

Thornhill Clinic Limited

Thornhill Clinic – Luton

Inspection report

1-3 Thornhill Road
Luton
Bedfordshire
LU4 8EY

Tel: 01582 561999

Website: www.circumcisioncentre.co.uk

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Overall summary

This inspection was an announced focused inspection carried out on 3 January 2019 to confirm that the practice had made the recommended improvements that we identified in our previous inspection on 10 October 2018. This report covers our findings in relation to those improvements made since our last inspection.

We carried out an announced comprehensive inspection at Thornhill Clinic – Luton on 10 October 2018. We found that this service was not providing safe care in accordance with the relevant regulations. The full comprehensive report on the October 2018 inspection can be found by selecting the ‘all reports’ link for Thornhill Clinic - Luton on our website at www.cqc.org.uk.

Our findings were:

Are services safe?

We found that this service was providing safe 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Thornhill Clinic – Luton provides private circumcision services to infants, aged five 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.

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.

Our key findings were:

- All staff had now received essential training for their roles that included infection prevention and control, fire safety and basic life support.
- Systems were in place for the sterilisation of equipment used during operations and for the pathology testing of tissue samples.
- A risk assessment was in place to determine which emergency medicines the practice needed to stock.

Summary of findings

- Appropriate risk assessments, in relation to safety issues, had been undertaken and identified actions completed.

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

Thornhill Clinic – Luton

Detailed findings

Background to this inspection

Thornhill Clinic – Luton is an independent doctors treatment and consultation service in Luton. The service provides a private circumcision clinic and GP services from 1-3 Thornhill Road, Luton, Bedfordshire, LU4 8EY. Information regarding the service can be found on the service's website www.circumcisioncentre.co.uk

The service is open 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.

The service is run by three clinical and one non-clinical directors. The clinical team includes two consultant

urologists, one specialist paediatric surgeon/urologist, one locum emergency medicine consultant and three GPs. The service uses a locum registered nurse as required. They have one full time health care assistant, three locum health care assistants and a team of reception staff all led by the practice manager who is also the non-clinical director.

The inspection was carried out by a CQC inspector.

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

At the inspection on 3 January 2019, we found improvements had been made and that this service was now providing safe care in accordance with the relevant regulations. In particular, concerns identified during our inspection on 10 October 2018 in relation to risk assessments and staff training had been actioned.

Safety systems and processes

- At the inspection in October 2018, we found there was an effective system to manage infection prevention and control (IPC). However, non-clinical staff had not received any formal IPC training. At the inspection in January 2019, we found that all staff had now received infection control training.
- At this inspection:
 - we reviewed the process for the sterilisation of equipment used during operations. All non-single use equipment was sent to the local hospital for sterilisation. A log was kept of equipment sent and received back following sterilisation. We reviewed a sample of equipment that had been sterilised and found it was appropriately sealed and contained a date of when the sterilisation had occurred and an expiry date for when it should be used by.
 - we reviewed the process for the pathology testing of moles removed by the service. The practice offered the removal of moles, for cosmetic purposes only, for patients that had been seen by their NHS GP. We saw evidence that a pathology service was used to check the tissue removed for abnormal cells. All results were scanned into the patient's electronic record and reviewed by a doctor for any actions required.

Risks to patients

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

At the inspection in October 2018 we found:

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However, with the exception of the practice manager, the non-clinical staff had not received basic life support training. At the January 2019

inspection, we saw evidence that all staff had now received training in basic life support that included cardiopulmonary respiration and the use of an automated external defibrillator.

- The practice had not completed a formal risk assessment to determine which emergency medicines they needed to stock on the premises for use in the event of a medical emergency. There was a supply of adrenaline which was used to increase the heart rate and blood pressure in an emergency. However, we were informed that if other medicines were required, they would be obtained from a neighbouring GP practice. At the inspection in January 2019 we saw a risk assessment had been completed by one of the clinical directors to determine which emergency medicines the practice needed to stock. The risk assessment documented the rationale for those medicines not stocked by the practice that took into consideration the types of patients seen and the service that was offered by the practice.

Track record on safety

At the inspection in October 2018 we found the service did not have a good safety record as risk assessments in relation to safety issues were lacking in some areas. At the inspection in January 2019 improvements had been made. For example,

- A legionella risk assessment had been completed by an external company on 25 October 2018. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Actions that had been identified had been completed. For example, the taps and the showerhead had been descaled, copper piping had been installed in the recommended areas and thermostatic mixing valves had been fitted to the taps to ensure the water ran at the recommended temperatures. Water samples had been sent for testing and a maintenance log had been implemented. In addition, the practice manager had completed Legionella Awareness training.
- A fire risk assessment had been completed by an external company on 19 October 2018. Actions that had been identified had been completed. For example, single plug sockets had been replaced with double plug sockets to avoid the use of extension leads, cable ties were used and the emergency exit sign was removed

Are services safe?

from one of the doors as it lead to an enclosed garden area. The practice manger had completed fire marshal training and all staff had now completed fire awareness training. The practice had completed two fire drills since the October 2018 inspection. Learning was identified from the first drill and cascaded to staff. It was noted from the fire drill log that improvements had been made at the second fire drill.

A health and safety risk assessment had been completed on 20 November 2018 that included the security of the building. Actions that had been identified had been completed. For example, CCTV had been installed to cover the entrance and waiting area of the building, loose tiles had been secured and exposed electrical wires had been covered.