.

Parents were encouraged to be present during the procedure as this was felt by the provider to reduce anxiety both for the child and the parents. Parents could choose not to be present if they so wished.

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

The clinic told us that they actively discussed the procedure with parents (and when required with patients),

and this was corroborated to us by feedback received on the day of inspection. The provision of information resources produced by the clinic for parents and patients supported this approach.

The clinic mission statement emphasised that openness and transparency with users of the service was a priority.

### **Privacy and Dignity**

Facilities for service users were private and we saw that patients were treated in ways which respected their dignity. For example:

- Screening was provided in the procedure room used by the clinic which could be used to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it and who were deemed suitable to receive the procedure. If it was decided that a potential patient was unsuitable for circumcision then this was formally recorded and was discussed with the parents of the child.

The clinic demonstrated to us on the day of inspection it understood its service users and had used this understanding to meet their needs:

- The clinic had developed a range of information and support resources which were available to service users.
- The website for the service had recently been updated and was clear and easy to understand. In addition it contained valuable information regarding the procedure and aftercare and specifically spelled out requirements in relation to identity and consent.

- The service offered post-operative support from a duty doctor who was contactable 24 hours a day.

### Timely access to the service

The service operated over one to two sessions per clinic, and clinics were held at approximately three/four weekly intervals depending on patient demand.

### Listening and learning from concerns and complaints

The clinic had a complaints policy in place. We discussed complaint handling with the clinic and saw how these had been investigated, outcomes analysed and where necessary remedial actions taken.

Patients could complain to the clinic in a number of ways which included via a web form on the clinic website.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

### Leadership capacity and capability;

There was a clear leadership structure in place. Directors were responsible for the organisational direction and development of the service and the day to day running of the clinic was the responsibility of experienced clinicians.

We saw evidence via minutes taken of meetings being held on a six monthly basis. These meetings discussed topics which included key operational developments, significant events and complaints. In addition after each clinic session a meeting was held where staff were able to discuss issues and cases encountered during the session.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. When we discussed this patient centred approach with staff on the day of inspection it was clear that they understood and accepted this and the values that underpinned it.

### Culture

The clinic's mission statement emphasised that openness and transparency with users of the service was important to them.

The provider was aware of, and complied with, the requirements of the Duty of Candour. When unexpected or unintended safety incidents occurred the service told us they gave affected patients reasonable support, truthful information and a verbal and written apology. Their policy regarding dignity and openness detailed their approach to candour.

### Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure. Staff, both clinical and non-clinical were aware of their own roles and responsibilities, and the roles and responsibilities of others.
- Service specific policies and protocols had been developed and implemented and were accessible to staff in paper or electronic formats. These included policies and protocols with regard to:

- Safeguarding
- Whistleblowing
- Consent and client identification
- Chaperones
- Infection prevention and control
- Complaints

All the policies viewed were current and reflected the operations being delivered, however not all of them were dated so as to allow tracking and review. We discussed this with the clinic who told us that this would be actioned immediately.

- All staff were engaged in the performance of the service.
- There was a programme of clinical audits which sought to benchmark patient outcomes against recognised measures.

### Managing risks, issues and performance

The service had measures in place to monitor and manage risks and to deliver services which met national standards. For example:

- Staff were involved in a programme of clinical audits.
- Staff from the clinic had produced and published a number of medical papers and had produced circumcision guidance which had been adopted by other health institutions.

### Appropriate and accurate information

The practice gathered information concerning the health of the child and mother prior to the procedure.

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

The clinic made extensive use of parent (and if they were older, patient) feedback as a measure to improve services. They had produced their own survey form and results were analysed on a quarterly basis. Results gathered from seven survey forms obtained by the clinic in December 2017 showed high overall satisfaction with the services provided.

We also received 11 Care Quality Commission comment cards. These were also positive regarding the care delivered by the clinic and the caring attitude of staff. Many stated they found staff helpful and would recommend the service to others.

### Continuous improvement and innovation

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Staff were expected to and supported to continually develop and update their skills.

The clinic had developed a work plan to address key service areas where they sought to improve their performance. These areas included work in relation to:

- Booking appointments
- Feedback from secondary care
- Communication with the GP's of service users
- Electronic booking, consenting and record keeping.

We saw evidence that the service made changes and improvements to services as a result of significant

incidents, complaints and patient feedback. For example, the service had introduced changes to the consent process for digital images following a complaint/significant event raised by a parent.

Staff from the clinic had produced and published a number of medical papers and had produced circumcision guidance which had been adopted by other health institutions. We were also told that the clinic was considering holding seminars for primary and secondary care colleagues to improve their knowledge of circumcision and particularly aftercare.