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Sunnah Circumcision Service at Maryam Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 4 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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.

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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 95 comment cards which were all positive

Summary of findings

about the standard of care received. Patients said they felt the provider of services at the offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were always assessed and managed, the service held emergency drugs and had conducted a risk assessment for the omission of emergency equipment.
- The clinic had a number of policies and procedures to govern activity.
- The clinic had an infection control policy and had carried out an audit but this was not service specific.
- Electrical equipment had been portable appliance tested (PAT).
- The doctor assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- The clinic proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We identified regulations that were not being met and the provider should:

- Carry out a service specific infection control audit.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the clinic.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal apology and are told about any actions to improve processes to prevent the same thing happening again.
- The clinic had emergency medicines and no emergency equipment and had carried out a risk assessment for this omission.
- The clinic had not carried out a service specific infection control audit.
- All of the portable appliances in the service had been PAT tested.

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.
- 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).

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.
- The service had produced an aftercare leaflet to reassure parents and explain what they should expect.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 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.
- The service would arrange follow up sessions either at home or at the clinic as appropriate.

Are services responsive to people's needs?

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

Summary of findings

- 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.
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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 bi 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.
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Sunnah Circumcision Service at Maryam Centre

Detailed findings

Background to this inspection

Sunnah Circumcision Service at Maryam Centre was inspected on the 4 November 2017. The inspection team comprised a lead CQC inspector, a nurse Specialist Adviser and a GP Specialist

Advisor.

Prior to the inspection we informed local stakeholders, including Tower Hamlets Clinical Commissioning Group (CCG), 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 asked people using the service to record their views 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

Safety systems and processes

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, the practice noticed that they were always getting the same post procedure queries from anxious parents so they produced an aftercare leaflet and set aside time the day after the procedure for patients to call with queries.

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.

Risks to patients

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 formally meet with health visitors or other safeguarding professionals the clinic was aware of the process 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 two.
- 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.
- All staff had received basic life support training.
- 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. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use. The service did not have any emergency equipment and had carried out a risk assessment to justify their omission, staff did state that they would take the patient to the local hospital which was 492 yards away.
- 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

Are services safe?

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 three personnel files and found that they 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).

Track record on safety

- The clinic had a health and safety protocol in place and in addition:
- Electrical equipment had been checked to ensure it was safe to use.
- Clinical equipment was checked regularly to ensure it was working properly.
- We were informed by the Mosque that hosted the service maintained fire safety 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 surgical room and other ancillary rooms such as the waiting area appeared to be clean and were in good overall condition.

- The clinic had an infection control policy and procedures were in place to reduce the risk and spread of infection, the service had carried out an infection control risk assessment but it lacked detail and was not service specific.
- 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.
- There was a sharps injury policy but it was not prominently displayed, 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 Mosque 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.

When there were unexpected or unintended safety incidents

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care 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 reduce concern and anxiety from the parents and to prevent them unnecessarily attending other primary or secondary care services.
- The service had produced an aftercare leaflet to reassure parents and held follow up sessions the day after the procedures.
- At the conclusion of each session of the clinic, staff held a debriefing meeting to discuss cases, issues and possible learning. The also held bi-monthly meetings, these meetings were minuted.
- There was evidence of quality improvement including clinical audit. We discussed two audits, one clinical on stuck rings and one non clinical which highlighted patients difficulty in finding the service and the impact it had on waiting times. These were completed audits where the improvements made were implemented and monitored.

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 GPs and one surgical practitioner who between them had a wide experience in delivering circumcision services to children and young people.
- 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.
- The practice had received requests to provide training from a number of GPs around Europe.

Consent to care and treatment

- The doctor sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinic doctor assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through record audits to ensure it met the clinics responsibilities within legislation and followed relevant national guidance
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

Are services caring?

Our findings

Kindness, respect and compassion

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 recovery room used by the clinic to maintain patients' privacy and dignity after treatments.
- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- The clinic told us, and we witnessed this, 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 patient and parent 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 136 survey forms obtained by the clinic from September to November 2017 showed high overall satisfaction with the services provided.

We also received 95 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 people's 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, this included leaflets for pre and post procedure care as well as a full explanation of the procedures available.
- 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.
- The service were introducing a text service so that they could get timely feedback from patients to improve their service.

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.

The Maryam Centre Mosque 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 sixth floor via a lift.

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 Mosque which the clinic could use to support those with hearing difficulties.

Access to the service

The service operated from 9am to 6pm on Saturdays and Sundays depending on patient demand.

Listening and learning from concerns and complaints

The clinic had a complaints policy in place. In the previous 12 months there had been no significant events. There had been seven verbal complaints ranging from feeling rushed to lack of pain medication being prescribed, we discussed this with the clinic and saw that this had been thoroughly investigated and the outcome analysed. These complaints were discussed at a clinical meeting and the learning disseminated. The complaints led to improved processes being introduced with regard to the post procedure information sheet and the audit of waiting times.

Patients could complain to the clinic in a number of ways which included the website or via the Mosque.

Are services well-led?

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

Our findings

Leadership capacity and capability;

There was a clear leadership structure in place. The lead GP was responsible for the organisational direction and development of the service and the day to day running of the clinic.

We saw evidence of meetings being held on a bi-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.

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, waste disposal, Infection prevention and control and complaints.

- All staff were engaged in the performance of the service.
- There was a programme of audits which sought to benchmark patient outcomes against recognised measures and improve quality.
- Arrangements were in place for identifying, recording and managing risks and issues.

Engagement with patients, the public, staff and external partners

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.

Continuous improvement and innovation

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 the pre and post procedure information sheets for parents so that they would know what to expect from the procedure and what the care after should look like. They were also intending seeking more timely feedback by texting parents the day after a procedure.