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Brixton Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 24 January 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 not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our key findings were:

- The clinic had systems in place to manage significant events.
- Risks to patients were not always assessed and managed. The clinic held emergency medicines, and oxygen was ordered following the inspection.
- Consent was taken by both parents prior to commencing the procedure, including checking documents to confirm identification.
- Policies and procedures were in place to govern all relevant areas.
- The clinic had an infection control policy and had carried out an audit but this was based on infection rates from procedures only. Although clean, the practice did not have a checklist which the cleaners should follow.
- The doctor assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Written information was provided to the parents of patients detailing how to care for the patient following surgery.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- The clinic sought feedback from patients, but in the past year only one patient had provided feedback, this was positive.
- The clinic was aware of and complied with the requirements of the Duty of Candour.

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

- Retain a copy of the operative notes that are given to patients, and ensure that the operative note is also forwarded by the service to the NHS GP where known.

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

- Review infection control procedures including those in relation to risk assessments and the provision of guidance and cleaning procedures available for domestic staff.

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 not providing safe care in accordance with the relevant regulations.

- There was an effective system in place for reporting and recording significant events, although none had been reported since the clinic commenced in 2015.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The clinic held stocks of emergency medicines.
- The clinic had carried out full audits of patient care on a quarterly basis including any issues relevant to infection control.
- The premises were clean and the rooms and equipment were suitable for use. However, there was no checklist or other relevant guidance in place for the cleaning staff to follow when cleaning the premises.
- Patient operative notes were not retained by the service and were not forwarded by the service to the NHS GP.
- Consent was taken by both parents prior to commencing the procedure, including checking documents to confirm identification.

Are services effective?

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

- The lead clinician was aware of current evidence based guidance, and had produced specific guidance with regard to circumcision techniques.
- Clinical audits were undertaken and these demonstrated quality improvement.
- The clinical lead maintained a training log and held details of his professional registration and revalidation. The lead clinician told us that his private work was included as part of his NHS appraisal.

Are services caring?

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

- Survey information and feedback we reviewed showed that clinic users said they were treated with compassion, dignity and respect and they were well informed with regard to the circumcision procedure and aftercare arrangements.
- Information for clinic users about the services available was accessible and available in a number of formats. For example, the clinic website was comprehensive and contained key information that parents of children undergoing circumcision would find useful.
- The clinic had produced an aftercare leaflet to reassure parents and explain what they should expect.
- The service saw they had an important role in reducing parental and patient anxiety concerning the procedure.
- The clinic followed up patients at both 24 hours and five days after the procedure being carried out to ensure that there were no complications, and so the clinician could answer any questions that the parents may have.

Are services responsive to people's needs?

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

Summary of findings

- The clinic had good facilities and was well equipped to treat patients and their families and to meet their respective needs.
 - The website for the clinic was very clear and easy to understand. In addition, it contained valuable information regarding the procedure and aftercare.
 - Information about how to complain was available and evidence from one example we reviewed showed the provider had responded quickly to issues raised. Learning from complaints was shared with staff.
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Are services well-led?

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

- An overarching governance framework supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
 - The clinic was aware of the requirements of the duty of candour.
 - The clinic encouraged a culture of openness and honesty. The clinic had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - The clinic proactively sought feedback from patients, although feedback had been provided in only one case.
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Brixton Clinic

Detailed findings

Background to this inspection

Brixton Clinic was inspected on the 23 January 2018. The inspection team comprised a lead CQC inspector and a GP Specialist Advisor.

The Brixton Clinic is a clinic which provides circumcisions only, and is based in clinical rooms which are part of a pharmacy, based at 290 Brixton Road, London, SW9 6AG. It is located in the London Borough of Lambeth and provides solely private health services. The services offered were faith and non-faith based cultural circumcision services for all age groups. However, over 99% of the patients of the service were under one year old. The patients seen at the practice are often seen for single treatments and as such the clinic does not keep a patient list. The service is open on Saturday mornings only, and approximately 100-120 patients utilise the service each year.

The service is registered with the CQC to provide surgical procedures.

The services doctor is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had no employees other than the registered manager.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Patients said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example we asked people using the service to record their views on comment cards, interviewed staff, and reviewed documents relating to the service/clinic.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Are services safe?

Our findings

Safety systems and processes

The service had defined policies and procedures which were understood by the practitioner that managed the service. Although the service had not experienced any significant events, all consultations were reviewed and audited on a quarterly basis and learning points were detailed where necessary. There was a system in place for reporting and recording significant events and complaints.

The provider was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The provider encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.

Where there were unexpected or unintended safety incidents there were processes and policies in place which showed the clinic would give affected people reasonable support, truthful information and a verbal or written apology.

Risks to patients

The clinic had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, consent (including parental consent) and parental and child identification. The policies clearly outlined processes to be adhered to, and detailed whom the lead clinician should contact in the event of a safeguarding concern. The clinic did not formally meet with health visitors or other safeguarding professionals but was aware of the process to formally raise concerns. The lead clinician told us that although he only saw male patients, he passed leaflets to the parents of patients regarding female genital mutilation (FGM). These leaflets detailed that this was illegal, that it could be significantly detrimental to the health of women and contained details of who might be contacted if patients suspected incidents of FGM.

- The lead clinician had received training on safeguarding children and vulnerable people relevant to their role (level 3), and had undertaken basic life support training.
- If a procedure was unsuitable for a patient, we were told by the clinic that this would be documented and the patient referred back to their own GP. Where necessary the GP could contact the clinic for further details.
- Emergency medicines were safely stored, and were accessible to staff in a secure area of the clinic. We saw that the emergency medicine stock included adrenalin. Adrenalin is a medicine used for the emergency treatment of allergic reactions. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use. The clinic did not have any emergency equipment in place and had carried out a risk assessment to justify their omission. Following the inspection the service ensured that oxygen was stocked.

Safe and appropriate use of medicines

The service used Lidocaine Hydrochloride as the local anaesthetic in all cases. Where patients were not newborns this could be supplemented with Marcain Polyamp. All medicines were securely stored and were in date.

Track record on safety

- The clinic had a health and safety protocol in place and in addition:
- The clinic used one use clinician packs for circumcisions which contained all equipment that would be required for the procedure.
- The surgical table on which the procedure took place could be tilted and moved. There were no restraint devices used by the service.
- The clinic kept clinical records for patients who had used the service. This included a record of consent. From 2015 to early 2017 the record also included the operative note. However, since then the clinician had given the operative note to the patient to pass to their GP, and had not maintained a record of the note in the patient's clinical record. The service did not pass a copy of the note on to the GP directly.

Infection control and premises

- The clinic maintained appropriate standards of cleanliness and hygiene, the surgical room and other

Are services safe?

ancillary rooms such as the waiting area were seen to be clean and were in good overall condition. The cleaning staff did not have a checklist detailing exactly what should be cleaned, but the clinician checked cleanliness before proceeding.

- The clinic had an infection control policy and procedures were in place to reduce the risk and spread of infection, the service had carried out an infection control risk assessment but it lacked detail and was not service specific.
- There was a sharps injury policy of which the lead clinician was aware.
- The clinic had dedicated clinical waste disposal. We were informed that the clinic had access to the legionella risk assessment for the premises and was aware of the control measures in place (Legionella is a bacterium which can contaminate water systems in buildings).
- The premises and rooms used to deliver treatment were in good overall condition.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

- The clinic assessed needs and delivered care in line with relevant and current evidence based guidance.
- Patients and parents of those using the service had an initial consultation where a detailed medical history was taken. Parents of patients and others who used the service were able to access detailed information regarding the process and the different procedures which were delivered by the clinic. This included advice on post-operative care. 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 the day after the procedures.

Effective staffing

- The service only had one member of staff, the lead clinician, who had the skills, knowledge and experience to deliver effective care and treatment.

- The clinical lead maintained a training log and had details of his professional registration and revalidation. The lead clinician said that his private work was included as part of his NHS appraisal.

Consent to care and treatment

- The doctor sought patients' consent to care and treatment in line with legislation and guidance. The doctor stated that if he was unable to obtain consent from both parents then he would not undertake the procedure.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The process for seeking consent was monitored through record audits to ensure it met the clinics responsibilities within legislation and followed relevant national guidance.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services caring?

Our findings

Kindness, respect and compassion

We saw that the service treated patients with dignity and respect.

- The treatment room was separate from the consulting room in order that patient's dignity was respected.
- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- The clinician spent time with parents both pre and post procedure carefully explaining the circumcision and recovery process to reduce any anxieties they may have.
- The clinic had produced a range of information and advice resources for parents that they could take away with them to refer to at a later time.

- Parents held babies during the procedure to reduce anxiety both for the child and the parent themselves. The clinician clearly explained that this would be a requirement prior to scheduling the procedure

We received seven Care Quality Commission comment cards. These were positive regarding the care delivered by the clinic and the caring attitude of staff. Three stated that the service was professional, and that staff took the time to explain the process to them. They found staff helpful and would recommend the service to others.

Involvement in decisions about care and treatment

The clinic told us that they actively discussed the procedure with parents (and where relevant patients). The provision of information resources produced by the clinic for parents and patients supported this approach.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The clinic demonstrated to us on the day of inspection it understood its service users and had used this understanding to meet their needs:

- The clinic had developed a range of information and support resources which were available to service users, this included leaflets for pre and post procedure care as well as a full explanation of the procedures available.
- The website for the clinic was very clear and easy to understand. In addition it contained valuable information regarding the procedure and aftercare.
- The clinic offered post-operative support from the lead clinician with calls at 24 hours and five days post operation.

Tackling inequity and promoting equality

The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it

and who were deemed suitable to receive the procedure. If it was decided that a potential patient was unsuitable for circumcision then this was formally recorded and was discussed with the parents of the child.

The clinic offered appointments to anyone who requested one and did not discriminate against any client group. The Brixton Clinic from which the clinic operated was in a good condition and repair and was accessible to those with mobility difficulties.

Access to the service

The service operated from 11am to 2pm on Saturdays depending on patient demand. In total the service provided services for between 100-120 patients per year.

Listening and learning from concerns and complaints

The clinic had a complaints policy in place. In the previous 12 months there had been no significant events or written complaints. There had been three verbal complaints. One of which was that the carpet in the waiting area had become dirty when someone had walked in mud from outside. The provider had removed the carpet and replaced it with a fully cleanable floor in response to this.

Are services well-led?

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

Our findings

Leadership capacity and capability;

The lead clinician was responsible for the organisational direction and development of the service and the day to day running of the clinic.

There were no meetings in place at the clinic as there was only one member of staff. The lead clinician said that he discussed his private work within his appraisal as a general surgeon to ensure that he received peer feedback.

The clinic was aware of, and complied with, the requirements of the Duty of Candour. When unexpected or unintended safety incidents occurred the service told us they gave affected patients reasonable support, truthful information and a verbal and written apology. Their policy regarding dignity and openness detailed their approach to candour.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care. This outlined the structures and procedures in place and ensured that:

- Policies and procedures were in place for all relevant areas, and the lead clinician was aware of what to do in specific circumstances.
- Arrangements were in place for identifying, recording and managing risks and issues.

Engagement with patients, the public, staff and external partners

The provider encouraged and valued feedback from patients, although he told us that he had received only one feedback form from a patient since the service commenced.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The service did not retain a copy of the operative notes, nor was a copy forwarded to the NHS GP.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>