

LMCS Limited

Inspection report

78 Beverley Drive
Edgware
HA8 5NE
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www.circumcisioninlondon.co.uk

Date of inspection visit: 06 July 2021
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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		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. (Previous inspection 31 May 2019 – Good)

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 LMCS Limited. We inspected this service as part of our inspection programme. When the service was last inspected in May 2019 it was rated good overall, the effective domain was rated requires improvement as we issued a requirement notice for a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection on 6 July we found no significant concerns and no breaches of regulation were identified.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements. This included:

- Requesting evidence from the provider
- Short site visit on 6 July 2021

Our key findings were:

- When something went wrong, there was an appropriate, thorough review that involved all relevant staff. Lessons were learned and communicated to support improvement.
- Action had been taken since our May 2019 inspection to address the breach of regulation identified in the requirement notice issued for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There were effective systems in place for ensuring patient safety such as updated infection prevention and control protocols in line with guidance for the pandemic.
- Leadership, governance and practice management arrangements promoted the delivery of high-quality, person-centred care

Although no breaches of regulation were identified, there were areas where the provider should make improvements:

- All equipment to be used for medical emergencies should be maintained within the expiry date of the medicine concerned.
- All sharps bins should be removed before filling beyond the fill line.

Overall summary

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 and included a GP Specialist Advisor.

Background to LMCS Limited

LMCS Limited is situated at 78 Beverley Drive, Edgware, HA8 5NE. It operates as a private circumcision clinic which carries out circumcisions on male babies, children and adults. The clinic carries out up to 50 circumcisions a month.

There are two male circumcision practitioners, a male assistant and five part-time reception staff. One of the practitioners is a doctor registered with the General Medical Council (GMC) who carries out therapeutic and non-therapeutic circumcisions and the second is a dentist registered with the General Dental Council (GDC) who carries out non-therapeutic circumcisions only. Both have had surgical training. Both are members of the Royal College of Surgeons. The doctor is the Care Quality Commission registered manager. Circumcisions are carried out using both Forceps Guided and Plastibell (ring) methods under local anaesthetic. Children and babies are circumcised with both parents consent and present during the procedure.

The clinic opening hours are Monday to Friday 9-5pm and Saturdays 10-3pm.

The service is registered with the Care Quality Commission for the regulated activity of surgical procedures.

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:

We had no concerns about the systems in place to keep patients safe, we identified one sharps bin that was filled just above the fill line. The provider responded immediately and we were provided with assurance of effective systems in place for the disposal and management of medical waste.

- There was a safeguarding lead and there were policies in place covering adult and child safeguarding which included the contact details of the local safeguarding team.
- Staff had completed safeguarding training to the appropriate level. For example, the circumcision practitioners had completed training to level three, the assistant and reception staff to level two.
- The provider carried out recruitment checks for all new staff members including proof of identity and evidence of satisfactory conduct in previous employments. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. (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).
- The clinic sterilised circumcision equipment on-site. We saw that there was an effective process in place for decontamination, all staff were up to date with training on infection prevention and control (IPC). We saw evidence IPC audits were completed annually. There were systems for safely managing healthcare waste. However, we identified one sharps bin that was filled just beyond the fill line. The bin was placed out of reach of patients, secured with a lid and signed and dated in line with IPC guidance. The provider took immediate action, the bin was removed and placed in a locked storage area for collection, the area was not accessible by patients.
- The clinic used a sterilising machine which was maintained appropriately.
- Body fluid spillage kits were in place and the immunity status of all clinical staff was recorded.
- There was a health and safety policy and the provider had undertaken risk assessments to monitor the safety of the premises. For example, we saw evidence fire risk assessments were completed annually.
- Staff had completed training modules on fire safety and medical emergencies.
- The provider had ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- There was evidence of portable appliance test (PAT) and medical equipment calibration tests having been completed within the last 12 months.

Risks to patients

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

We had no concerns around the way the provider managed risks to patients. We did find out of date oxygen masks, however the provider was responsive and resolved the issue immediately. We were assured this was an oversight and we saw evidence there was a system in place for checking expiry dates on emergency medicines and equipment.

- There were arrangements for planning staff rotas.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff completed annual basic life support training.
- There was an oxygen cylinder available in the surgery room and there were paediatric masks available. When we looked at emergency medical equipment, we noted oxygen masks were out of date. We spoke to the provider and they took immediate action, removing the old masks and ordered new masks immediately. There was a system in place for managing the stock of emergency equipment and the provider responded appropriately to the oversight.
- There was defibrillator and an audit trail that regular checks on its operation were being undertaken.
- There was a business continuity plan for major incidents such as power failure or building damage and we saw that it contained all the appropriate supplier contact details should they be needed.

Are services safe?

- We saw evidence of appropriate indemnity arrangements in place.
- Individual care records were written and managed in a way that kept patients safe. We looked at care records which all 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.
- Identification was requested when patients or their parents registered with the service and checks were made to ensure that adults accompanying child patients had the authority to provide consent on their behalf.

Safe and appropriate use of medicines

- The provider could prescribe medicines if needed following the surgical procedure.
- Local anaesthetic was used and was securely stored in the surgery room.
- There were systems in place to check the expiry date of local anaesthetic the batch number and expiry date were recorded in the patient notes.

Track record on safety

The service had a good safety record.

- There were risk assessments in place in relation to safety.
- There was an effective system for receiving and acting on safety alerts, and a record was kept of action taken in respect of alerts which were relevant to the service.

Lessons learned and improvements made

- The service encouraged a culture of openness and honesty.
- The service learned and made improvements when things went wrong.
- The practitioner we interviewed, understood what constituted a serious incident or significant event and was aware of the legal requirements of the duty of candour.

Are services effective?

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Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

- Staff treated patients with kindness, respect and compassion.
- Feedback from patients was positive about the way staff treat 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 timely support and information.

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, including in languages other than English, 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 easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them and their children.
- Staff told us that they spent time with parents both pre and post procedure carefully explaining the circumcision and recovery process to reduce any anxieties they may have.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- There was private room available to use if patients needed a confidential conversation.
- Staff told us that doors were closed during consultations and therefore conversations taking place in the surgery room could not be overheard.
- Staff were aware of the importance of confidentiality and they had received training on information governance.

Are services responsive to people's needs?

We rated responsive as Good because:

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 provided services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- 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. The provider was open and transparent about fees which were displayed on the clinic website and available at the clinic.
- Follow-up appointments were available if required and available until the circumcision had completely healed.
- Timely access to the service Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The opening hours of the clinic were 9am to 5pm Monday to Friday and 10am to 3pm Saturdays.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

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.
- Information about how to make a complaint or raise concerns was available.
- The service had complaints policy and procedures in place. There had been one complaint within the last 12 months. We saw evidence the complaint was managed in line with the service complaints procedure

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- Both practitioners were knowledgeable about issues and priorities relating to the quality and future of the services provided.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 an informal vision and set of values, which all staff were aware of. Staff were aware of and understood the vision, values and strategy and their role in achieving them.

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 patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included regular annual appraisals.
- All staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- 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.

- Non-clinical staff were aware of their own roles and responsibilities, and the roles and responsibilities of others.
- 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 effective policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff meetings were held on a regular basis and there was documented evidence of minutes of those meetings.

Managing risks, issues and performance.

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Leaders had oversight of safety alerts, incidents, and complaints and we saw evidence these areas were discussed at clinical meetings.
- 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 sustainability were reviewed regularly at practice meetings.

The service submitted data or notifications to external organisations as required.

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, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The provider proactively encouraged patients to provide feedback on the service through online reviews, a form on the clinic website and through text messaging. They had developed a guide for service users on how to write an online review. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

Continuous improvement and innovation

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

- The service had effective systems in place for investigating and learning from complaints.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider had regularly audited service user feedback and responded to both positive and negative comments.
- Aftercare instructions were improved to ensure doctors not working for the service were informed of what the healing process involved.
- The service introduced new IPC measures to ensure compliance with guidance for managing patient safety during the pandemic.