

# Eastgate House

## Inspection report

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[www.circumcisionclinics.uk](http://www.circumcisionclinics.uk)

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

At our inspection on 4 December 2022, we rated this service as requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Eastgate House (also known as Baby Circumcision Clinic) on 4 December 2022. This inspection was undertaken as a newly registered service with the Care Quality Commission (CQC). The service had registered with CQC in July 2021, and whilst we usually inspect new providers within 12 months of registration, this inspection was delayed as the provider had to relocate their service to new premises in July 2022.

Eastgate House is registered with the CQC as an independent health service providing non-therapeutic male circumcisions. It is a service provided within the Eastgate Therapies Centre premises close to Leicester city centre.

There was a named registered manager for the circumcision service. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## Our key findings were:

- Patient satisfaction was overwhelmingly positive about their experience of the service and their interaction with the team. Patients were especially complimentary regarding the follow up care provided to them after the procedure, and with the professionalism and caring approach displayed by the team.
- Patients were able to access care and treatment promptly.
- The service had developed information sheets to give to parents/patients both pre and post procedure. There was a section on their website which explained the procedure and clearly outlined the recovery process.
- Staff delivering the service were experienced and appropriately qualified to provide the service to patients.
- There was evidence of how patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes.
- The service did not always provide care in a way that kept patients safe, for example by ensuring the premises were fully compliant with health and safety compliance.
- Patients did not always receive effective care and treatment that met their needs. For example, the potential complications from the procedure were not being fully discussed with parents and signed off by a doctor.
- Internal governance processes required some strengthening as some areas of risk had not been effectively identified and mitigated.

We found two breaches of regulations. The provider **must**:

# Overall summary

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Produce written exclusion criteria for the service
- Obtain evidence of staff training for all employees, even if this is completed within a different service.
- Analyse their own patient feedback forms to consider any service changes that may be required.
- Develop a succession plan to ensure service continuity.

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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector, supported by a GP specialist advisor.

## Background to Eastgate House

Eastgate House is the CQC registered location name for Baby Circumcision Clinic. The service is provided by Musamedics Limited. It is an independent male circumcision service established in 2021 which is delivered from accommodation rented within The Eastgate Therapies Centre, 19-27 Humberstone Road, Leicester. LE5 3 GJ. The service utilises a clinical consultation room and other facilities within the premises for the delivery of the circumcision service.

The service is registered with the CQC for the regulated activity of surgical procedures.

The service provides circumcision to new born and infant male children up to the age of 18 months old for non-therapeutic reasons. The service is available to any patient and does not require a clinical referral. Whilst most patients will be from the Leicester area, the service sees patients from other parts of the country.

The service is delivered by one male doctor, who is currently working as a paediatric registrar within secondary care, and a male health care assistant. This doctor is also the clinical lead for the service. There was also a male receptionist who booked patients into the clinic and processed their paperwork.

The clinics are usually held once a fortnight on a Sunday, and on average 15 patients are seen at each clinic. The service is open from 9am to 4pm.

The service has a website at [www.circumcisionclinics.uk](http://www.circumcisionclinics.uk)

### How we inspected this service

This inspection consisted of:

- Requesting evidence from the provider to be submitted electronically.
- A site visit which included a review of patients' notes; a review of the environment including adherence to infection control standards and compliance with health and safety regulations; and observing one of the circumcision clinics taking place.
- Speaking with staff as well as parents and families of children attending the clinic for a procedure.

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 Requires improvement because:

- Safeguarding processes, including recruitment processes, were not always followed in respect of guidance. For example, the service had not undertaken their own Disclosure and Barring Service checks.
- We identified some issues regarding adherence to best practice in infection prevention and control. For example, the policy on infection control was not customised in order to be specific to the service being delivered.
- Due diligence had not been undertaken to review the landlord's compliance with health and safety legislation in order to use the facilities safely. For example, electrical equipment within the building had not been tested for safety for some years.
- Standards of record keeping were not always in accordance with professional standards. For example, we identified that a home visit had not been documented in the patient record. Batch numbers and expiry dates of local anaesthetic were not documented in individual patient notes.
- The provider was not receiving safety and medicines alerts.

## Safety systems and processes

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

- The service had systems to safeguard children and vulnerable persons from abuse. There were policies available for child and adult safeguarding which were easily accessible to staff. The policies did not identify a named safeguarding lead within the service, and did not accurately reflect the appropriate level of safeguarding training for staff working in a health setting.
- Staff had received up-to-date safeguarding training, although the health care assistant who assisted with the procedure had completed level 2 rather than level 3 child safeguarding training. The provider informed us they would ensure the appropriate training was completed. Staff knew how to identify and report concerns. The service told us that they would work with other agencies to support patients and protect them from neglect and abuse, should this arise. Staff took steps to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The service had systems in place to assure that an adult accompanying a child had parental authority. During the inspection we observed that a safe system was in place, with both parents being required to provide photographic identity documents. However, there was no evidence that the unique document number (such as the passport number) was recorded as evidence that this had been completed. The child's identity was confirmed via either the birth certificate or red book (a personal child health record). There was an additional consent form used for single mothers. There was a procedure to undertake video interviews with fathers not in attendance and to see their ID documents as part of this process. We reviewed 30 records to check that parental and child identity checks had been undertaken. All of them contained appropriate parental checks.
- Parents/guardians would contact the clinical lead if they had any concerns following the procedure, and this was sometimes undertaken via the exchange of photographs via the mobile telephone used as the dedicated booking telephone. We were also informed that when patients were anxious, they could be sent images of other children's anonymised post procedure results (with parental consent provided by a messaging app) for reassurance. We asked to review the service's policy on dealing with images of a sensitive nature and were provided with the policy for clinical record keeping, storage and destruction. This stated that parents/guardians of the child were asked if they wanted the clinical team to delete the photographs, otherwise they were kept on the mobile phone as a clinical record (with a retention period of 5 years). Patients who did not want the photographs kept were advised to delete the photographs themselves on the messenger app using the 'delete for everyone' option as soon as possible. On occasions, patient's photographs and queries were passed on to another mobile number (the mobile telephone for the service was held by a third party who did not work for the service, and therefore would not have been DBS checked by the service, but would forward images and messages onto the clinical lead's personal mobile) for review. We were told that all clinical

# Are services safe?

information including any photographs were deleted as soon as possible from any device, other than the work phone. The work phone was secured with a number lock rather than a pattern lock. However, we were not assured that the work mobile had the necessary antivirus and security measures in place to comply with data legislation requirements. This approach was not fully safe or in accordance with guidance on protecting patient's confidentiality and information.

- The assistant who worked with the paediatric registrar acted as a chaperone and was trained for the role, and they had received a DBS check. Parents were asked to wait outside during the procedure, but there were always two staff members in the room with the child. We were not assured that the attendance of the assistant during the procedure was documented in the patient record. When we raised this with the provider, they told us that the health care assistant's attendance was recorded on the log sheet summary produced for each clinic, but not in the individual patient's record as evidence that a chaperone was in attendance throughout the procedure.
- We reviewed personnel files for the three staff working at the circumcision clinic. We observed that there were gaps in the required pre-employment checks at the time of recruitment; for example references from previous employers. We saw that the job descriptions for the health care assistant and receptionist reflected each other's roles rather than their own. There were no signed contracts of employment on file.
- We saw that Disclosure and Barring Service (DBS) checks for all three staff were available in their own personal file (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). However, all DBS checks had been undertaken by other employers and whilst these can be used as a short-term measure, the provider should have repeated these for their employment with Musamedics Limited. In addition, we saw that the lead clinician only had standard and not enhanced DBS clearance.

## Infection Prevention and Control

### **Standards of cleanliness and hygiene were not always in line with best practice.**

- On the day of the inspection, we observed some systems were in place to manage infection prevention and control. The clinical room where circumcisions were undertaken was found to be clean and tidy. We saw that personal protective equipment (PPE) was available and we saw that staff wore and changed PPE between patients during our inspection.
- The provider ensured that equipment was safe, and that equipment was maintained according to manufacturers' instructions. All equipment used for circumcisions was single use. Surgical packs and other items used for the procedure were checked to ensure they were in date, and we were able to confirm this on the day of the inspection.
- We were provided with a lengthy infection prevention and control policy. This had been sourced from an external company, and had not been customised to reflect the infection prevention and control measures applicable to the circumcision service. For example, the policy included a long section on the decontamination of equipment which was not relevant as all equipment used for the procedure was single-use. The policy did not include a named lead for infection prevention and control or describe training requirements for staff.
- We asked for a copy of the provider's most recent infection control audit and were sent a basic observation process undertaken during three procedures which took place in September 2022. This had been undertaken by one of the company directors, but they had not done any training to support the role which would normally be performed by a named infection prevention and control lead. The audit did not include the key elements to provide assurance that a comprehensive review of infection control has taken place.
- We observed that the restriction device used to hold the baby during the circumcision procedure was lined with a disposable pad for each child. The base was wiped down between patients with a detergent spray. We were told there were no spill kits available to clean up any spillages such as blood, urine or vomit.

# Are services safe?

- The health care assistant cleaned the room between patients and at the end of the session, and removed clinical waste to the clinical waste bin outside. The provider did not have access to cleaning schedules in place for the building.
- There were systems for safely managing healthcare waste. Clinical waste was placed in an outside lockable bin at the end of the session. This bin was not secured to the wall, but we were told that the entrance gates were locked when the building was closed.
- Although the provider had very limited substances that were appropriate to the Control of Substances Hazardous to Health (COSHH), they did not have a COSHH register or the safety data sheets for each product in place.
- Evidence of the immunisation status for clinical staff was available apart from immunisations for tetanus, polio and diphtheria.

## Health and Safety

### There were insufficient systems to assess, monitor and manage health and safety

- The service used the rooms in the building by an agreement with the landlord. We did not find evidence that the landlord had carried out up to date environmental and safety risk assessments, including fire, health and safety and Legionella. We were provided with fire and legionella risk assessments dated 2020 which had been completed, but contained no evidence that risk areas had been addressed. The provider was not able to show us evidence to control risk, such as the logging of water temperatures to control Legionella, were in place. We observed that portable appliance testing (PAT) for some electrical items within the building had last been completed over 10 years ago, whilst some equipment including a portable heater used at reception had no evidence of PAT testing. The small amount of electrical equipment owned by the provider had been PAT tested; however, the provider must also ensure that the premises are safe for their patients. In addition, we found that fire extinguishers had not been tested for 2 years and we saw that hanging blind cords were evident in the room used by patients as the recovery room where families with young children may be left unsupervised.
- An oxygen cylinder was stored in a cupboard in the room where the clinical procedure was undertaken. There was no sign on the door to the cupboard or on the room door to indicate where this was stored. It is a requirement that safety notices are visible to highlight where oxygen is stored.

## Risks to patients

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

- The service informed us of exclusion criteria to identify those children who could not receive the circumcision. For example, babies whose were underweight, anatomical deformities, and in case where parental identities could not be confirmed. However, we were not provided with written exclusion criteria or a supporting policy when this was requested.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Training records showed that the paediatric registrar was up to date with advanced paediatric and neonatal life support training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- There were appropriate indemnity arrangements in place for the surgeon who performed the circumcision procedures.
- The circumcision service was delivered by the paediatric registrar, supported by the healthcare assistant. If the doctor was absent, the clinic would be cancelled and rescheduled, in the health care assistant's absence, the service would try to arrange locum cover. The managers of the service were aware that they needed to succession plan for the longer-term to ensure continuity for the future.

# Are services safe?

- Staff had received manual handling training as part of their role of moving babies and use of the restraint device.

## 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 mostly 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. However, we discussed an incident which had occurred when the paediatric registrar had undertaken a home visit in relation to a post-operative complication that resulted in follow up in secondary care; however, the patient's notes had not been updated to include these details. This was not in alignment with GMC standards on record-keeping, or the service's own clinical record keeping guidance.
- All patient notes were paper records. These were not stored on site but were kept at home in a locked cabinet by the lead clinician. We were informed that notes were transported to and from the location in a secure bag, and were not left unattended in the car. Notes were kept for 5 years, and then shredded, although as the service had only commenced recently that timescale had not been reached at the time of the inspection. This was not in alignment with national guidance in relation to the retention period for children's medical record.
- The service had systems for sharing information with the patient's own GP to enable them to deliver safe care and treatment. Patients were asked to complete their GP practice address on an envelope given to them on the day of the procedure, and the service then posted out information to the patient's GP that the procedure had been completed. This process had been introduced as a learning point when parents had provided incorrect GP contact details on 2 previous occasions. Our own records review on the day of the inspection provided assurance that 90% of the records that we looked at included evidence that a GP letter had been sent when a procedure had been undertaken.
- Parents were provided with information both before and following the procedure which clearly outlined potential risks and what they might expect to observe. The same information was also available on the service website. Both the leaflet and website provided advice (for example, how to wash the area, and pain control management) and reassurance, as well as providing contact details if the parents wished to speak with someone directly. The service operated a 24-hour contact line whereby the clinical lead was available to answer any queries or provide advice post-procedure.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing emergency medicines and equipment minimised risks, this included the availability of oxygen with a baby mask.
- The circumcision service had not prescribed any medicines for patients post-procedure at the time of our inspection. Private prescriptions for antibiotics could be arranged if required, but this had not been necessary since the service had started.
- The service dispensed liquid paracetamol for pain relief post procedure, and stated dosages in their post-procedure leaflet. However, in response to feedback from patients (highlighting concerns as the label on the medicine stated it was not to be given to infants less than 2 months old), they had produced their own label for the dispensed paracetamol to specify dosages and parents were informed that a paediatric specialist could prescribe paracetamol for babies under 2 months of age. Dispensed medicines were documented on the patient record.
- Germolene cream was also dispensed to patients for its anti-inflammatory, analgesic and antibiotic properties, and the service had developed its own label for the cream to give clarity on when and how this should be used.
- The anaesthetic medicine used for the procedure was stored appropriately and stock was audited to ensure it had not reached its expiry date.



# Are services safe?

- Patient records included the dosage of local anaesthesia administered. However, the service was not documenting the batch number or the expiry date of the local anaesthetic used for the procedure in the patient's record. At our inspection, we reviewed 30 random sets of patient records and found that none of them contained this information.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a process for recording and acting on significant events. The service learned lessons, identified themes, and took action to improve safety in the service. The team understood their duty to raise concerns and report incidents and near misses. These were reviewed by the Board of Musamedics Limited.
- There had only been a small number of events in the last 12 months but we saw that there had been reflection of these with learning being applied as appropriate. For example, the service had recently reduced its age criteria to babies up until the age of 18 months following some difficulties that arose with older children. Another incident led to the clinician changing their knot technique following a minor bleed. We were assured that there were adequate systems for reviewing and investigating if things went wrong, although this happened rarely due to the nature of the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- We saw evidence that the service had registered with the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card Scheme, enabling them to report any suspected side effects to medicines, defective equipment and medical device incidents. This also gave them the ability to log in the Yellow Card Scheme to view any other such incidents reported. However, we did not see any evidence that the provider was signed up to receive and act on patient and medicine safety alerts, such as MHRA medicines alerts. Whilst the likelihood of alerts being applicable to the circumcision service was very low, there may be important information that could otherwise be missed, for example recall of batches of local anaesthetic or faulty circumcision kits.

# Are services effective?

## **We rated effective as Requires improvement because:**

- There was limited documented evidence of staff inductions.
- The section of the consent form in relation to potential risks and complications was not being undertaken and signed by the doctor.
- The process for obtaining consent to share images required further review and improvement.

## **Effective needs assessment, care and treatment**

### **The provider had systems to keep clinicians up to date with current evidence based practice.**

- Patients' immediate and ongoing needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- The lead clinician worked with parents to assess and manage patients' pain where appropriate.

## **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements. For example, we were informed by the paediatric registrar that they had reviewed a research article which highlighted that a smaller diameter thread for circumcisions produced better outcomes. As a result, the service had acquired threads at the reduced size and used these with the plastic device used as part of the standard circumcision kit, rather than the thread provided within the kit.
- The service had also reviewed the use of prophylactic topical antibiotics and stopped these as the risk of post procedure infection was less than 1%. It was agreed to prescribe antibiotics if sign of developing post-operative infection were observed, however this had not been necessary at the time of our inspection.
- The service made improvements through the use of completed audits. Whilst the scope of clinical audit was limited for a service of this nature, basic six monthly audits were undertaken to look at any complications, for example, procedures which resulted in a major or minor bleed, those procedures which required some form of follow up, and any which resulted in an infection. We saw that the numbers identified via audit were extremely low, but this still enabled the provider to consider any areas that may need review to ensure a positive impact on quality of care and outcomes for patients. There was evidence of action to resolve concerns and improve quality.
- The service had undertaken a review of notes to check that gestation (the process or period of developing inside the womb between conception and birth) had been documented. This is important as shorter gestation periods can impact on growth and other medical conditions which may need to be considered before undertaking the circumcision period. A review of 50 notes in September 2022 showed that 80% of patients had documentation relating to gestation. It was not clear if this was going to be repeated to determine improvement.

## **Effective staffing**

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

- All staff were appropriately qualified.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.

# Are services effective?

- The provider understood the learning needs of staff and had defined their own mandatory training requirements. Up to date records of skills, qualifications and training were maintained. However, the receptionist had completed their training via their employment with a local GP practice, and whilst we were assured this was up to date, this provider should keep evidence of this on the individual's personal file. Staff were encouraged and given opportunities to develop.
- We did not see clear evidence of appropriate staff inductions that were documented. We saw induction paperwork for the receptionist in their personal file, but this related to a previous employment with a GP practice, rather than with the service. Documented induction evidence for the assistant was not available in their personal file, although we were assured that this individual was supported throughout their initial employment within the service.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services such as the patient's GP, when appropriate. Our review of 30 patient records showed that 90% of records included details of the patient's NHS registered GP, those that did not include this information were stated to be in the process of registering.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. The service undertook an annual audit of the number of patients where the procedure could not be carried out, for example, for anatomical or medical reasons. We saw that when this happened the GP was notified and the parents were also advised to follow up the issue with their own GP.
- We observed that the receptionist completed and signed a section on the consent form relating to risk and potential complications. This needed to be undertaken by a doctor. We highlighted this to the service on the day who told us they would ensure the doctor completed this section with immediate effect.
- We reviewed 30 sets of patients' notes on the day of the inspection. We saw that the recording of consent was completed appropriately for 29 records. One consent form included 4 questions which had not been answered by the parents, and there was no indication that these were followed up for assurance before the procedure was undertaken.
- Parents/guardians also signed a consent form to share information with the infant's GP. If consent was not provided, the procedure was refused.
- We saw an example of a looked after child in foster care where a circumcision was requested for cultural reasons. This included consent from both the parents and included a social worker to confirm a best interest decision.
- The process for obtaining consent to save images of post procedure results was done via a messenger app, and saved on the work mobile telephone. This did not reflect best practice in consent procedures, which state that any discussions and decisions need to be recorded in the patient's clinical records.

## Consent to care and treatment

### **The service mostly obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Difficulties in assessing the Gillick competency (used to assess whether a child is mature enough to consent to treatment) of children who were approximately 9 or 10 years old had proved problematic, and this was one of the factors leading to the service reducing its eligibility criteria for circumcision to an upper age limit of 18 months.

# Are services effective?

- Staff supported patients to make decisions. We saw that the paediatric registrar had up to date training in consent and the Mental Capacity Act.

# Are services caring?

**We rated caring as Good**

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received
- Feedback from patients was extremely positive about the way staff treat people. On the day of our inspection, we saw that children and parents were well looked after and treated with kindness and respect throughout their attendance at the clinic.
- 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. Patients were also told that multi-lingual staff were available in the service 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.
- On the day of the inspection, patients told us that they had received sufficient information before attending the clinic and were supported by staff throughout the whole process.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. There was a private room available for parents to wait with their child following the procedure, to ensure everything was alright before they left the building.

# 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 improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered, although the oversight of environmental risk required strengthening by the landlord. The provider needed assurances from the landlord that all aspects of health and safety were fully compliant.
- Arrangements were in place to deal with patients who required any follow up. This could be a telephone consultation, or if they needed to be seen, they were given an appointment at the next scheduled clinic or a home visit. No circumcisions were performed within the community.
- The service closely monitored patient feedback. There were many patient reviews available on the internet; one site contained 112 reviews since the service had commenced in 2021. These reviews were overwhelmingly positive, all but one review awarded a 5 star rating (the other being a 4 star rating) with regards to the procedure and interactions with staff. Regular themes within the feedback included praise for the level of after care and follow up received from the paediatric registrar, and the professionalism and caring attitude received from staff.
- The service told us they asked patients for feedback directly after two weeks and a basic patient satisfaction questionnaire consisting of three questions to determine their satisfaction/experience was sent to them. However, the service told us they had not analysed any of this feedback at the time of our inspection.

## **Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to treatment, and patients reported that booking an appointment was easy. The service operated fortnightly on a Sunday between 9am and 4pm; however there was some flexibility with this to accommodate individual patient requirements.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients would normally be offered an appointment at one of the next two clinics, meaning that waiting times were generally 2 to 3 weeks as the service opened on a fortnightly basis. Appointments could be booked further ahead at the patient's request.
- As the service opened on a Sunday, all of the other services provided from this building were closed. This ensured privacy and a calm environment for those families attending for a procedure for their child.
- After booking their initial appointment, parents were sent information via email including pre and post-operative care; what information they needed to provide on the day of the procedure for proof of identification; and charges. They were also sent a copy of the consent form for information, but this was completed on the day of attendance for the procedure.
- Following the procedure, patients were given a contact number or email address for advice and support; telephone advice was available 24 hours/day. Patients were also followed up at 3 and 6 days to ensure there were no problems and to see if the parents had any queries. We were informed that patients were then contacted after 2 weeks' time assuming the procedure site would have healed by this stage to give instructions how to avoid the formation of adhesions at later stages. If a baby required a review with the doctor, they could be booked in at the clinic at no additional charge. On rare occasions, the paediatric registrar arranged a home visit to follow up on concerns.

## **Listening and learning from concerns and complaints**

# Are services responsive to people's needs?

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- The service had not received any complaints since it had registered in July 2021.
- Information about how to make a complaint or raise concerns was available.
- Information was available to inform 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 told us they would learn lessons from any concerns, complaints and from analysis of trends to improve the quality of care.

# Are services well-led?

## **We rated well-led as Requires improvement because:**

- Policies and procedures needed customisation to reflect how the service worked, and required more alignment with national guidance and best practice.
- Structures, processes and systems to support good governance and management were set out, although these needs strengthening to be fully effective.
- There were not always effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.

## **Leadership capacity and capability;**

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

- In recognition of the importance of third-party oversight, a governance board had been established composed of a legal professional, an unrelated medical professional, a financial advisor and 2 members of the public who understood the operating practices of the service. Their role was to give oversight of key developments, decisions and procedures. They also reviewed complaints, incidents, feedbacks and audit results and examined actions taken by the service.
- The board worked closely with staff to make sure they prioritised compassionate and inclusive leadership. Regular conference calls took place between the board and the paediatric registrar.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There was no cover for the paediatric registrar if they were absent and the service told us the board were reviewing the arrangements for continuity.

## **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 written aims and objectives; values and objectives were displayed in the reception area. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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. Staff were proud to work for the service and displayed a high level of commitment, compassion and enthusiasm.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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 had confidence that these would be addressed. There was a whistleblowing policy but this stated raising concerns with the practice manager (although there was no practice manager), or to contact the National Society for the Prevention of Cruelty to Children (NSPCC). The policy did not include a more local independent contact as a freedom to speak up champion, or include reference to regulatory bodies and the CQC.



# Are services well-led?

- There were processes for providing all staff with the development they need. Annual appraisals had not taken place due to two of the staff having only started to work for the service recently. The paediatric registrar received an appraisal in secondary care, but this had not included anything pertinent to their circumcision work. However, they told us they would review arrangements to incorporate this role in the future.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between the team.

## Governance arrangements

### **There was a need to strengthen systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were set out, although these needs strengthening to be fully effective.
- Staff were clear on their roles and accountabilities
- Leaders had established policies and procedures. However, these were not always specific to the service to provide assurance that things were operating as intended.
- Team huddles were held at the beginning and end of each session to exchange any key messages and aid communication.
- There were arrangements in line with data security standards for the availability, records and data management systems. We were not assured that the integrity and confidentiality of patient identifiable data was robust due to the use of the mobile telephone to share patient information.

## Managing risks, issues and performance

### **There was limited clarity around processes for managing risks, issues and performance.**

- There were not always effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. For example, environmental risk factors had not been considered.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit. The board had oversight of incidents and complaints.
- Audit processes had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.

## Appropriate and accurate information

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

- Quality and operational information was used to ensure and improve performance.
- Performance information was combined with the views of patients.

## 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.**

# Are services well-led?

- 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 service made use of parental feedback to help identify issues and improve services. There was extensive feedback on the internet and all of the patient feedback we looked at was complimentary about the service delivered.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- The service made use of reviews of incidents and complaints. Learning was shared and used to make improvements.

## 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
Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The governance processes in place did not always provide assurance of compliance with regulations. There was a need to produce evidence of how the practice demonstrated compliance.</li><li>• Policies and procedures needed customisation to reflect how the service worked, and required more alignment with national guidance and best practice.</li><li>• Structures, processes and systems to support good governance and management were set out, although these needs strengthening to be fully effective.</li><li>• There were not always effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.</li><li>• Induction documentation was absent.</li><li>• The section of the consent form in relation to potential risks and complications was not being undertaken and signed by the doctor.</li><li>• The process for obtaining consent to share images required further review and improvement.</li></ul>
Regulated activity	Regulation
Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• Safeguarding processes, including recruitment processes, were not always followed in respect of guidance. For example, the service had not undertaken their own Disclosure and Barring Service checks.</li><li>• We identified some issues regarding adherence to best practice in infection prevention and control. For example, the policy on infection control was not customised in order to be specific to the service being delivered.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Due diligence had not been undertaken to review the landlord's compliance with health and safety legislation in order to use the facilities safely. For example, electrical equipment within the building had not been tested for safety for some years.
- Standards of record keeping were not always in accordance with professional standards. For example, we identified that a home visit had not been documented in the patient record. Batch numbers and expiry dates of local anaesthetic were not documented in individual patient notes.
- The provider was not receiving safety and medicines alerts.