

Sunnah Circumcision Service at Maryam Centre

Inspection report

45 Fieldgate Street
London
E1 1JU
Tel:

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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 well-led?

Good 

Overall summary

This service is rated as Good overall. Previous inspection 21/09/2019 – Requires improvement

Overall, Inadequate for safe and Requires improvement for Well led.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Choose a rating

Are services caring? – Choose a rating

Are services responsive? – Choose a rating

Are services well-led? – Good

We carried out an announced comprehensive inspection at Sunnah Circumcision Service at Maryam Centre on 9 December 2020.

At the last unannounced inspection on 21 September 2019 we rated the service as Requires improvement overall, inadequate for safe and Requires improvement for Well led and issued the service with a warning notice. Previous reports on this service can be found on our website at: [https://www.cqc.org.uk/Sunnah Circumcision Service at Maryam Centre](https://www.cqc.org.uk/Sunnah_Circumcision_Service_at_Maryam_Centre).

At this inspection we followed up on breaches of regulations identified at a previous inspection on 21 September 2019.

On that inspection we found;

- Staff were not recording identity checks in line with the provider's own policy.
- Infection control procedures failed to identify concerns picked up during our inspection, including the cleaning and storage of equipment and single use items.
- There were gaps in adult safeguarding training.
- Not documenting Identity checks for those with parental responsibility.
- Significant events were not being identified, recorded and investigated.
- There were no patient records or policies accessible to staff to refer to onsite.

At this focused inspection, we found the service had made improvements following our previous inspection. As a result of the changes to the ratings for these two questions, there has been a change in overall rating.

We have rated this service as good overall.

Background

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

Overall summary

The Sunnah Circumcision Service at Maryam Centre is located in the London borough of Tower Hamlets and provides private health services. The services offered were faith and non-faith based cultural circumcision services for all age groups, including adults. The patients seen at the practice are often seen for single treatments and as such the clinic does not keep a patient list.

The services doctor is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were;

At the 2019 inspection:

- The service had not been logging significant events appropriately, although they were dealing with them. At this inspection they were logging them, dealing with them analysing them and sharing learnings.
- We found some gaps in safeguarding and basic life support training. At this inspection we found that the provider had completed the required inspection soon after the 2019 inspection.
- We found that the service did not have an adequate process in place to verify patients' identities. At this inspection we found that they had introduced a new for which checked the patient's identity and that they had parental responsibility.
- We identified some infection control risks regarding storage of cleaning equipment and single use items. At this inspection we found that the cleaning materials were stored in a designated cleaning cupboard and single use items were stored in their own cupboard and rotated regularly.

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 supported by another CQC inspector.

Background to Sunnah Circumcision Service at Maryam Centre

Sunnah Circumcision Service at Maryam Centre is an independent health service located in the London borough of Tower Hamlets. The provider is Dr Mohammad Hossain Howlader, a consultant surgeon.

The service provides faith and non-faith based non-therapeutic male circumcision for all age groups, including adults, although the service primarily sees infants and children. The service's patients are often seen for single treatments and, as such, the service does not have a patient list.

The service carries out circumcisions at the Maryam Centre, which is rented from the East London Mosque, and does not carry out procedures in patients' homes.

The service's clinical team consists of two doctors and a nurse surgical practitioner. The clinicians are supported by two reception and administration staff members.

Procedures take place from 9am to approximately 6pm on Saturdays and Sundays, dependent on patient demand.

Sunnah Circumcision Service at Maryam Centre is registered with the CQC to provide the regulated activity of surgical procedures.

We carried out this inspection on 9 December 2020 to review the actions taken by the provider following the previous inspection and to check whether the service was now compliant with the regulations.

During the inspection visit on 9 December 2020 we:

- Spoke with the lead doctor, the surgical practitioner and administrative staff.
- Reviewed the premises and treatment room.
- Reviewed documents and policies for the service.

Are services safe?

We rated safe as Good because:

When we inspected the practice in September 2019, we found that this service was not providing safe care in accordance with the relevant regulations. Specifically, we found:

- Not documenting Identity checks for those with parental responsibility.
- Infection control procedures failed to identify concerns picked up during our inspection, including the cleaning and storage of equipment and single use items.
- There were gaps in adult safeguarding training

At this inspection in December 2020, we found improvements had been made to the provision of safe care. Therefore, we have rated safe as Good.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- At the September 2019 inspection, we found that two members of the administration team who interacted with patients, checking identity and providing advice had not completed up to date adult safeguarding training. Shortly after the inspection, the service provided evidence that this training had been completed and that all staff had completed adult and child safeguarding training commensurate to their role.
- At the September 2019 inspection, we found that although the service had systems in place to assure that an adult accompanying a child had parental authority staff were not adhering to this. At this inspection, we found that this was now a part of the consent form and saw evidence that ID's were taken for both adult and child in the form of passports, birth certificates or red book.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 service told us they did not need to use chaperones as parents were always present during the circumcision of children, and two clinicians would always examine patients.
- At the September 2019 inspection, we found that there were not always effective systems to manage infection prevention and control. For example, cleaning equipment storage, cleaning schedules for the treatment room and single use items being out of date. At this inspection, we found that the service had installed a cleaning cupboard specifically for the storage of cleaning equipment. There was a separate cupboard for single use items, where the items were dated and there was a log of weekly checks. We also saw cleaning logs which evidenced which areas were cleaned and their frequency.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

Are services safe?

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

- Staff understood their responsibilities to manage emergencies on the premises. Appropriate emergency medicines and equipment were accessible for staff, including a defibrillator and oxygen, all staff had completed Basic Life Support (BLS) training.
- The service does one to one consultation in the consultation room providing the pre surgery information leaflets and aftercare information sheet with interpretation service where needed to fulfil individual needs. They ensured that both parents attend to confirm their understanding of aftercare and felt sufficiently supported.
- They also had introduced a check list of the patient journey to ensure nothing was missed, these were documented in the notes after the consultation. There were appropriate indemnity arrangements in place.
- They had introduced quality assurance feedback forms to check patients' satisfaction scoring before they leave the clinic and to recheck after recovery at 4 weeks after the procedure.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- At the September 2019 inspection, Individual care records were not kept on site, so if a patient presented with a complication from a procedure their records were not available. At this inspection, we found that the records were now kept in a locked cabinet in the clinic. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service provided patients with a discharge letter for them to pass on to their GP to ensure the GP was aware of the circumcision procedure. They also gave patients a post-operative advice leaflet which outlined who to contact. At the September 2019 inspection, this contained six telephone numbers which could have delayed requests for support at this inspection this now had two numbers.
- At the September 2019 inspection, pre- and post-operative advice was sometimes provided by untrained non-clinical staff and the provider could not demonstrate how they assured themselves people felt sufficiently informed. At this inspection, we found that the clinician undertakes a one to one consultation in the consultation room providing the pre surgery information leaflets and aftercare information sheet with interpretation service where needed. The ensure both parents attend to understand aftercare, and get this confirmation signed and documented in the notes after the consultation.

Safe and appropriate use of medicines

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

- We checked medicines, such as local anaesthetics and emergency medicines, and found they were stored securely, were only accessible to authorised staff and were in date.
- We were told that doctors prescribed antibiotics to patients only when required.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.

Track record on safety and incidents

Are services safe?

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- New guidance or safety alerts relevant to the service were discussed in clinical meetings and a record kept of actions taken as a result.
- There was a system for recording and acting on significant events, however at the September 2019 inspection, we found that some significant events were being logged as complaints. At this inspection, we saw evidence that significant events were now being reported appropriately. Incidents involving harm and also positive incidents were being logged and discussed at clinic meetings to encourage improvement. We saw examples of completed significant event forms and a spreadsheet produced to log serious incidents, significant events, complaints, and procedure complications.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services well-led?

We rated well-led as Good because:

When we inspected the practice in September 2019, we found that this service was not providing safe care in accordance with the relevant regulations. Specifically, we found:

- Staff were not recording identity checks in line with the provider's own policy.
- Not documenting Identity checks for those with parental responsibility.
- Significant events were not being identified, recorded and investigated.
- There were no patient records or policies accessible to staff to refer to onsite.

At this December 2020 inspection, we found improvements had been made.

Leadership capacity and capability;

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

- The provider, who was the lead doctor, was responsible for the organisational direction and development of the service and the day to day running of it.
- The lead doctor worked closely with the small staff team.
- We saw minutes of staff meetings being held every two months. These meetings discussed operational issues, staff training and complaints. The service also told us they have informal briefings at the start of each clinic.
- The provider had a clear vision to provide a caring service for patients and a service that is willing to learn and improve.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff told us that they felt supported and able to raise concerns and were confident that these would be addressed.
- The service was aware of the requirements of the duty of candour and information about the duty of candour was displayed in the waiting area. We saw evidence in the form of letters and emails that, if a complaint was received, they provided affected patients with support and information and apologised when required. At the September 2019 inspection, we saw examples of complaints which should have been handled as significant events. At this inspection, we found that the provider was handling significant events and complaints appropriately. They had made changes to the significant event policy and carried out regular audits to ensure they were being acted on appropriately.

Are services well-led?

- There were processes for providing non-clinical staff with the development they needed, including appraisals by the lead doctor and informal discussions. At the September 2019 inspection, we found that gaps in training highlighted at our last inspection had not been acted upon. Shortly after that inspection, we were sent the completed training certificates. The service had devised a training plan to ensure that all staff completed all the mandatory training on a regular basis.
- Staff were engaged in the performance of the service.
- The service had an equality and diversity policy.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding and infection control, at the September 2019 inspection two members of patient facing staff had not received Safeguarding adults training. Shortly after the inspection we were sent the training certificates.
- Service specific policies and processes had been developed. These included policies in relation to safeguarding, whistleblowing, restraint, sharps, infection control, significant events, and complaints. At the September 2019 inspection these were not easily accessible to staff as they were kept off site and not all were being followed correctly. For example, staff were not recording identity checks in line with the provider's own policy. Following the inspection, the service added the identification checks to their registration forms and kept all policies and patient notes in a locked cupboard in the surgery.
- The service had a business continuity plan.
- At the September 2019 inspection, the systems and processes in place for managing risks, issues and performance these were not fully effective as they had failed to identify issues we found in relation to significant events, infection control and identity checks. At this inspection, we found that these identified risks had been mitigated, by recording and acting on significant events effectively, storing cleaning equipment away from the waiting area in a locked cupboard and by logging the type of ID checked on the registration/consent form.
- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- At the 2019 inspection, there were no clinical records, policies, staff recruitment or training records available on site. At this inspection they were all kept in a locked cabinet in the clinic.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Are services well-led?

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- There was a patient focus group, made up primarily of parents of children who have previously had procedures. Staff met with the focus group to discuss the service.
- The service carried out patient surveys to seek patients' views about the care they had received and encouraged patients and parents to provide feedback via text message.
- We saw evidence that the practice monitored reviews it received on internet search engines, such as google.
- We saw evidence that the service made changes and improvements as a result of monitoring, significant events, and patient feedback. For example, at the September 230189 inspection the service had introduced a telephone clinic to give advice to concerned patients following a procedure. However, the information sheet the service provider gave to patients post procedure had seven possible numbers to contact, which could delay getting a quick response in an emergency. At this inspection, we saw that this had amount of numbers had been reduced to two.

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 internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.