

Qualified Circumcision Clinic

Inspection report

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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. However, the service was rated as requires improvement for the provision of safe services.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Qualified Circumcision Clinic as part of our inspection programme.

The service provides circumcision to children and adults for both therapeutic and non-therapeutic reasons, and carries out post procedural reviews of patients who have undergone circumcision at the clinic.

Mr Altaf Mangera is the registered provider of the service and has the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of inspection we made the decision not to speak directly to service users. However, we received seven comment cards from people who had used the service. All these comment cards were positive about the care and treatment received. We were also able to view results of the provider's own survey. This survey showed high levels of satisfaction.

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 procedures in place regarding consent. We saw that 100% of records examined showed that they had obtained consent from both parents in the event that the circumcision was carried out on a child. However, whilst consent was discussed and verbally given when possible at the time of the booking consultation, there were no formal checks to verify the identity of those who brought children in for circumcision on the day of the procedure. The provider

- has since introduced formal identity checks, and this was confirmed during an inspection of another clinic operated by the provider which was carried out shortly after this inspection.
- 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 and processes in place to safeguard patients from abuse. However, it was noted that following a change in national guidance in 2019, that some staff had not yet received child safeguarding training appropriate to their roles. We have since the inspection seen that child safeguarding training had been undertaken, and that staff had received training to the appropriate level.
- The service communicated with the GP service which patients were registered with via letters sent post-procedure. This correspondence notified the GP of the procedure, and also contained information and advice on supporting the recovery process.
- The service had developed materials for parents/service users which explained the procedure and outlined clearly the recovery process.
- The service operated a 24-hour advice line which allowed service users to contact them with any concerns post-procedure.
- Some quality improvement activity was undertaken. However, this was limited to logging retrospective complications which were raised by service users, and via an in-house satisfaction survey which was sent to a proportion of those who had used the service.
- The provider corresponded with the host GP practice from which the service operated and gained assurance through this that the host practice had carried out necessary checks and controls for health, safety and welfare purposes.
- There was a clear leadership structure. To give added oversight the service had established a governance board which examined key decisions and areas of work such as changes in practice, and complaints and incidents.
- Staff personnel files were kept. However, it was noted that these did not contain information regarding the suitability of staff members for the role on recruitment. In addition, we were unable to verify that all non-clinical staff had received training in basic life support.

Overall summary

- The service valued feedback from service users. Comments and feedback for the clinic showed high satisfaction rates.
- Communication between staff was effective and we saw that meetings and post- sessional debriefings were being held.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The area where the provider **should** make improvement is:

- Improve the consent policy to include references to mental capacity.

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. The team included a GP specialist adviser and a second CQC inspector.

Background to Qualified Circumcision Clinic

Summary here Mr Altaf Mangera operates as an independent circumcision provider and is registered at 93 Wilkinson Street, Sheffield, South Yorkshire, S10 2 GJ. The provider operates as the Qualified Circumcision Clinic and delivers services from locations in Sheffield and Coventry. The Sheffield based service operates from accommodation within Dovercourt Surgery, 3 Skye Edge Avenue, Sheffield, South Yorkshire, S2 5FX. The service provides circumcision to children and adults for therapeutic and non-therapeutic reasons under local anaesthetic and carries out post procedural reviews and revisions 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. The service is registered with the Care Quality Commission for the provision of Surgical procedures and the Treatment of disease, disorder or injury.

Dovercourt Surgery where the Sheffield service is hosted is a modern GP practice which is easily accessible for those bringing children or young people to the clinic, or for those with mobility issues, for example it has level floor surfaces, automatic doors and parking is available. The Qualified Circumcision Clinic utilises the minor surgery room within the practice for the delivery of services, as well as ancillary areas such as two recovery rooms, a waiting area and toilets.

The service is operated by a single named provider, and procedures are undertaken by the provider (male) who is a qualified and registered urologist. Other staff working at the clinic includes a clinical support worker (male) and two receptionists (female).

The Sheffield based service provides appointments fortnightly or dependent on patient demand.

The service has a web site www.qcclinic.co.uk

How we inspected this service

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed a number of key policies and procedures.
- Explored clinical oversight and how decisions were made.
- Spoke with staff.
- Reviewed CQC comment cards where patients shared their views and experiences and spoke with parents of children who used the service.
- Reviewed in-house service user survey feedback.

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 .

- On the day of the surgical procedure the service had no processes in place to formally check and establish the identity of those who purported to have parental responsibility for a child brought in for a circumcision.
- We could not verify that all receptionists had received training in basic life support.
- Staff personnel and recruitment files lacked detail.

Safety systems and processes

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

- The service had some systems and processes in place to safeguard children and vulnerable adults from abuse. The service had not made any safeguarding referrals, but staff were aware of procedures to follow should this be required. The service had developed a safeguarding policy, and we saw that staff had received safeguarding training. However, when we examined training records we found that staff in some instances had not yet received training to a level appropriate to their role. For example, the clinical support worker had been trained to level two in child safeguarding and receptionists to level one. National guidance stated that the clinical staff should be trained to level three and the non-clinical staff to level two by August 2021. Since the inspection we received evidence to show that staff had undertaken child safeguarding training appropriate to their roles.
- The provider sought to confirm with parents or those with parental responsibility if a child was on a child protection register. They outlined to us how they had worked with a local authority in the past regarding the circumcision of a child in their care, and how they had further supported the foster family through the child's recovery process.
- The service had some systems and checks in place which gave assurance that adults accompanying a child had parental authority. This involved discussions with parents or those with parental authority at the time of initial booking regarding their formal legal relationship with the child. In addition, we saw that the service checked the identity of the child on the day of the procedure. However, the service had no processes or checks to formally verify the identity of parents who physically brought a child in for circumcision on the day of the procedure e.g. checks on formal documentation such as passports or other photographic identification.

- The provider has since introduced formal identity checks on the day of the procedure, and this was confirmed during an inspection of another clinic operated by the provider which was carried out shortly after this inspection.
- The service corresponded with the GP practice where the service was hosted on a regular basis and utilised this contact to gain assurance that health and safety had been managed effectively and that necessary checks had been made. This included fire safety and electrical safety, and checks in respect to legionella.
 - Staff received safety information from the service as part of their induction and as part of their on-going employment.
 - 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 some staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required for clinical staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Non-clinical staff had not received a DBS check, however the service had undertaken a risk assessment which explained why such checks were not required. It was noted that the staff personnel and recruitment files at times lacked details such as evidence of references to show suitability for the role.
 - Chaperones were not utilised by the service as there were always two clinical staff dealing with the patient at any one time.
 - There was an effective system to manage infection prevention and control. The service had an infection control and prevention policy which had a production date of 30/01/2020. We saw that staff immunity status checks had been undertaken.
 - 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.

Risks to patients

Are services safe?

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

- We saw that there were sufficient staff on duty to safely deliver the service. A lack of availability of key staff for whatever reason would lead to the cancellation of the clinic.
- The service had access to its own stock of emergency medication. In addition, the service had access to emergency medicines and equipment provided by the host GP practice. On the day of inspection we saw that these were available and accessible in the event of an emergency.
- The service operated a 24-hour contact line. This was staffed by the clinical lead, and enabled parents or other service users to contact the service if they had any post-procedural concerns such as those in relation to bleeding and possible infection. The service had also developed a detailed information leaflet for service users and parents which covered potential issues over the recovery period.
- There were appropriate indemnity and public liability arrangements in place.
- We saw that staff had mostly received training, supervision or instruction with regard to mandatory areas of health, safety and welfare such as fire evacuation. It was noted though that there was no evidence that all receptionists had received basic life support training. Since the inspection we have received evidence to show that the necessary basic life support training had been completed.
- The service had procedures in place to access medicine and patient safety alerts and updates which were applicable to the safe operation of the clinic.

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 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. Records were updated and included information related to the type and amount of pain relief used, noted any issues or complications.
- We saw that the provider carried out pre-procedural checks on the service user's health. If an infant, the mother's health was observed which established if the

child was suitable for the procedure. For example, if the mother was still breastfeeding they were asked if they were taking any blood thinning agents as this could have an impact on the child. These checks were carried out at the time of booking. On the day of the procedure these checks were repeated and used to identify any changes in the health status of the service user and further exclude any contraindications.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, following the procedure the service sent the GP of the service user a letter which outlined the procedure, and which gave advice on possible complications and how these should be approached. This included advice on antibiotic prescribing as well as the contact details of the service.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including pain relief and emergency medicines and equipment minimised risks.
- We saw that the service kept prescription stationery securely and monitored its use.
- The service told us that overall prescribing rates were low.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. In addition, they had access to risk assessments applicable to the host GP practice, and had assurance that necessary health and safety controls and monitoring processes were in place.
- 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, for example the service examined post-procedural notifications of complications reported by services users. At the time of inspection the service had not experienced any health and safety issues at the location.

Lessons learned and improvements made

Are services safe?

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. When we spoke with staff it was clear that they understood their duty to raise concerns and report incidents and near misses. The provider supported them when they did so.
- There were systems for reviewing and investigating incidents when things went wrong. In the last 12 months the service had not identified or recorded any significant events. However, they fully explained how these would be dealt with, and would seek to use the experience to inform learning and implement actions to improve safety in the service. Any incident and complaints were

- to be overseen by the service's governance board. This had been established by the service and gave third-party oversight to issues such as proposed service changes, investigations and complaints.
- 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 managing notifiable safety incidents
 - 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.

Are services effective?

We rated effective as Good .

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. The lead clinician was a practicing urologist and kept up to date with training and best practice. We were told and saw evidence that they had attended regular update training sessions.
- Staff assessed and managed patients' pain where appropriate.
- Patients' immediate and ongoing needs were fully assessed. During the booking and patient assessment consultation service users and parents of infants and children who were to be circumcised received information regarding the procedure. This consultation also involved taking a detailed health history to determine the suitability of the individual to receive the procedure.

Information was also given to the service user or, if appropriate their parent regarding post-procedural care during the recovery period, and this was supported by access to a 24-hour clinical contact point. The service had produced a detailed advice leaflet and further information was available on the service's website. We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements, but this was limited in terms of scope and depth for the purpose of auditing patient outcomes. Quality improvement activities included:
 - An audit of responses made to a service user satisfaction survey. This covered a number of areas which included the consent process and satisfaction with the overall outcome. The last survey was undertaken in October 2019 and results were based on 30 responses from 46 surveys sent out. As an

example, patient satisfaction, the service received a mean score of 4.8 out of 5 for a question which asked service users or parents if they had been given sufficient information before the procedure to make an informed choice. They also received a mean score of 4.7 out of 5 for a question which asked if they were happy with the aftercare instructions. We were told by the provider that they considered comments made from the survey.

- The practice kept a log of complications that it was notified of by service users or parents of children who had been circumcised. Over the previous two years of records reviewed we saw that there were very low levels of complications reported. For example, in 2019 the service had recorded only one incidence of post-procedural bleeding.

This was, however, not a comprehensive assessment or audit which followed up all those who had received a circumcision. It relied on service users or parents of children informing them of issues rather than through proactive contact with them after the procedure, and therefore for clinical audit and outcome purposes was not effective.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff, and during appraisals training needs were seen to have been discussed.
- The relevant professional who delivered the service was registered with the General Medical Council (GMC) and was up to date with revalidation
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained.

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.
- Whilst the opportunity for working with other services was limited, the service did so when this was necessary

Are services effective?

and appropriate. For example, if the potential service user was assessed as not being suitable for a circumcision. They would be advised to contact their own GP for further support.

In addition, following the procedure the service sent a letter directly to the service users 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. This letter also included advice to the GP regarding aftercare and prescribing practice.

All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we heard from the practice how they had worked with a local authority to support the needs of a child in care.

Consent to care and treatment

The service 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. It had developed a consent policy which discussed the service's approach to consent, and covered subjects such as language barriers and the requirement for both parents consenting with respect to an infant or child. It was noted that the policy had not considered mental capacity in sufficient detail. However, when we discussed consent the provider showed a good knowledge regarding the assessment of young and/or potentially vulnerable patients.
- With regard to infants and children, the service had developed procedures which gave assurance that consent had been given by both parents in line with national guidance. Where only one parent attended to give actual consent on the day of the procedure the service had systems in place to establish either parental agreement from both parents existed, or that only one parent held full parental authority. For example, via confirmed letter of authority or other certification. Verbal checks of consent were undertaken at booking, and actual consent was given in writing on the day of the procedure. As part of our inspection we reviewed ten records and found that in all cases both parents had signed to give their consent.

Are services caring?

We rated caring as Good .

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback obtained from patients was positive about the way staff treat people. For example, feedback from the seven Care Quality Commission comment cards we received and from a recent in-house survey showed feedback was uniformly positive. Comments included the welcoming and professional staff and their caring attitude.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. For example, the provider explained how they tailored the type of circumcision on offer to meet the cultural needs of specific groups.
- The service gave patients timely support and information. For example, the service website carried useful advice regarding the procedure.
- We saw on the day of inspection that staff treated service users and parents present with care.

Involvement in decisions about care and treatment

Staff helped service users or parents of infants and children who were to be circumcised be involved in decisions about care and treatment.

- The service had some in-house language skills. However, if an interpretation or translation service was required, the service was able to access external support, although this was at an additional cost. This was made clear on booking and on the service website.
- The information leaflet was clear and gave an understanding of both the procedure and the recovery period.
- The in-house service user survey specifically asked if it was felt that they had been given sufficient information before the procedure to make an informed choice. From 30 responses the service received a mean score of 4.8 out of a possible 5 (completely satisfied).
- Parents of infants and children who were circumcised had the choice of being present during the procedure. It was the standard operating practice for the service that two members of clinical staff carried out the procedure.

Other family members were able to attend the procedure if this was requested. If this occurred, then their presence would be noted by the service.

Privacy and Dignity

The service respected service users' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff understood the cultural significance of the procedure to service users and their families.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good .

Responding to and meeting people's needs

The service organised and delivered services to meet users' needs. It took account of needs and preferences.

- 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 service user was unsuitable for circumcision, then this was formally recorded and was discussed with either the service user themselves or the parents of the infant or child concerned.
- The service pricing structure was clearly outlined to service users.
- The facilities and premises were appropriate for the services delivered.
- The clinic had developed a range of information and support resources which were available to service users.
- The service offered post-operative support from the provider who was contactable 24 hours a day.
- Service users were able to have their circumcision reviewed by the service if they had concerns or had experienced problems after the procedure.

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 initial assessment, the circumcision procedure and any necessary aftercare or assessment. The service operated on a fortnightly basis from the registered location.
- Patient feedback from their in-house survey show high service user satisfaction. For example, from 30 responses the service received a mean score of 4.7 out of a possible 5 (completely satisfied) with regard to ease of booking.

Listening and learning from concerns and complaints

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

- The service had a complaints policy and procedure in place.
- The service reported that it had very low levels of concerns raised by service users and had not received any complaints over the previous 12 months.
- Should a complaint be received we were told that this would be investigated as a priority. This process would be overseen by the services own independent governance board which was composed of a legal professional and another independent person.
- It was noted that the service website contained information as to how to raise a concern, and there was a facility to send a direct message to the service via the website.

Are services well-led?

We rated well-led as Good .

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of the service. The provider understood the needs for circumcision services in Sheffield and the surrounding areas and had developed the service to meet these needs. This included the needs of specific cultural groups such as specialised circumcisions to meet the needs of the Filipino community.

The service was delivered by a small team who had specialist knowledge and skills. The lead clinician was a consultant urologist with an interest in reconstructive urology (the branch of medicine that focuses on surgical and medical diseases of the male and female urinary-tract system and the male reproductive organs) and andrology (the medical speciality that deals with male health, particularly relating to the problems of the male reproductive system and urological problems). The provider told us that a primary driver for them was the delivery of safe and effective services to all persons who accessed the clinic.

Notwithstanding this, during the inspection we identified areas which required improvement in relation to:

- The formal identification of parents who had brought an infant and child into the clinic for a circumcision. We have had confirmation that this issue has been rectified following our inspection.
- Issues related to staff training and personnel files.
- Limitations in the depth of clinical audit and quality improvement activity.

However, since the inspection we have been informed that the service had taken steps to tackle some of these issues. For example, their governance board had agreed to the introduction of enhanced checks regarding the identification of parents.

- The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 plan to achieve priorities.
- The service had developed its vision, values and strategy. 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 respected, supported and valued. They were proud and happy to work for the service.
- The service focused on the needs of patients.
- The provider told us that they acted on behaviours and performance inconsistent with the vision and values.
- Processes and procedures which operated within the service supported a culture of openness, honesty and transparency. For example, service users who were concerned about or unhappy with the outcome of a circumcision were reassessed at the clinic and necessary actions undertaken to resolve the issue.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal. All staff received regular annual appraisals in the last year.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between the provider and staff.

Governance arrangements

Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of the service was interactive and delivered co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- The provider had established policies, procedures and activities which ensured safety and assured themselves that they were operating as intended. For example, these included:
 - Safeguarding
 - Complaints
- As a small organisation the provider had recognised the importance of third-party oversight. In response to this they had established a governance board composed of a legal professional and an employee of the provider who understood the operating practices of the service. Their role was to give oversight of key developments, decisions and procedures. For example, they examined actions taken by the service in relation to recorded incidents and complaints to ensure that processes had been followed.

Managing risks, issues and performance

There were 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. However, improvement was required in some areas, in particular the formal identification of parents with parental responsibility who brought in children for circumcision.
- The service had processes to manage current and future performance. For example, the service assessed service user satisfaction via an in-house survey of a proportion of users.
- Whilst the service kept a log of complications, this was limited and lacked the depth of a full clinical audit. For example, the identification of issues relied on notification from service users. There was no proactive contact with service users post-procedure other than to a proportion of service users for the in-house survey. We discussed this with the provider at the time of

inspection. We were told that they would look at this in more detail and implement more active service user contact to give an improved assessment of outcomes and quality.

- Following the procedure the service sent the GP of the service user a letter which outlined the procedure and which gave advice on possible complications and how these should be approached. This included advice on antibiotic prescribing as well as the contact details of the service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The provider carried out pre-procedural checks on the service user's health, and if an infant, the mother's health which established if the child was suitable for the procedure.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- We saw that some staff meetings had been held when operational issues and developments were discussed. In addition, we were told that there was a post-session debriefing session held after each clinic had been held. This enabled staff to raise any immediate issues or concerns.
- The service used performance information which was reported and monitored and by which staff were able to be held to account
- The provider was aware of requirements for the submission of data or notifications to external organisations as required.
- There were arrangements in place for the safe handling and storage of data.
- The service corresponded with the GP practice where the service was hosted on a regular basis, and utilised this contact to gain assurance that health and safety had been managed effectively and that necessary checks had been made.

Engagement with service users, the public, staff and external partners

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

Are services well-led?

- The service made use of service user (and if appropriate parental) feedback which it used to identify issues and improve services. Staff gathered views via verbal feedback, and via an in-house survey sent to a proportion of services users post-procedure. The last survey in October 2019 showed very high satisfaction with the services provided. Service users were also able to leave feedback via the service's website.
- We received seven CQC comment cards. These were all very positive about the level of treatment and care provided.
- Staff could describe to us the systems in place to give feedback such as post-session debriefing meetings. Staff we spoke with on the day said that they felt they were able to raise any ideas and had confidence that these would be dealt with.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The service explained that it viewed identified issues as learning opportunities.
- The service had processes in place for the third-party review of incidents and complaints. We were told that any learning from these would be shared and used to make improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	<p data-bbox="810 663 1385 730">Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p data-bbox="810 757 1516 864">The provider had failed to ensure there was effective governance and quality assurance systems in place to meet the regulatory requirements.</p> <ul data-bbox="820 891 1516 1330" style="list-style-type: none"><li data-bbox="820 891 1516 1032">• On the day of the procedure no checks were undertaken to formally verify and record the identity of parents, or those with legal parental authority, who had brought in a child to receive a circumcision.<li data-bbox="820 1059 1516 1126">• Quality improvement and clinical audit activity was limited and lacked depth.<li data-bbox="820 1153 1516 1330">• Information held in personnel and staff recruitment files was not sufficient to fully evidence staff suitability for their roles and to identify any possible issues or concerns. Issues identified included a lack of references, and limited evidence of training attainment.