

# Thornhill Clinic - Luton

## Inspection report

1-3 Thornhill Road  
Luton  
LU4 8EY  
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[www.circumcisioncentre.co.uk](http://www.circumcisioncentre.co.uk)

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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 caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

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 Thornhill Clinic - Luton as part of our inspection programme.

Thornhill Clinic – Luton provides private circumcision services to infants, aged three days onwards, children and adults. The clinic also provides a private GP service, including medical health checks and occasional minor surgery such as mole removals and joint injections.

The Thornhill Clinic – Luton is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

The practice manager 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.

Due to the COVID-19 pandemic, CQC comment cards were not able to be used. Prior to the inspection, patients and relatives were encouraged to complete ‘Share your experience’ forms through the CQC website. We received eight comments that were all positive about the service. Staff were described as friendly and excellent and people who provided feedback said they were made to feel comfortable when visiting the clinic.

## **Our key findings were:**

- Systems were in place to keep people safe and manage risks. Infection prevention and control (IPC) measures had not been audited at the time of the inspection. However, immediately following the inspection the provider provided evidence of a completed IPC audit.
- Appropriate measures were taken to identify patients and their parents or guardians and to gain consent for procedures.

# Overall summary

- Following circumcisions, all patients were issued with a prescription for antibiotic medicines with instructions not to collect the antibiotic medicines unless instructed by a doctor if an infection occurred. The records we reviewed showed the service did not always use the antibiotic recommended by the Medicines and Healthcare products Regulatory Agency (MHRA) to support good antimicrobial stewardship. The service opted for an alternative antibiotic to reduce the cost to the patient.
- There were processes in place to manage significant events and complaints and ensured that lessons were learnt and shared when things went wrong. We saw one incident of post-operative bleeding had been discussed at a clinical meeting. However, this was not documented as a significant event. Immediately following the inspection, the service provided an analysis of the event and reviewed their Accident, Incident and Adverse Event Policy and Procedure.
- Clinical audit and peer review was used to improve quality.
- Staff were appropriately trained to carry out their roles. Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Feedback from patients was positive regarding the service and the care received.
- The facilities and premises were appropriate for the services delivered.
- The service was led by a team of directors who were knowledgeable about issues and priorities relating to the quality and future of services.
- There was a focus on continuous learning and improvement and the provider had developed a strong culture of innovation. The service researched circumcision techniques used by other services both in the UK and abroad to ensure they were performing the most appropriate and effective operations.

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

- Continue to monitor IPC measures through the use of audit and complete the identified actions.
- Follow guidelines to support good antimicrobial stewardship.
- Document all significant events to ensure learning is explored and shared.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC GP specialist advisor.

## Background to Thornhill Clinic - Luton

Thornhill Clinic – Luton is an independent doctors treatment and consultation service in Luton. The service provides a private circumcision clinic and private GP services.

The address of the service is,

1-3 Thornhill Road

Luton

Bedfordshire

LU4 8EY

Information regarding the service can be found on the service's website [www.circumcisioncentre.co.uk](http://www.circumcisioncentre.co.uk)

The service operates from, 9am to 5pm Monday to Friday and on the occasional Saturday according to demand.

The circumcision service covers all age ranges from infants (under 2 years old), younger boys (under 8), to older boys and adult men. The clinic also provides private GP services, medicals (pre-dominantly for taxi drivers) and some minor surgery such as mole removals and joint injections.

The service is run by three clinical and one non-clinical directors. The clinical team includes two consultant urologists and two GPs. They are supported by a health care assistant. There is a team of reception staff all led by the practice manager who is also the non-clinical director.

### How we inspected this service

Before inspecting, we reviewed a range of information we hold about the service, any notifications received, and the information given by the provider at our request prior to the inspection.

During the inspection we spoke with staff including GPs and urologists, the practice manager and reception staff.

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 the service as good for providing safe services.**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. Staff had received up-to-date safeguarding training appropriate to their role. Local authority contact details were available in the reception office.
- The service had systems in place to assure that an adult accompanying a child had parental authority. This included photographic identification of parents and the birth certificate and 'red book' health record of the child.
- 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. The provider had a policy in place that stipulated all staff received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff vaccination was maintained in line with current UK Health Security Agency (HSA) guidance if relevant to role.
- All staff were trained to act as chaperones. Restrictions put in place during the COVID-19 pandemic meant that parents could not always attend procedures with their child. One parent was allowed if they requested. All adult patients had a chaperone for procedures undertaken.
- The clinic had infection prevention and control (IPC) measures in place. This included the use of pedal bins, elbow taps and wipeable floors and surfaces. Additional IPC measures were in place due to the COVID-19 pandemic that included the use of personal protective equipment (PPE) and allocated time between patients for cleaning. The premises were visibly clean and rooms were free from clutter. All staff had received IPC training. However, the provider had not completed an IPC audit or risk assessment to ensure their compliance with IPC standards. Immediately following the inspection, the provider provided evidence of a completed IPC audit with an action plan to complete two minor remedial actions.
- A Legionella risk assessment had been completed in March 2021. The practice regularly collected water samples and sent them to an external company for analysis to detect Legionella. This was last done in March 2022. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Portable Appliance Testing (PAT) of electrical equipment was carried out in August 2021 and the calibration of medical equipment was carried out in March 2022.
- There were systems for safely managing healthcare waste. There were clinical waste bins at the rear of the practice that were not accessible to the public.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed. At the time of the inspection the service were recruiting additional administrative staff. The service used temporary administrative staff to cover busy periods such as school holiday times.

# Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## 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. An electronic patient record system was used to record consultations and treatments.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- 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 vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Following circumcisions, all patients were issued with a prescription for antibiotic medicines with instructions not to collect the antibiotic medicines unless instructed by a doctor if an infection occurred. The records we reviewed showed the service did not always use the antibiotic recommended by the Medicines and Healthcare products Regulatory Agency (MHRA) to support good antimicrobial stewardship. The service opted for an alternative antibiotic to reduce the cost to the patient.
- We found prescriptions issued by the GP service were following current guidelines for the use of antibiotics.
- The service kept prescription stationery securely and monitored its use.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, a fire risk assessment was completed in March 2022. There were annual fire drills and staff had completed fire safety training.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

# Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, a patient fainted following the administration of a local anaesthetic. Medical intervention was given and an ambulance called. The event was recorded and discussed at the clinical meeting. It was identified that correct actions had been followed. We saw one incident of post-operative bleeding had been discussed at a clinical meeting. However, this was not documented as a significant event. Immediately following the inspection, the service provided an analysis of the event and reviewed their Accident, Incident and Adverse Event Policy and Procedure.
- 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.
- 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 the service as good for providing effective services**

## **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.**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service had developed their own best practice guidelines following the World Health Organisation (WHO) recommendations.
- The service received and followed local clinical commissioning group (CCG) guidance and Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- For the GP service, arrangements were in place to deal with repeat patients.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, an audit was undertaken of the type of ring used in circumcision procedures and its impact on post-operative complications. The service used an appropriate disposable ring to reduce the risk of complications.
- The clinicians carried out peer reviews of their procedures to ensure best practice and current guidelines were followed.
- There was clear evidence of action to resolve concerns and improve quality.
- The GP service had audited their use of antibiotic prescribing in line with NHS guidance and the use of broad spectrum antibiotics. They found that out of 13 prescriptions only one was for a broad spectrum antibiotic.

## **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.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation. At the time of the inspection the service did not employ any nursing staff.
- The provider 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. The clinical staff worked in NHS organisations in addition to their work at the practice. Records of training from the NHS organisations were kept by the practice as evidence that staff were up to date with their training requirements.
- The provider had identified mandatory training for staff to complete. This included basic life support, fire safety and infection prevention and control.
- Staff received an annual appraisal and this was used to encourage and identify opportunities to develop.

## **Coordinating patient care and information sharing**



# Are services effective?

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, following circumcision procedures patients were given a letter outlining the care received to share with their own NHS GP. If procedures were complex or not in the patient's best interest a referral was made to the patient's GP or NHS provider.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. For example, any medical checks carried out by the GP service were only done with the patients consent to access their full medical history from their NHS GP service.
- 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care. The GP service promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives. Patients were encouraged to be involved in monitoring and managing their health.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- After care advice for circumcision procedures was given to patients prior to the procedure to ensure understanding. Patients and relatives were sent an audio email in addition to written and verbal advice to help them manage after 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 including Gillick competency and the Mental Capacity Act 2005.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Both parents signed the consent forms for all children under 18 years of age. There were procedures in place to check for parental responsibility for consent. This included photographic identification of parents and the birth certificate and 'red book' health record of the child.
- Where children were assessed as having the capacity to consent, they signed the consent form in addition to their parents. We were informed that if a child showed signs of reluctance to have the procedure then it would not be carried out.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

**We rated the service as good for providing caring services.**

## **Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. Patients were encouraged to complete comment cards after each procedure.
- There were no patients or relatives available to speak with on the day of our inspection but through discussions with the staff we concluded that they were aware of the need to treat people with kindness, dignity and respect.
- Due to the COVID-19 pandemic, CQC comment cards were not able to be used. Prior to the inspection, patients and relatives were encouraged to complete 'Share your experience' forms through the CQC website. We received eight comments that were all positive about the service. Staff were described as friendly and excellent and people who provided feedback said they were made to feel comfortable when visiting the clinic.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

## **Involvement in decisions about care and treatment**

**Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language. Some of the staff were multi-lingual and could translate if required. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients and relatives told us through the share your experience forms, that staff were good at describing the procedures and talked through everything, so they understood what was happening.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## **Privacy and Dignity**

**The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff ensured doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Adult only clinics were offered to protect the privacy and dignity of those patients.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There was a private area for mothers to breastfeed their babies to help calm them prior to procedures taking place.

# Are services responsive to people's needs?

**We rated the service as good for responsive services.**

## **Responding to and meeting people's needs**

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the clinic had adapted the service offered so circumcision procedures were only offered for medical rather than culture need for patients aged two to five years of age.
- The facilities and premises were appropriate for the services delivered. The clinic was in a two storey building with consultation and treatment rooms available on the ground and first floor.
- There was a level access for wheelchairs and access enabled toilets. There were also baby changing facilities and a private area for parents who wished to breast-feed.
- Patients and relatives had access to a 24 hour manned telephone number for aftercare advice. They were informed to use this number when the service was closed for any post-operative complications.
- Additional capacity for operations to take place was planned during the school holidays to minimize the time children needed to miss school to recover post-operatively.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. We were informed of incidents when the clinic had provided private GP services to patients who had difficulty accessing an NHS GP. This included patients who were refugees in the country.

## **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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The service was open from 9am to 5pm Monday to Friday and occasional Saturdays according to demand.
- The service accepted bookings from across the UK and from abroad. Requests for services were made online or via the telephone.

## **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.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. Details of the Independent Sector Complaints Adjudication Service was available in the complaint documentation.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint regarding a patient who did not have English as a first language and no staff available to translate in their language the service commissioned the use of a telephone translation service for use when needed.

# Are services well-led?

**We rated the service as good for well-led services.**

## **Leadership capacity and capability;**

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

- The service was led by a team of directors who were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had adapted its approach during the COVID-19 pandemic and followed government guidelines to deliver the service when able.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. Through the staff appraisal process opportunities for future managers to develop were available.
- The service developed a succession planning document that outlined actions to take in the event of directors leaving the service.

## **Vision and strategy**

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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 we spoke with felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients. Extra capacity was provided to carry out circumcisions in school holiday times and on Saturdays if needed.
- 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.
- There were positive relationships between managers and staff.

## **Governance arrangements**

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

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities. All staff had job descriptions for their roles.
- Policies and procedures were in place to govern activities to ensure safety.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

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

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service used a computerised record system to record all patient information.

## 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.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Patients were encouraged to leave reviews of the service they received on external internet search websites.
- Staff could describe to us the systems in place to give feedback. For example, there was an online group chat that staff could give feedback and share information. Appraisals and informal discussions were used for staff to feedback.

## Continuous improvement and innovation

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

## Are services well-led?

- There was a focus on continuous learning and improvement and the provider had developed a strong culture of innovation. The service provided examples of how they researched circumcision techniques used by other services both in the UK and abroad to ensure they were performing the most appropriate and effective operations.
- Clinicians from the service presented information regarding the care and treatment they provided at national and international conferences.
- Learning from significant events and complaints was shared and used to make improvements.