

Dr Mohammad Hossain Howlader

Sunnah Circumcision Service at Maryam Centre

Inspection report

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Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



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? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Sunnah Circumcision Service at Maryam Centre on 13 April 2019 as part of our inspection programme.

We had previously carried out an announced comprehensive inspection of the service on 4 November 2017 and found that it was compliant with the relevant regulations.

Summary of findings

Sunnah Circumcision Service at Maryam Centre is an independent health service located in the London borough of Tower Hamlets, providing non-therapeutic male circumcision.

Our key findings were:

- The service had not recorded two incidents as significant events, although both were handled appropriately.
- On the day of inspection, we found some gaps in safeguarding and basic life support training.
- The service did not have an adequate process in place to verify patients' identities, including checking that adults attending with children had parental responsibility and documenting this.
- We identified some infection control risks during the inspection, although the provider took prompt action to address these.
- The service was aware of and complied with the requirements of the duty of candour.
- Care and treatment was delivered according to relevant and current evidence based guidance and standards.

- The service reviewed and monitored the effectiveness of the treatment provided.
- Patient feedback about the service was positive.
- The service organised and delivered services to meet patients' needs. Patients could access the service in a timely way.
- There was a clear leadership structure and staff told us they were supported and felt able to raise concerns.

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

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

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

- Ensure formal complaints outcome letters are sent.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Sunnah Circumcision Service at Maryam Centre

Detailed findings

Background to this inspection

Sunnah Circumcision Service at Maryam Centre is an independent health service located in the London borough of Tower Hamlets. The provider is Dr Mohammad Hossain Howlader, a consultant surgeon.

The service provides faith and non-faith based non-therapeutic male circumcision for all age groups, including adults, although the service primarily saw infants and children. The service's patients are often seen for single treatments and, as such, the service does not have a patient list.

The service carries out circumcisions at the Maryam Centre, which is rented from the East London Mosque, and does not carry out procedures in patients' homes.

The service's clinical team consists of two doctors and a nurse surgical practitioner. The clinicians are supported by two reception and administration staff members.

Procedures take place from 9am to approximately 6pm on Saturdays and Sundays, dependent on patient demand.

Sunnah Circumcision Service at Maryam Centre is registered with the CQC to provide the regulated activity of surgical procedures.

We carried out this inspection on 13 April 2019 as a part of our comprehensive inspection programme of independent health providers.

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor and a practice nurse specialist advisor.

During the inspection visit we:

- Spoke with the lead doctor and the nurse surgical practitioner.
- Reviewed a sample of patient treatment records and documents and policies for the service.
- Reviewed comment cards in which patients shared their views and experiences of the service.

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

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

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

Are services safe?

Our findings

We rated safe as Requires improvement.

We rated the service as requires improvement for safe as some incidents had not been recorded as significant events, on the day of inspection there was not an effective patient identification policy or process in place, we identified infection control risks, and there were some gaps in safeguarding and basic life support training. We received evidence that these safety concerns were rectified on the day of inspection and soon after the inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care, are minor (see full details of the action we asked the provider to take in the Requirement Notice at the end of this report).

Safety systems and processes

The service had systems to keep patients safe and safeguarded from abuse, however we identified issues on the day of inspection in relation to safeguarding training and infection control risks.

- Staff knew how to recognise and report potential safeguarding issues. However, on the day of inspection there were some gaps in safeguarding training, for example, the two doctors and nurse had only completed level 2 child safeguarding training, rather than level 3 as recommended in the intercollegiate guidance 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff', and there was no evidence that a non-clinical member of staff had completed safeguarding training. Following the inspection, we were sent evidence confirming that, on 14 and 15 April 2019, the clinicians had completed level 3 child and adult safeguarding training and the non-clinical member of staff had completed level 2 child safeguarding training.
- The service had a safeguarding children and vulnerable adults policy in place which outlined the process for identifying and reporting concerns and contained contact details for the local Assessment Team, Child Protection Team and Multi Agency Safeguarding Hub.
- The service carried out staff checks, including reference checks and checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken where required (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).

- The clinicians undertook professional revalidation in order to maintain their registrations with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC).
- The service told us they mitigated the requirements for chaperones as parents were always present during the circumcision of children, and two clinicians would always examine patients.
- The provider had a service level agreement in place with the East London Mosque (who owned the building) which identified that responsibility for ensuring health and safety, fire safety, cleaning, and electrical equipment testing for the premises lay with the East London Mosque. We saw the provider had obtained documentation from the East London Mosque which confirmed that required assessments been completed, for example in relation to fire safety and fire alarm tests, health and safety, legionella and portable appliance testing.
- There was a system to manage infection prevention and control; an infection control policy was in place and the service had completed an infection control audit on 24 February 2019. However, we identified infection control risks that had not been picked up in the service's audit, including undated sharps bin placed on the floor, storage of mops, broken clinical waste bin, no spillage kit, no non-latex gloves available, and the surgery trolley being visibly dirty. We were provided evidence that the service had taken action to address all these risks during the inspection and shortly after the inspection.
- There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, except in relation to patient identification and basic life support training.

- There were arrangements for planning and monitoring the number and mix of staff needed. When there were changes to opening hours or staff the service assessed and monitored the impact on safety, for example, if

Are services safe?

there were insufficient staff members available to work then the clinic session would be cancelled and procedures would be rearranged to ensure patient safety.

- Staff understood their responsibilities to manage emergencies on the premises. Appropriate emergency medicines and equipment were accessible for staff, including a defibrillator and oxygen, although on the day of inspection the service did not have any paediatric oxygen masks or a spare adult oxygen mask. Following the inspection, we received evidence that the provider had purchased these oxygen masks.
- Clinicians had completed basic life support training. Non-clinical staff had not completed any basic life support training and the provider told us this is because they are never on site without the clinicians being present and the service does not see unwell patients, but there was no documented risk assessment in place to support this decision. However, following the inspection, the provider sent evidence that non-clinical staff members had completed basic life support training on 16 and 17 April 2019.
- We saw evidence that there were professional indemnity arrangements in place for clinicians.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The service provided patients and parents with mobile telephone numbers for staff members which they could use to contact the if they experienced any issues following the procedure. The service accepted that there might be times when calls are not answered, such as during the night, and to mitigate this risk added a line to the information sheet advising people to call 999 for emergencies if they could not get through to the service.
- The service did not have a patient identification policy or an adequate system to check and document that adults attending with children had parental responsibility. The lead doctor told us they usually review a child's 'red book' to help corroborate their identity (the Personal Child Health Record, also known as the 'red book', is a national standard health and development record given to parents or carers at a child's birth), but did not document this. Following the inspection, the provider sent us a patient identification policy that had been produced for the service; this detailed that staff would check identification of children

and parents and document this, and that staff should observe interactions between parents and children. We were also provided evidence that the service had started to use this policy and staff had recorded in patients' notes the identification which had been checked.

- New guidance or safety alerts relevant to the service were discussed in clinical meetings

Safe and appropriate use of medicines

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

- We checked medicines, such as local anaesthetics and emergency medicines, and found they were stored securely, were only accessible to authorised staff and were in date.
- Doctors prescribed antibiotics to patients only when required and prescribing was in line with current national guidance.

Lessons learned and improvements made

The service had a system to enable learning when things went wrong, however the service was not recording some significant events to enable learning and improvement.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses, and leaders supported them when they did so.
- There was a system for reviewing and investigating when things went wrong. We were told that significant events and complaints were discussed by clinicians who worked at the service, and meeting minutes we saw confirmed this. We were aware of two incidents (one involving patient harm and one involving social services) which the service had not recorded as significant events; however, both were handled appropriately and the incident involving patient harm was dealt with through the complaints process and staff met with the affected party to discuss the incident. The provider told us that, going forward, any incidents involving harm and also positive incidents would be logged and discussed to encourage improvement. Following the inspection, the provider sent us a copy of a spreadsheet produced to log serious incidents, significant events, complaints, and procedure complications.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good.

Effective needs assessment, care and treatment

The service assessed need and delivered care in line with current evidence based guidance.

- Patients and parents of those using the service had an initial consultation where a medical history was taken. Information was provided regarding the procedure, and advice on post-operative care.
- If the initial assessment showed the patient was unsuitable for the procedure this was documented appropriately.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients how to seek further help and support if required.
- The lead doctor explained they would give parents advice about healthy eating where appropriate.

Monitoring care and treatment

The service reviewed the effectiveness and appropriateness of the care provided.

- The service had completed clinical audits, including an audit reviewing post-procedure complications. The service reviewed 300 cases from September 2018 to the end of March 2019; the complication rate was 1% for bleeding and infection and less than 7% for inflammation. The audit results demonstrated the service's management of complications was proportionate and learning was identified regarding the importance of emphasising common complications to patients and parents. The service stated that these results would be used as a benchmark to monitor complication rates going forward.
- At the end of each clinic session staff held a debriefing meeting to discuss the procedures, and any issues or potential learning points.
- The service recorded details of the procedures completed and whether there were any issues or post-procedure complications.

Effective staffing

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

- We saw up to date records of skills and qualifications for staff, although on the day of inspection there were some gaps in safeguarding and basic life support training, which was addressed by the provider shortly after the inspection.
- The service had an induction programme for new staff, which covered areas including role and responsibilities, performance standards, role specific training, and health and safety information. No new staff had joined the service since the induction programme was created and therefore we could not review any completed induction checklists, but the provider told us these would be completed and retained for any new starters.
- Clinicians had appraisals via their professional bodies and the lead doctor completed appraisals for the service's non-clinical staff which identified any learning needs.

Coordinating patient care and information sharing

Staff worked together and with other professionals to deliver effective care and treatment.

- The service provided patients with a discharge letter for them to pass on to their GP to ensure the GP was aware of the circumcision procedure.
- Patients received person-centred health assessments.

Consent to care and treatment

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

- The service understood the requirements of legislation and guidance when considering consent and decision making.
- Consent to treatment was appropriately obtained and documented.
- The service had systems to ensure that parental consent was obtained from both parents before a procedure was carried out. We were told that procedures on children would not be carried out without the consent of both parents, unless a court order was in place.

Are services caring?

Our findings

We rated caring as Good.

Kindness, respect and compassion

The service treated patients with kindness, respect and compassion.

- We saw that staff understood patients' personal, cultural and social needs.
- The service gave patients timely support and information, and we saw staff spent time with patients and parents before and after the procedure.
- Toys were available for children to play with.
- We were told if patients or parents wanted to discuss sensitive issues or appeared distressed they would offer them a private room to discuss their needs.
- All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients and parents described the service as excellent and staff were described as caring, friendly and professional.
- The comment cards were in line with the service's own patient feedback results. We saw the results of a patient survey completed between 6 January to 5 April 2019; the results were positive, with patients responding that staff were caring, the procedure was fully explained and their needs responded to with the right care and treatment.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Staff told us they discuss the procedure with patients or patients' parents to ensure they understood what would happen and to reassure them.
- The service did not offer interpretation services, but staff told us that they spoke other languages, including Bengali, which they could use when communicating with patients. We were told that patients would often attend with family members who could speak English.
- Leaflets were available in the waiting area which detailed information about the procedure and aftercare.
- Information leaflets were available in other languages, such as Bengali and Somalian.
- Patients and parents in the CQC comment cards said that staff explained the procedure very clearly.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- The service complied with the General Data Protection Regulation (GDPR) and was registered with the Information Commissioner's Office (ICO).
- Patient information and records were held securely in a fire-proof locked cabinet. The service did not have an electronic record system, but used paper records.
- We saw that doors were closed during consultations and procedures and that private conversations taking place could not be overheard.
- We saw that screens were provided in the recovery room for patients to use to maintain dignity and privacy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The service offered procedures on a private, fee-paying basis only, and was accessible to people who chose to use it and who were deemed suitable to have the procedure.
- The premises were suitable for the service delivered.
- The service sends patients and patients' parents text messages before appointments with detailed instructions of how to find the circumcision clinic.
- The service made reasonable adjustments when patients found it hard to access services, for example the Maryam Centre was accessible to those with mobility difficulties.
- The service had a range of information for patients, which included leaflets for pre- and post- procedure care. Information leaflets were available in other languages, such as Bengali and Somalian.
- The service's website was clear and easy to use; it contained information about the circumcision procedure and prices.

Timely access to the service

Patients were able to access treatment from the service within an acceptable timescale.

- Procedures take place from 9am to approximately 6pm on Saturdays and Sundays, dependent on patient demand.
- Patients could book a consultation and make enquiries via the service's website or by telephone.
- Patients and parents who completed the CQC comment cards described the service as efficient and quick.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- There was information available, on the service's website and in the clinic, which detailed how patients could give feedback or make a complaint.
- Any complaints received were reviewed and dealt with by the lead doctor.
- The service had received three complaints in the last year. We reviewed the documented summaries and actions of the three complaints and found they were handled appropriately, although the service did not send a formal complaints outcome letter to the parties involved. The service said they would implement a process for sending outcome correspondence going forward and, following the inspection, provided evidence that a complaints outcome letter had been sent for one of the more recent complaints we had reviewed.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good.

Leadership capacity and capability

There was a clear leadership structure in place.

- The provider, who was the lead doctor, was responsible for the organisational direction and development of the service and the day to day running of it.
- The lead doctor worked closely with the small staff team.
- We saw evidence of staff meetings being held every two months. These meetings discussed operational issues, staff training, significant events and complaints. The service also told us they have informal briefings at the start of each clinic.
- The provider had a clear vision to provide a caring service for patients and a service that is willing to learn and improve.

Culture

There was a positive working culture at the service.

- Staff told us that they felt supported and able to raise concerns and were confident that these would be addressed.
- The service was aware of the requirements of the duty of candour and information about the duty of candour was displayed in the waiting area. The service told us that, if a serious incident occurred or a complaint was received, they provided affected patients with support and information and apologised when required.
- There were processes for providing non-clinical staff with the development they needed, including appraisals by the lead doctor and informal discussions.
- Staff were engaged in the performance of the service.
- The service had an equality and diversity policy.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding and infection control.
- Service specific policies and processes had been developed and implemented and were accessible to staff in paper format. These included policies in relation to safeguarding, whistleblowing, restraint, sharps, infection control, significant events, and complaints.
- The service had a business continuity plan, although this did not contain contact details for all staff members or key utility and facilities contacts. Following the inspection, we received evidence that key contact details had been added.
- The service had established processes for managing risks, issues and performance, although on the day of inspection we found some processes needed improving such as in relation to patient identification and infection control.
- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.

Engagement with stakeholders and continuous improvement

The service involved patients and staff to support the service they offered.

- There was a patient focus group, made up primarily of parents of children who have previously had procedures. Staff met with the focus group to discuss the service.
- The service carried out patient surveys to seek patients' views about the care they had received and encouraged patients and parents to provide feedback via text message.
- We saw evidence that the practice monitored reviews it received on internet search engines, such as google.
- We saw evidence that the service made changes and improvements as a result of monitoring, significant events, and patient feedback. For example, we saw the service had completed an equality and dignity audit in March 2019 to assess and improve the safety and welfare of service users and staff. The audit identified a recommendation to allocate a 'Dignity Champion' from amongst current staff to take the lead on equality and

Are services well-led?

Good 

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

dignity issues, which the service then actioned. In addition, the service had received a few negative comments in their own patient survey where the circumcision procedure resulted in complications such

as bleeding. As a result of this feedback, the service told us they ensured that parents of children undergoing surgery were telephoned 24 hours after the procedure so clinicians could check in with and reassure parents.

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>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Not recording significant events.• No patient identification policy and process.• Infection control risks.• Gaps in safeguarding and basic life support training. <p>These matters are in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>