

Qualified Circumcision Clinic

Inspection report

2 Stoney Stanton Road
Coventry
CV1 4FS
Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (The service was last inspected on 11 & 12 October 2020 but was not rated at this time. The service was rated Good following an inspection in February 2020. The February 2020 rating still applied to the service following the October 2020 inspection.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services well-led? – Good

We carried out an announced inspection at the Qualified Circumcision Clinic to follow up on breaches of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection in October 2020, we issued the provider requirement notices under Regulation 11: Need for Consent and Regulation 17: Good Governance due to the areas of non-compliance we found. At this inspection, we looked across the three key questions above in order to assess the improvements which were required in these areas following our last inspection.

The service provides circumcision to children and adults for therapeutic and non-therapeutic reasons. The service is offered on a private, fee paying basis only and is accessible to people who choose to use it.

The provider is the sole clinician for this service and carries out all of the circumcision procedures at the clinic.

At the last inspection we found that consent was not being obtained in line with the legal requirements as parental identity was not being consistently established and recorded. We also found that information about treatment was not always provided in a way that people could understand. At this inspection we found that improvements had been made to ensure parental consent was fully obtained and that parents had information about treatment in a way they could understand.

At the last inspection we also found that the provider was not recording the batch numbers and expiry dates of anesthetic administered to patients. At this inspection we found that improvements had been made in the recording of anesthetic administered and that clinical records were now improved. However, the quantity of anesthetic was not being recorded.

During our inspection in October 2020, we also found that there were not adequate systems in place to ensure that infection control and environmental risks were assessed and planned for. At this inspection, we found that this had been addressed by the provider. However, further improvement was needed in relation to clinical outcomes and how these were assessed and monitored on an on-going basis.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

Overall summary

As part of this inspection we spoke with three parents who had brought their children to the clinic for a circumcision. We also spoke with one adult who had attended the clinic for the procedure on the day of our inspection.

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
- Reviewed clinical records
- Explored clinical oversight and how decisions were made
- Spoke with staff
- Spoke with families of people who used the service and one person who had used the service themselves & who were able to speak with us

To get to the heart of patients' experiences of care and treatment, we asked the following questions:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions formed the framework for the areas we looked at during the inspection.

Our key findings were:

- Circumcision surgical procedures were safely managed and there were effective levels of patient support and aftercare.
- The service had commenced recording batch and expiry numbers of anesthetic administered. However, the volumes of anesthetic being administered was not being recorded.
- The provider was following up with each patient's parents on the evening following the procedure.
- The practice had implemented a communication system with the patient's own GP practice following the circumcision procedure.
- Consent had been consistently sought from both parents and identification documents checked. This was fully recorded to document that these had been seen.
- There was limited evidence of how patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes.
- The service did not always adequately identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There were systems, processes and practices in place to safeguard patients from abuse, and staff knew how and when to report any concerns.
- Policies and procedures were in place, however, none of these were readily available to staff whilst the clinics were running.
- The service provided information to parents/patients which explained the procedure and outlined the recovery process.
- Whilst the service had not received any complaints at the time of our inspection, we saw evidence that processes were in place to ensure these were investigated thoroughly.
- Health and safety risk assessments had been undertaken for the service.
- Staff personnel files were kept, and recruitment checks were completed on staff as required by law.

Overall summary

- Staff received on-going support from the provider and had regular appraisals. Training was monitored and kept up-to-date.
- The service sought feedback from patients and their parents.

The areas where the provider **should** make improvements are:

- Implement a system to assess clinical outcomes for patients.
- Improve the system for identifying, recording and acting on incidents and significant events in order for the service to recognise and learn from these to continuously improve the service.
- Improve the system for recording the quantities of anesthetic administered to patients.
- Review the accessibility of policies and procedures to ensure they are readily available for staff when the clinic is running to reduce risks to patients and their families.

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 second CQC inspector and a CQC national clinical advisor.

Background to Qualified Circumcision Clinic

Mr Altaf Mangera operates as an independent circumcision provider as the Qualified Circumcision Clinic (QCC) and delivers services from registered locations in Sheffield and Coventry. The service based in Coventry operates from rented clinic space within the City of Coventry Health Centre, 2 Stoney Stanton Road, Coventry, West Midlands CV1 4FS. The service provides circumcision to children and adults for therapeutic and non-therapeutic reasons under local anesthetic. Many circumcisions carried out by the clinic are on children under one year of age, although older children and adults also use the service.

The service is registered with the Care Quality Commission for the provision of surgical procedures and the treatment of disease, disorder or injury regulated activities.

The City of Coventry Health Centre where the service is located is a newly converted and modernised multi-use health facility just outside the city centre. It is easily accessible for those bringing children or young people to the clinic, or for those with mobility issues. The centre has level floor surfaces, automatic doors and parking is available along with good public transport links. The Qualified Circumcision Clinic utilises three clinical rooms on the ground floor of the building for the delivery of its services, one for surgical procedures and another two for waiting and recovery areas.

The service is operated by an individual who is the named provider, and procedures are undertaken by the provider who is a qualified and registered adult urologist. Other staff working at the clinic includes a clinical support worker and a receptionist.

The Coventry-based service provides appointments monthly on Saturdays and occasional Sundays, dependent on patient demand.

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable persons from abuse. Policies were regularly reviewed. Although the service had not had to make any safeguarding referrals, the provider and staff were clear on how they would do this and when.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service explained to us how, if required, they would work with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken on all staff working at the service. (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).
- At our October 2020 inspection we found that infection control procedures were not always clear and that some practices in the clinic could put people at risk. At this inspection we found that there was an effective system to manage infection prevention and control. We inspected the procedure room where the circumcisions were undertaken and found this to be in a clean and well-maintained condition. Clinical waste was being disposed of safely.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. This included COVID-19 risk assessments and action had been taken to minimise the risk of infection during the clinics. There was no overcrowding at the clinic during our visit and infection control processes were used to protect people using the service.
- Records completed by the provider showed that clinicians and non-clinical staff were up to date with necessary training.
- 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.

Risks to patients

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

- The clinic had access to emergency equipment and medicines provided by the host venue, the City of Coventry Health Centre, where the service ran from. A defibrillator and emergency medicines were available through this agreement and could be easily accessed when needed.
- The clinic operated a 24-hour contact line, whereby the provider was available for contact by parents of patients who had post-procedural concerns or wanted additional advice.
- The provider contacted the parent of patients on the evening following the procedure to check on how they were. This was fully recorded and advice given in the event of any concerns.

Are services safe?

- At our last inspection we were concerned about the speed at which patients were having the procedure and then leaving the clinic. At this inspection we found that patients were given time following the procedure where any post-operative complications could be monitored for the period immediately following the procedure. This took place in a “recovery room”.

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 provider completed a pre-treatment assessment and informed the parents or the patient of any risks or possible complications associated with the procedure.
- The service had improved the systems for sharing information with other health professionals and agencies to enable them to deliver safe care and treatment since our last inspection. We saw that the service now provided letters to patients’ GP to inform them the procedure had been completed.

Safe and appropriate use of medicines

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

- At our last inspection, we found the service was not recording the batch numbers and expiry dates of local anesthetics administered to patients as part of the circumcision procedure. This was not in line with national guidance. At this inspection, following a review of clinical records, we found the service was routinely recording this information for each patient. However, the service was not recording the volume of anesthetic being administered.

Track record on safety and incidents

The service now had a good safety record.

- There were comprehensive risk assessments in relation to safety issues which the provider shared with us as part of the inspection.
- There was a service-wide risk assessment in place to identify and address any risk identified within the service.
- The risk assessments we looked at had been regularly reviewed.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- We were told there was a system for recording and acting on significant events, although none had been recorded at the service since our last inspection. We discussed a recent post-operative event which could have been recorded as a significant event. The provider acknowledged this and stated that they would review its criteria for significant events recording. Staff understood their duty to raise concerns and report incidents and near misses.
- 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 provider knew about notifiable safety incidents

Are services effective?

We rated effective as Good because:

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 had systems to keep up to date with current evidence-based practice. We saw evidence that the provider assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- Patients' immediate and ongoing needs were fully assessed. Parents of patients, and others who used the service, were able to access detailed information on the provider's website about the process and the different procedures which were delivered by the clinic. This included advice on post-operative care. After the procedure the provider also discussed after care treatment with parents and sought to inform them of what to expect during the recovery period and provide guidance on pain management. Parental feedback we obtained through the inspection process indicated that they felt well informed.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- The service used patient feedback to drive its quality improvement activity but we found the service was limited in terms of auditing patient outcomes. The provider was reliant on patients informing the service of complications or post-operative complications. We discussed this with the provider who recognised that this was an area for improvement.

Effective staffing

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

- All staff were appropriately qualified. The provider, who carried out the procedures, had a wide range of experience in delivering circumcision services to children and young people, as well as adults.
- The provider was registered with the General Medical Council (GMC) and was up to date with revalidation.
- Records of skills, qualifications and training were maintained for staff.
- Staff we spoke with felt supported in their roles and told us they could approach the provider with any issues or additional training needs should they need to.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health. Potential patients whose health was assessed as being not suitable to receive a circumcision at that time were referred to their own GP. We saw evidence that, when the provider felt a circumcision was unsuitable, this was not carried out and the decision was recorded.

Are services effective?

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Since our last inspection, the service had developed a protocol and process to check and record the identity of both the patient and parents in order to confirm parental authority. We found identification checks were now recorded and both parents were asked to consent, unless there was a valid reason as to why this was not possible. We saw this being done during our inspection and we also reviewed clinical records created since our last inspection which showed this was being done consistently at each clinic.
- Where parents lacked understanding, translation services would be sought. Although there had not been a need for this in the past, we were assured that steps would be taken to ensure this happened going forward. Staff working at the clinic spoke a number of different languages and this was utilised to assist in the communication and consent process. Parents we spoke with during the clinic were happy with the consent process and felt fully informed about the procedure.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent appropriately and had made the required improvements in this area.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- The provider was knowledgeable about the procedures they offered within the service. The clinics ran dependent on demand. They were busy clinics which allowed approximately 15 minutes per patient. We observed this process and found that it did not allow much scope for addressing any issues which may have arisen. However, the patients were treated and allowed time to recover within the designated recovery room. We saw no evidence to suggest that the rate at which the procedure was being completed was impacting on patient care. We did discuss our concerns around the number of patients seen within the clinic in a day with the provider and were assured that this was safe, and that staff had adequate time between patients. Staff we spoke with did not express any concerns about how the clinics were running and said there was adequate time between patients to ensure treatment was delivered safely.
- Improvement was needed in relation to measuring clinical outcomes for patients. The current system relied on patients, or their parents or guardians, contacting the provider to report any complications and there were no mechanisms in place to assess clinical outcomes following the procedure. The provider acknowledged this was an area they could improve on.
- The provider was visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive care.

Vision and strategy

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

- Although there were a number of policies and procedures in place at the service, none of these were available to us on the day of our inspection. These were kept with the provider and shared with staff as and when needed. The provider shared these with us by email as part of the inspection. However, they were not available for staff to refer to during the times the clinics were running. This could pose a risk to patient safety.
- There was a clear vision and set of values which the provider published on their website. This outlined the purpose and values of the service and was where most people went to find out about the clinic.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- The service focused on the needs of patients and their families.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular appraisals.
- There were positive relationships between staff and the provider. Staff we spoke with were positive about working at the clinic and described an open and supportive relationship with the provider.

Governance arrangements

Are services well-led?

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

- Governance structures were not fully formalised as the provider delivered the treatment at the service and so had oversight of the care and treatment themselves.
- Staff were clear on their roles and accountabilities. We saw that staff personnel records contained details of job roles and responsibilities.
- The provider had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were available on request but were not always readily available whilst the clinics were running. These included, but was not limited to, policies and protocols regarding:
 - Safeguarding
 - Constraint
 - Data Protection
 - Consent
 - Infection prevention and control
 - Complaints

Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

- There was a service-wide risk assessment in place to identify, understand, monitor and address current and future risks including risks to patient safety. However, improvement was needed in assessing and monitoring patient outcomes as this relied on patient/parent feedback being offered to the service. Although an initial phone call was made to parents on the evening of the procedure, no further follow-up was made to assess long-term outcomes. The provider acknowledged there was more they could do here.
- The provider had responded to the findings of our last inspection in October 2020 and had made appropriate improvements to the service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There was limited evidence to demonstrate quality and operational information was used to ensure and improve performance. Although patient views were sought, there had not been any changes made to the service and the way it ran other than the improvements made following the last inspection.
- There were arrangements in place with regard to data security standards for the availability and integrity of patient identifiable data, records and data management systems.
- The practice gathered information concerning the health of the patient prior to the procedure and recorded decision making when concluding that the procedure should not be completed on the patient.

Engagement with patients, the public, staff and external partners

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

Are services well-led?

- The clinic took steps to obtain parental (and if they were older, patient) feedback to identify issues and improve services. Since our last inspection, they had produced their own survey form and results had been analysed. We saw the results of these surveys which indicated a positive patient experience.
- Since our last inspection in October 2020, the provider had implemented a system to ensure that the patient's GP was informed of the procedure once it had been carried out at the clinic.

Continuous improvement and innovation

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

- Although the service had taken on the findings of their last CQC inspection and made the necessary improvements, there was little other evidence to demonstrate a focus on continuous improvement and innovation.
- The service had a limited focus on incidents and events and although the provider had been made aware of a poor outcome for one patient following a procedure at the clinic, no learning had been considered in relation to this.