

Northern Circumcision Clinic

Northern Circumcision Clinic-Billingham

Inspection report

Abbey Health Centre
Finchale Avenue
Billingham
Cleveland
TS23 2DG
Tel: 07580660800
Website: www.northerncircumcision.com

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Overall summary

We carried out an announced comprehensive inspection on 12 December 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 service had not been previously inspected by the Care Quality Commission.

The Dr Mohammad Naseem Khan 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.

Summary of findings

The service 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 in November 2018 from eight parents showed 100% satisfaction with the service.

We also received seven Care Quality Commission comment cards. These were very positive regarding the care delivered by the clinic and mentioned the helpful attitude of staff.

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.
- There were some 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. However, it was noted that two members of non-clinical staff who had no direct contact with patients, parents or carers had not received formal safeguarding training. Since the inspection we have received information and evidence to show that staff had now received this training.
- Information for service users was comprehensive and accessible.

- Patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes. Clinical audits we saw demonstrated the effectiveness of the service.
- Whilst the service had low levels of complaints, we saw evidence that when these were received they had been investigated thoroughly and mechanisms were in place to make subsequent improvements to the service.
- The health and safety risk assessment was limited and lacked depth.
- 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 mandatory training needs and ensure staff receive appropriate training as required.
- Review and improve the content and level of depth of the service health and safety risk assessment.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Northern Circumcision Clinic-Billingham

Detailed findings

Background to this inspection

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

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

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 a general helper who supports the operation of the service in a non-clinical delivery/non- patient contact role. Reception staff are provided by the host GP practice as part of a service level agreement.

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

The inspection was led by a CQC inspector and supported by a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we spoke with staff, reviewed comment cards where service users shared their views, and examined 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

Overall the service had systems in place to keep people safe and safeguarded from abuse, but needed to review and improve some areas in relation to the training of non-clinical staff and health and safety.

- The provider conducted some safety risk assessments, however, the health and safety risk assessment that had been completed was not comprehensive and lacked scope and depth. We discussed this with the provider who told us that they would revise the assessment. Since the inspection the provider has submitted a revised document which covered health and safety risks in a more complete manner.
- The service had systems to safeguard children and vulnerable persons from abuse. Policies were regularly reviewed and were accessible to staff. They outlined clearly who to go to for further guidance. We heard from the provider when safeguarding concerns had been raised with appropriate services when these had been identified.
- The provider 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. The procedure consent form was detailed with regard to assessing parental authority and the correct identification of all parties. As an example of this the consent form now includes specific details of identification documentation checked.
- The provider had carried out staff checks which included Disclosure and Barring Service (DBS) checks which were undertaken on staff as routine. (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).
- Clinical staff had 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. It was noted that two members of non-clinical staff who did not have direct physical contact with service users had not received formal safeguarding training. This had been recognised by the

provider prior to the inspection and training had been arranged for these staff. Since the inspection we have been sent evidence to confirm that training in safeguarding had been completed.

- There was an effective system to manage infection prevention and control. We inspected the procedure room where the circumcisions were undertaken and found this to be in a clean and well-maintained condition. The service utilised the host GP practice for clinical waste disposal.
- The host GP practice had controls in place to manage issues in relation to Legionella infections.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- 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 adrenaline. Adrenaline 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.
- Documentation submitted 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.

Are services safe?

- 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.
- Clinical staff had indemnity cover sufficient to meet the needs of the service.

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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling 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).
- We saw that medicines had been regularly checked, were within date, and stored safely and securely.
- 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.
- The service kept prescription stationery securely and monitored its use.

Track record on safety

The service had a good safety record.

- There were some comprehensive risk assessments and processes in place to manage safety issues. However, the health and safety risk assessment that had been completed was not comprehensive and lacked scope and depth. Since the inspection the provider has submitted a revised risk assessment document which covered risk identification and controls in more detail.
- 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.

- The service 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 service had the overall lead for investigating incidents and 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 service were discussed by the clinicians 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.
- 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?

(for example, treatment is effective)

Our findings

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.

- Patients' immediate and ongoing needs were fully assessed. 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 and pain management. 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.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was proactively involved in quality improvement activity

The service used information about care and treatment to make improvements. For example, the service examined significant events and complaints and used this to refine and improve services. In addition, the service made improvements through the use of completed clinical audits. Clinical audit had a positive impact on quality of care and outcomes for patients. The service had made audits in relation to post procedural complications which included post circumcision bleeding and post circumcision infection. A recent audit carried out on 40 patients who had been circumcised between October 2017 and October 2018 showed that none had experienced post procedural bleeding.

Effective staffing

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

- All staff were appropriately qualified. 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.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Records of skills, qualifications and training were maintained for staff.

Coordinating patient care and information sharing

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

- Whilst the opportunity for working with other services was limited, the clinic did so when this was necessary and appropriate. For example, at the time of inspection the clinic sent the patient's GP a letter which explained that a circumcision procedure had been carried out and gave their contact details should the GP wish to contact them for further information or advice. This was an improvement on previous processes which relied on a letter being given to the patient's parents who were asked to pass this on to their GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health. Potential patients whose health was assessed as being not suitable to receive a circumcision at that time were referred to their own GP.

Consent to care and treatment

The service obtained 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

Are services effective?

(for example, treatment is effective)

In addition, the clinic had developed a protocol and process to check that the identity of both the patient and parents was correct and used this to assess parental authority.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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

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

- Feedback obtained from patients was positive about the way staff treat people. For example, feedback from Care Quality Commission comment cards and from recent patient feedback was all positive and noted the helpful nature of staff.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped parents and when necessary older patients to be involved in decisions about care and treatment.

- Staff from the service had language skills which allowed them to communicate effectively with service users whose first spoken language was not English. When in-house language skills could not meet needs formal telephone interpretation services were available.

- Information leaflets had been produced by the service and were sent to parents and older patients prior to the procedure, and post procedural advice was also given which supported the recovery phase.
- The service told us that for patients with learning disabilities or complex social needs family, carers or social workers would be appropriately involved.
- Parents were encouraged to be present during the procedure as this was felt by the service to reduce anxiety both for the child and the parents. Parents could choose not to be present if they so wished. The standard operating procedure for circumcisions was that two clinicians delivered the service.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- 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 organised and delivered services to meet users needs. It took account of patient needs and preferences.

- The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it and 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 facilities and premises were appropriate for the services delivered.
- The clinic had developed a range of information and support resources which were available to service users.
- 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 service took complaints and concerns seriously and responded to them appropriately to improve the quality of care. Overall the service experienced low levels of complaints, and they told us that two had been recorded since they had begun operation.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

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

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 and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and the host GP practice to make sure they prioritised compassionate and inclusive care.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategic approach to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against key priorities.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of services users and their families.
- Openness, honesty and transparency were demonstrated when responding to incidents, complaints and service users. For example, the service informed us that they had been approached by parents of a child who had received a circumcision via another provider, and who were dissatisfied with the outcome of the procedure. Rather than look to correct the procedure themselves and charge for this, the service actively supported the parents to contact the original provider to seek redress.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they were aware of how to raise concerns and were encouraged to do so.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular appraisals. We saw that the service prior to the inspection had identified safeguarding training needs for two members of non-clinical staff and had put in place measures to meet this need.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

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. These included policies and protocols with regard to:
 - Safeguarding
 - Whistleblowing
 - Consent and client identification
 - Chaperones
 - Infection prevention and control
 - Complaints

Managing risks, issues and performance

There were clear and effective systems and 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. However, during the inspection it was noted that some aspects of staff training and the health and safety risk assessment needed improvement. When we discussed this with the service they told us that they understood the need for this

Are services well-led?

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

improvement and told us that these points would be actioned. Since the inspection the provider has submitted evidence to show that these areas of work had been actioned.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their procedures. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents. This included working closely with the host GP practice.

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 staff had sufficient access to information.
- The service used performance information which was reported and monitored. This enabled management and staff to be held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in place with regard to data security standards for the availability and integrity of patient identifiable data, records and data management systems.
- 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 service involved service users and staff to support the delivery of high-quality sustainable services.

- Meetings and post-sessional debriefings were held with staff.
- The clinic made extensive use of parent (and if they were older, patient) feedback to identify issues and improve services. They had produced their own survey form and results were analysed on a regular basis. Results gathered from eight survey forms obtained by the service in November 2018 showed 100% overall satisfaction with the services provided.
- We also received seven Care Quality Commission comment cards. These were also positive regarding the care delivered by the clinic and the helpful attitude of staff.
- Feedback from both the in-house user survey and the comment cards showed that a large number would recommend the service to others.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. For example, staff from the service had produced and published a number of medical papers on circumcision, and had produced circumcision guidance and advice which had been adopted by others. In addition, the service had supported a university led research project.