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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 19 April 2018 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.

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Green Lanes Clinic provides a faith-based circumcision service for all age groups, including adults in the predominantly Turkish and Albanian community. The patients seen at the practice for circumcision are often seen for single treatments and no patient list is kept for these. The clinic also provides a private GP service for those from the community who preferred to see a private GP rather than their NHS GP and those who found it difficult to access NHS services.

The practice principal 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.

Fourteen people provided positive feedback about the service.

Our key findings were:

Summary of findings

- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service had system to learn from them and improve.
- There were arrangements in place to check the identity of patients. This included a check on parental responsibility for children who attended for procedures. The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

There were areas where the provider could make improvements and should

- To review and formalise the system around the identification of patients.
- To review antimicrobial prescribing.

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 were systems in place for recording significant events and incidents.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

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.
- Clinical audits had been carried out that demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff had appraisals with personal development plans.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The provider had systems in place to engage with patients and seek feedback using a survey handed to all patients after their appointment.
- Systems were in place to ensure that patients' privacy and dignity were respected.

Are services responsive to people's needs?

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

- The understood its patient profile and had used this understanding to meet the needs of users.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.
- Patient feedback indicated they found it easy to make an appointment, with most appointments the same day.
- Patient feedback was encouraged and used to make improvements. Information about how to complain was available and complaints were acted upon, in line with the provider policy.

Are services well-led?

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

- The provider had a clear vision and strategy and there was evidence of good leadership within the service.
- There were systems and processes in place to govern activities. Risks were assessed and managed.
- There was a culture which was open and fostered improvement.
- The provider took steps to engage with their patient population and adapted the service in response to feedback.

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Detailed findings

Background to this inspection

Green Lanes Clinic is based at 551a Green Lanes, London, N13 4DR. It provides circumcision and private general medical services mainly to the Turkish and Albanian communities.

The practice provides services for patients that walk in to the practice for appointments as well as appointments made through email.

The practice is situated in a Victorian property in North London. The area is well served by public transport.

One doctor works at the practice along with an administrative personal assistant who also acts as chaperone for circumcision procedures.

Consulting hours are 9am to 1pm and 4pm to 6pm Monday to Friday. Appointments are available within 24 hours. Patients can book by telephone or e-mail or by walking in to the practice. The doctor made himself available out of these hours for any emergency that may arise.

We visited the Green Lanes Clinic on 19 April 2018. The team was led by a CQC inspector, with a GP specialist advisor.

The practice was previously inspected in February 2013 and found to be meeting all standards relevant at the time. A further inspection took place in October 2013 and

compliance actions were made for Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control for a failure to undertake adequate infection control audits, and Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 (Supporting workers) as no staff training had been completed. A follow up inspection took place in March 2014 to look at the non-compliant areas. At this inspection it was found that they were meeting the appropriate standards.

Before this inspection we reviewed any notifications received from and about the service, and a standard information questionnaire completed by the service.

During the inspection, we received feedback from people who used the service, interviewed staff, made observations and reviewed documents.

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

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

Safety systems and processes

There were systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice child protection policy included a specific section regarding circumcision. Staff had received training appropriate to their role and understood their responsibilities. Safeguarding procedures were documented and staff were aware of the practice lead. Clinical staff were trained to safeguarding level 3 and non-clinical staff had received level 1 safeguarding training.

A chaperone was available and patients were asked at the start of a consultation if they wished a chaperone to be present. Chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check in line with the provider's policy for all 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.

Recruitment procedures also checked on staff members' identity and past conduct (through references). All indemnity insurance was in date.

We observed the practice to be clean and there were arrangements to prevent and control the spread of infections. The practice had a variety of other risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. Equipment was monitored and maintained to ensure it was safe and fit for use. Surgical equipment was single use.

Risks to patients

Staffing levels were monitored and there were procedures in place to source additional trained staff when required.

There were effective systems in place to manage referrals and test results.

Risks to patients (such as fire) had been assessed and actions taken to manage the risks identified.

There were arrangements in place to respond to emergencies and major incidents including the recognition of sepsis.

- Staff records we checked (one clinical staff, one non-clinical) showed that staff had completed annual basic life support (BLS) training, in line with guidance.
- There was oxygen, pulse oximeter and a supply of emergency medicines present. A risk assessment had been carried out to determine which emergency medicines to stock. All expiry dates of emergency equipment and medicines were checked by the practice regularly to make sure they remained effective.
- If a procedure was unsuitable for a patient we were told by the provider that this would be documented and if necessary referred to their NHS GP. The GP could contact the clinic for any further details.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

The practice used a computer based record system as well as manual paper based records. Paper based records were held securely in locked cabinets, and the computer system was password protected.

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.

There no formal were arrangements in place to record the identity of patients. There was an informal check on parental responsibility for children who came for procedures before full consent was sought.

Safe and appropriate use of medicines

From the evidence seen, staff prescribed and gave advice on medicines in line with legal requirements and current national guidance.

Patients either attended for a circumcision procedure or for the care of acute conditions, and were referred to consultants or their NHS GP for follow up as appropriate.

Are services safe?

The practice did not prescribe high risk medicines. For circumcision procedures, the service used Prilocaine and Lidocaine Hydrochloride as the local anaesthetic in all cases.

Staff told us of actions taken to support good antimicrobial stewardship but an audit of antimicrobial prescribing had not yet been undertaken.

Prescriptions were computer generated and handed to patients to take to their local pharmacy.

Medicines stocked on the premises were stored appropriately and monitored. All medicines were in date.

Track record on safety

There were systems in place for reporting incidents. The practice had a number of procedures to ensure that patients remained safe. The practice had recorded 18 significant events in the past 12 months. Events recorded were used in meetings to provide learning to staff.

We found that there was no formal policy for recording and responding to alerts from organisations such as the Medicines and Healthcare products Regulatory Agency

(MHRA) and CAS (Central Alerting system). Alerts were received by email to the doctor and those deemed appropriate to the practice were discussed in staff meetings. We asked about recent alerts such as one issued for the use of sodium Valproate and found that staff were aware of this and had taken note of the alert.

Lessons learned and improvements made

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.

When there were unexpected or unintended safety incidents, the policy stated that:

- The service would give 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

We found the practice was providing effective care in line with the regulations.

Effective needs assessment, care and treatment

- Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. All records were written in English. When a patient needed referring for further examination, tests or treatments they were directed to an appropriate service.
- Patients and parents of those using the service for circumcision 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 procedures that were delivered by the clinic. This included advice on post-operative care. This was both to reduce concern and anxiety from the parents and to prevent them unnecessarily attending other primary or secondary care services.
- The clinic had produced an aftercare leaflet to reassure parents and held follow up sessions after the procedure.

Monitoring care and treatment

The provider had undertaken quality improvement activity such as an appointment times audit and post-operative information audit. An audit into post circumcision bleeding was undertaken on a yearly basis between 2011 and 2017. In the audit, all circumcision procedures were reviewed to find the rate of post circumcision bleeding. The reasons for the bleeding were looked at to provide learning. The latest results (December 2017) showed that all post-operative complications (such as bleeding) were within expected levels and there were no cases of infection.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff demonstrated how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Patients contacted the practice for routine medical concerns and for circumcision procedures. For routine medical concerns, patients were asked if they were registered with an NHS GP and whether their GP could be contacted. If patients agreed we were told that their GP would be contacted if necessary. Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk) and we were told of examples where GPs had succeeded in getting consent to share information, after explaining the risks to the patients if they did not.

Where patients required a referral (for diagnostic tests or review by a secondary care clinician) this was generally printed off and given to the patient to hand to their NHS GP for follow up.

GPs were informed of all circumcision procedures that were carried out directly by the clinic.

Supporting patients to live healthier lives

The service supported patients to live healthier lives by providing same day GP access for patients. Patients were able to access a GP, receive a diagnosis and medication where required.

For parents of children that came for a circumcision procedure and the child was found to be overweight, advice was given on how it can impact the procedure and an advice leaflet given.

Consent to care and treatment

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical

Are services effective?

(for example, treatment is effective)

staff had received training on the Mental Capacity Act 2005. Consent was sought from both parents. If there was a conflict between parents the procedure would not be carried out until resolved.

Treatment costs were set out in the patient handbook which was given to all patients and was also on display in the waiting area.

Are services caring?

Our findings

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 14 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service was professional, hygienic and very caring.

The practice carried out its own patient satisfaction survey in 2017. A total of 30 patients responded and provided positive feedback. Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

Feedback from the service's own survey indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment.

The majority of patients that attended the practice spoke Turkish. All signs and information leaflets were in both English and Turkish. Consultations were conducted in English and Turkish. Interpreters were arranged for any other language that might be needed.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service had systems in place to facilitate compliance with data protection legislation and best practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The clinic primarily offered a circumcision service to the local Turkish community. It also offered GP services to patients who found it difficult to access the services provided by the NHS.

The clinic had developed information leaflets which included advice for pre and post procedure care as well as a full explanation of the procedures available.

Staff members had received training in equality and diversity. Appointments were open to anyone but most patients were from Turkey or Albania.

Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

The facilities and premises were suitable for people with walking difficulties.

Timely access to the service

Consulting hours were 9am to 1pm and 4pm to 6pm Monday to Friday. Appointments were available within 24 hours. Patients could book by telephone or e-mail or by walking in to the practice. Telephone answering was monitored to ensure that calls were answered swiftly. The doctor made himself available out of these hours for any emergency that may arise.

Longer appointments were available when patients needed them.

Listening and learning from concerns and complaints

The provider encouraged and sought patient feedback.

Information on how to complain was available in the waiting room and on the provider's website. There had been one complaint recorded in the past 12 months. This was handled in accordance with the service policy, and the final responses included details of the procedure if the complainant was dissatisfied with the outcome.

There was evidence of improvement in response to complaints and feedback, including ensuring a full explanation was given to patient's families for the reasons that the clinic booked two circumcision appointments for the same time. They found that this helped to relieve some of the anxiety of the patient and their parents.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future 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 in place. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and values 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 we spoke to said they felt respected, supported and valued.
- The service focused on the needs of patients.
- The management acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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 needed. This included appraisal and career development conversations. All staff had received 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 had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff. There were regular staff meetings and minutes showed evidence that actions identified at meetings were followed up.

Governance arrangements

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

- There were processes and systems to support the governance of the practice. Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

There were clear and effective processes for managing risks, incidents and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice monitored performance through audit. The practice principal had oversight of complaints.
- The service had plans in place and had trained staff for major incidents.

Are services well-led?

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

- The service implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were satisfactory arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service sought and used the views of patients and staff and used feedback to improve the quality of services.

Patient feedback was used to improve services. For example ensuring a full explanation was given to patients' families the reasons that the clinic booked two circumcision appointments for the same time. They found that this helped to relieve some of the anxiety of the patient.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. Staff told us that they were encouraged to consider and implement improvements.
- Incidents and feedback, including complaints, were used to make improvements. There was evidence that monitoring was used to identify areas for improvement, which were then acted upon. For example, monitoring post-operative bleeding to ensure that all necessary precautions were taken to reduce the occurrence of this.