

## Northern Circumcision Clinic

# Northern Circumcision Clinic – Leeds

### Inspection report

Rutland Lodge Medical Centre  
Scott Hall Road  
Leeds  
West Yorkshire  
LS7 3RA  
Tel: 07580660800  
Website: [www.northerncircumcision.com](http://www.northerncircumcision.com)

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## Overall summary

We carried out an announced comprehensive inspection of the Northern Circumcision Clinic – Leeds on 14 October 2017 to ask the service provider 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.

### **Background**

We carried out this comprehensive 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.

Northern Circumcision Limited is an independent circumcision service provider which is registered in Billingham, County Durham and operates from locations in Leeds and Sheffield. The Leeds based service operates from accommodation within Rutland Lodge Medical Centre, Scott Hall Road, Leeds, West Yorkshire, LS7 3RA. 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 were on children under one year of age.

Rutland Lodge Medical Centre where the service is hosted is a modern GP practice which is easily accessible for

# Summary of findings

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 - Leeds utilises the minor surgery room within the practice for the delivery of services, as well as ancillary areas such as waiting areas and toilets.

The service is led by two directors (one male/one female) and is delivered by four clinicians (all male – one of whom is also a director). These clinicians are all trained and experienced in this area of minor surgery, being either qualified paediatric surgeons or GPs. Other staff working to support the clinic includes a booking clerk, and an assistant who supports the operation of the service in a non-clinical delivery role. As part of a service level agreement with Rutland Lodge Medical Centre a practice receptionist supports parents and patients on arrival on behalf of the clinic.

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

We spoke with the parent of one infant patient during the inspection. They told us that they could not fault the service. They said staff were 'really friendly', the procedure was fully explained and support was given throughout. We received 24 CQC comment cards which had been completed by parents of patients accessing the service before our visit. These comments were all extremely positive about the service they and their child had received. Comments noted that staff were professional and helpful and that they would recommend the service to others.

## **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 systems, processes and practices in place to safeguard patients from abuse.
- The service had risk management processes in place to manage and prevent harm.
- Information for service users was comprehensive and accessible.
- Patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The clinic shared relevant information with others, such as the patient's GP and when required safeguarding bodies.
- We saw evidence that when a complaint was received it was investigated thoroughly and mechanisms were in place to make subsequent improvements to the service based on complaints.
- There was a clear leadership structure, with governance frameworks which supported the delivery of quality care.
- The service encouraged and valued feedback from service users. Comments and feedback for the clinic showed high satisfaction rates.
- Communication between staff was effective with meetings and post sessional debriefings being held.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the clinic, and we saw that recognised improvements had been introduced and implemented.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The clinic had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable young people relevant to their role. We were informed of an incident where the clinic had raised a concern with an external safeguarding body.
- The clinic had arrangements in place to respond to emergencies and major incidents.

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### **Are services effective?**

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

- Staff were aware of current evidence based guidance, and had produced specific guidance with regard to circumcision techniques which had been adopted by other health service providers.
- Clinical audits were undertaken and these demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The service had a process in place to assure the organisation that professionally registered staff maintained and updated their registration. This also included assurance regarding revalidation, update training and personal development.
- The clinic had developed protocols and procedures to ensure that consent for the circumcision procedure had been given by both parents (unless it was proven that a 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.

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### **Are services caring?**

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

- Survey information and feedback we reviewed showed that service users said they were treated with compassion, dignity and respect and they were well informed with regard to the circumcision procedure and aftercare.
- Information for service users about the services available was accessible and available in a number of formats. For example, the clinic website was comprehensive and contained key information that parents of children undergoing circumcision would find useful.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

# Summary of findings

- The service saw they had an important role in reducing parental and patient anxiety concerning the procedure. To achieve this they encouraged parents to be present during the procedure and were accessible to them via the duty doctor during the aftercare period.

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

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

- The parent of a patient we spoke with said they found it easy to make a booking and were supported by the provider throughout the process.
- The clinic had good facilities and was well equipped to treat patients and their families and to meet their respective needs.
- Information about how to complain was available and evidence from one example we reviewed showed the provider had responded quickly to issues raised. Learning from complaints was shared with staff.
- The service offered post-operative support from a duty doctor who was contactable 24 hours a day.
- The clinic was able to meet the specific needs of people such as those with a disability.

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

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

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

# Northern Circumcision Clinic – Leeds

## Detailed findings

### Background to this inspection

The Northern Circumcision Clinic – Leeds was inspected on 14 October 2017. The inspection team comprised a lead CQC inspector, a second CQC inspector and a GP Specialist Advisor.

Prior to the inspection we informed local stakeholders, including Healthwatch Leeds, that we were due to carry out a visit to the clinic to gather any feedback they might have regarding the service. We were told by stakeholders that they did not have any information of concern regarding the service. As part of the preparation for the inspection we also reviewed information provided to us by the provider and specific guidance in relation to circumcision.

During the inspection we utilised a number of methods to support our judgement of the services provided. For

example we talked to people using the service and viewed their opinions recorded on comment cards, interviewed staff, observed staff interaction with patients and reviewed documents relating to 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

### Reporting, learning and improvement from incidents

The clinic had clearly defined and embedded systems, processes and practices in place to identify, record, analyse and learn from incidents and complaints. This supported improvements in clinical practice.

There was a system in place for reporting and recording significant events and complaints. We saw significant events and complaints policies which demonstrated that where patients had been impacted they would receive a timely apology, including details about any actions taken to change or improve processes when appropriate. We were told that all significant events and complaints received by the clinic were discussed by the clinicians involved in delivering the service whenever these were received, and we saw meeting minutes which confirmed this. Lessons learned were shared to make sure action was taken where necessary to improve procedures or safety in the clinic. For example, following a complaint from a parent regarding a request to send a digital image of a possible post-operative complication, the clinic had altered its consent process to include such requests.

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

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

### Reliable safety systems and processes (including safeguarding)

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered

safeguarding, whistleblowing, consent (including parental consent) and parental and child identification. The policies clearly outlined processes to be adhered to, and incidents relating to safeguarding were discussed at team meetings. Whilst the clinic did not meet with health visitors or other safeguarding professionals on a formal basis the clinic was aware how to formally raise concerns. We were told by the clinic of an incident where a request for female circumcision had been forwarded to the relevant child safeguarding team for them to investigate further.

- Clinicians and staff had received training on safeguarding children and vulnerable people relevant to their role. For example clinicians were trained to child protection or child safeguarding level three.
- Chaperones were not routinely used by the clinic as the procedure was carried out by two clinicians and parents were encouraged to be with their child during the procedure (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). The clinic did have a chaperone policy in place in the event that one was required.
- If a procedure was unsuitable for a patient we were told by the provider that this would be documented and the patient referred back to their own GP. Where necessary the GP could contact the clinic for further details.

### Medical emergencies

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

- Clinicians had received basic life support training.
- The clinic had access to a defibrillator on the premises and oxygen with adult and children's masks. A first aid kit and accident book were also available on-site.
- Emergency medicines were safely stored, and were accessible to staff in a secure area of the clinic. We saw that the emergency medicine stock included adrenalin. Adrenalin is a medicine used for the emergency treatment of allergic reactions. The clinician we spoke to on the day of inspection knew of their location. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use.

# Are services safe?

- 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.

## Staffing

Records completed by the provider showed that clinicians were up to date with revalidation. Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field, and provide a good level of care. In addition we saw evidence that clinicians were up to date with all professional updating requirements. We saw that mandatory training records were kept and were informed that clinicians also undertook self-directed learning to support their own professional development. Non-clinical members of staff received training and instruction appropriate to their roles.

Staffing for the service was planned around the scheduled patient appointments. We were told that any issues which resulted in insufficient staffing numbers being available would lead to the cancellation of the clinic for that session.

We reviewed personnel files for the clinical staff who delivered the service. Files contained appropriate details and included CVs, details of training and evidence of indemnity insurance. We also saw that all staff could evidence a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or persons who may be vulnerable).

## Monitoring health & safety and responding to risks

The clinic had a health and safety protocol in place and in addition:

- All electrical equipment was checked to ensure it was safe to use.
- Clinical equipment was checked regularly to ensure it was working properly.
- Clinical rooms storing medical gases were appropriately signed.
- The clinic worked closely with the host location Rutland Lodge Medical Centre and was made aware of any issues which could adversely impact on health and safety. We were informed by the clinic that the host GP

practice maintained firefighting systems and equipment and carried out regular alarm tests and evacuation drills. Staff from the clinic were aware of evacuation procedures and routes.

## Infection control

The clinic maintained appropriate standards of cleanliness and hygiene.

The clinic had an infection control policy and procedures were in place to reduce the risk and spread of infection. We fully inspected the minor surgery room where the procedure was undertaken. This room and other ancillary rooms such as the waiting area appeared to be clean and were in good overall condition.

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

We saw that sharps injury information was prominently displayed and that the clinician interviewed on the day of inspection had a clear understanding of the IPC procedures in place.

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

We were informed that the clinic had access to the legionella risk assessment for the premises and was aware of the control measures in place (Legionella is a bacterium which can contaminate water systems in buildings).

## Premises and equipment

The premises and rooms used to deliver treatment were in good overall condition. Equipment in use to deliver the service was subject to regular maintenance and cleaning and disinfection as appropriate. Surgical equipment was single use.

## Safe and effective use of medicines

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

## Are services safe?

Overall prescribing for the clinic appeared appropriate; in particular the clinic had not prescribed any antibiotics for over a three year period.

Medication that we checked was stored safely and securely and was within date.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

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

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

At the conclusion of each session of the clinic, staff held a debriefing meeting to discuss cases, issues and possible learning. These meetings were minuted.

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

- Post circumcision bleeding.
- Post circumcision infection.
- Case reviews.

In addition to the provision of the circumcision procedure, the clinic carried out reviews of patients. This gave an added opportunity for parents to discuss any concerns they had regarding their child's treatment.

### Staff training and experience

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

The clinical team who carried out the procedures was composed of two paediatric surgeons and two GPs who between them had a wide experience in delivering circumcision services to children and young people. Staff

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

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

### Working with other services

Whilst the opportunity for working with other services was limited, the clinic did so when this was necessary and appropriate. For example:

- The clinic gave parents a letter which they were asked to give to their own GP which explained that a circumcision procedure had been carried out and gave their contact details should the GP wish to contact them for further information or advice. At the time of inspection the clinic told us that they were considering changing this process and contacting the patient's GP practice directly.
- In 2016 the clinic had worked with and supported Liverpool John Moores University in collecting specimen samples for analysis as part of a project into the molecular and cellular analysis of skin samples. We saw that the sampling adhered to an agreed protocol and that appropriate consent was obtained from parents to take human tissue samples.

### Consent to care and treatment

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

- The clinic had developed protocols and procedures to ensure that consent for the circumcision had been given by both parents (unless it was proven that the parent had sole control and responsibility for the child). In addition the clinic had developed a protocol and process to check that the identity of both the patient and parents was correct.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. To support this the clinic had devised and introduced a learning disability protocol.

# Are services effective?

(for example, treatment is effective)

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

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

During our inspection we observed that the clinician on duty was courteous and very helpful to both children and parents and treated them with dignity and respect.

- Screens were provided in the minor surgery room used by the clinic 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.
- The clinic told us, and this was supported by comments from parents, 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.
- The clinic had produced a range of information and advice resources for parents that they could take away with them to refer to at a later time.
- The clinic mission statement emphasised that openness and transparency with users of the service was a priority.

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

The clinic made extensive use of parent (and if they were older, patient) feedback as a measure to improve services. They had produced their own survey form and results were analysed on a quarterly basis. Results obtained from 23 survey forms obtained by the clinic in September 2017 showed high overall satisfaction with the services provided.

We also received 24 Care Quality Commission comment cards. These were also positive regarding the care delivered by the clinic and the caring attitude of staff. Many stated that the service was professional, and that staff took the time to explain the process to them. They found staff helpful and would recommend the service to others.

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

The clinic told us that they actively discussed the procedure with parents (and where possible patients), and this was corroborated to us by feedback received on the day of inspection. The provision of information resources produced by the clinic for parents and patients supported this approach.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

- The clinic had developed a range of information and support resources which were available to service users.
- The website for the service was very clear and easy to understand. In addition it contained valuable information regarding the procedure and aftercare.
- The service offered post-operative support from a duty doctor who was contactable 24 hours a day.

### Tackling inequity and promoting equality

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

The clinic offered appointments to anyone who requested one and did not discriminate against any client group.

Rutland Lodge Medical Centre from which the clinic operated was in a good condition and repair and was

accessible to those with mobility difficulties, or those who used a wheelchair, being entered via level surfaces through automatic doors. Service users received treatment on the ground floor.

The service providers had language skills which they could use when they delivered services as well as accessing interpreting services if required. A hearing loop was available within the GP practice which the clinic could use to support those with hearing difficulties.

### Access to the service

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

### Concerns & complaints

The clinic had a complaints policy in place. In the previous 12 months there had been one complaint/significant event. We discussed this with the clinic and saw that this had been thoroughly investigated and the outcome analysed. The complaint led to improved processes being introduced with regard to consent. The complaint was discussed at a clinical meeting and the learning disseminated.

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

# Are services well-led?

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

## Our findings

### Governance arrangements

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

- There was a clear staffing structure. Staff, both clinical and non-clinical were aware of their own roles and responsibilities, and the roles and responsibilities of others.
- Service specific policies and protocols had been developed and implemented and were accessible to staff in paper or electronic formats. These included policies and protocols with regard to:
  - Safeguarding
  - Whistleblowing
  - Consent and client identification
  - Chaperones
  - Infection prevention and control
  - Complaints
- All staff were engaged in the performance of the service.
- There was a programme of clinical audits which sought to benchmark patient outcomes against recognised measures.
- Arrangements were in place for identifying, recording and managing risks and issues.

### Leadership, openness and transparency

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

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

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

### Learning and improvement

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

We saw evidence that the service made changes and improvements to services as a result of significant incidents, complaints and patient feedback. For example, the service had introduced changes to the consent process for digital images following a complaint/significant event raised by a parent. We were also told that the clinic was considering holding seminars for primary and secondary care colleagues to improve their knowledge of circumcision and particularly aftercare.

Staff from the clinic had been involved in the publication of a number of medical papers and had produced circumcision guidance which had been adopted by other health institutions.

The clinic had worked with and supported Liverpool University in collecting specimen samples for analysis as part of a project.

### Provider seeks and acts on feedback from its patients, the public and staff

The provider encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Parents of service users via survey and feedback forms.
- Online feedback and compliments and complaints.
- Verbal feedback post procedure and at reviews.
- Feedback at clinical meetings and post-sessional meetings.

Service user feedback was displayed on the clinic's website.