

Northern Circumcision Clinic – Leeds

Inspection report

Rutland Lodge Medical Centre
Scott Hall Road
Leeds

West Yorkshire

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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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The service had previously been inspected in October 2017 and was found to be providing services in accordance with relevant regulations. At that time independent providers of regulated activities were not rated by the Care Quality Commission.

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 the Northern Circumcision Clinic – Leeds as part of our inspection programme.

The service provides circumcision to those under 18 years of age for both therapeutic and non-therapeutic reasons, and carries out post procedural reviews of patients who have undergone circumcision at the clinic.

One of the directors of the service 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 people'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service made use of patient feedback as a measure to improve services. They produced their own surveys and results were analysed and discussed on a regular basis. Results from their last survey in November 2018 showed that 100% of eight respondents had positive comments to make regarding the services they had received.

In addition, we received 13 Care Quality Commission comment cards. These were all very positive regarding the care delivered by the service, many mentioning the caring and professional manner of staff. We also spoke with parents whose children had accessed the service, these parents were complimentary about the level of care and service they and their child had received.

Our key findings were:

- The service was offered on a private, fee paying basis only and was accessible to people who chose to use it.
- Circumcision procedures were safely managed and there were effective levels of patient support and aftercare.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There were systems, processes and practices in place to safeguard patients from abuse, and we saw how these had been used in the past to raise concerns with safeguarding bodies.
- The service always communicated with the GP service with which patients were registered with via letters sent post-procedure.
- The service had developed materials for parents/service users which explained the procedure and outlined clearly the recovery process.
- Patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes. Clinical audits we saw demonstrated the effectiveness of the service
- Whilst the service had low levels of complaints, we saw evidence that when these were received they had been investigated thoroughly and mechanisms were in place to make subsequent improvements to the service.
- The health and safety risk assessments had been undertaken for the service. Staff were also aware of the health and safety procedures in place within the hosting GP practice.
- There was a clear leadership structure, with governance frameworks which supported the delivery of quality care.
- Staff personnel files were kept. However, it was noted that these did not contain copies of signed contracts or details of staff immunity status.
- The service encouraged and valued feedback from parents and older patients. Comments and feedback for the service showed high satisfaction rates.
- Communication between staff was effective and we saw that meetings and post sessional debriefings were being held.

The area where the provider **should** make improvement is:

- Improve staff immunity status checks to give assurance that necessary checks have been carried out in relation to measles, mumps and rubella, and varicella.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief
Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP specialist adviser.

Background to Northern Circumcision Clinic - Leeds

The Northern Circumcision Clinic is an independent circumcision service provider which is registered at 3 Churchill Close, Wynyard, Billingham, County Durham TS22 5GP, and operates from locations in Leeds, Billingham and Sheffield. The Leeds based service operates from accommodation within Rutland Road Medical Centre, Scott Hall Road, Leeds, West Yorkshire, LS6 3RA. The service provides circumcision to those under 18 years of age for therapeutic and non-therapeutic reasons under local anaesthetic, and carries out post procedural reviews of patients who have undergone circumcision at the clinic. The majority of circumcisions carried out by the clinic were on children under one year of age. The service is registered with the Care Quality Commission for the provision of Surgical Procedures.

Rutland Lodge Medical Centre where the service is hosted is a modern GP practice which is easily accessible for those bringing children or young people to the clinic, for example it has level floor surfaces, automatic doors and parking is available. The Northern Circumcision Clinic - Leeds utilises the minor surgery room within the practice for the delivery of services, as well as ancillary areas such as waiting areas and toilets.

The service is led by two directors (one male/one female) and is delivered by four clinicians (all male – one of whom is also a director). These clinicians are all trained and experienced in this area of minor surgery, being either qualified paediatric surgeons or GPs (at the time of inspection two of the clinicians were on extended sabbaticals). Other staff working to support the clinic includes a booking clerk, and an assistant who supports

the operation of the service in a non-clinical delivery role. As part of a service level agreement with Rutland Road Medical Centre a practice receptionist supports parents and patients on arrival on behalf of the clinic.

The Leeds based service provides one to two sessions per clinic, and clinics are held at approximately three weekly intervals depending on patient demand.

The service has a web presence at www.northerncircumcision.com

How we inspected this service

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed a number of key policies and procedures.
- Explored clinical oversight and how decisions were made.
- Spoke with staff.
- Reviewed CQC comment cards where patients shared their views and experiences and spoke with parents of children who used 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?

We rated safe as Good .

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable persons from abuse. Policies were regularly reviewed and were accessible to staff. They outlined clearly who to go to for further guidance. We heard examples from the provider when safeguarding concerns had been raised with appropriate services when these had been identified.
- The provider sought to confirm with parents prior to the procedure if a child was on a child protection register as well as confirming their parental authority to consent to the circumcision or any aftercare treatment. The procedure consent form was detailed with regard to assessing parental authority and the correct identification of all parties. As an example of this the consent form included specific details of identification documentation checked. The usual practice was to require both parents to consent to the procedure being carried out. Any deviation from this was recorded.
- The service explained to us how, if required, they would work with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken 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). Only one member of staff, a booking clerk did not have a current DBS check in place. However, in this instance a formal risk assessment process had been undertaken to formally assess and support this decision.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as

chaperones were trained for the role and had received a DBS check. From training records, we saw that clinicians had received safeguarding training to level three, and non-clinicians had been trained to level two

- There was an effective system to manage infection prevention and control. We inspected the procedure room where the circumcisions were undertaken and found this to be in a clean and well-maintained condition. The service utilised the host GP practice for clinical waste disposal.
- The host GP practice had controls in place to manage issues in relation to Legionella infections.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- The service had access to emergency equipment and medicines provided by the host GP practice as part of their service level agreement. We saw that a defibrillator and emergency medicines were available. However, when we asked to view them access was initially difficult as the reception staff member on duty was not fully aware of how to access them. This was rectified on the day.
- The service operated a duty doctor system, whereby one of the clinicians was available for contact by parents of patients who had post procedural concerns or wanted additional advice.
- Records completed by the provider showed that clinicians and non-clinical staff were up to date with necessary training. This included basic life support. We heard from the service that clinicians also undertook self-directed learning to support their own professional development.
- Staffing for the service was planned around the scheduled patient appointments. We were told that any issues which resulted in insufficient staffing numbers being available would lead to the cancellation of the clinic for that session.

Are services safe?

- Clinical staff had indemnity cover sufficient to meet the needs of the service.
- Staff records, and recruitment files contained some key information. However, it was noted that the service had only limited assurance with regard to the immunity status of staff in respect of measles, mumps, rubella, and varicella.
- It was noted that personnel records did not contain copies of signed employment contracts. We did have assurance from the provider that these were in place.

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. The service carried out health checks on both the child and mother prior to the procedure. In particular if the mother was still breastfeeding they were asked if they were taking any blood thinning agents as this could have an impact on the child.
- The service had systems for sharing information with other health professionals and agencies to enable them to deliver safe care and treatment. We saw that the service sent letters via the post to inform the GP practice of the patient that the procedure had been carried out. The practice had also developed pictorial information materials to send to the patient's GP practice, and intended in the future to send this with the GP letter. It was hoped by the service that this would both better inform the GP practice and also may reduce the prospect of the child receiving inappropriate treatment when recovering from the procedure.

Safe and appropriate use of medicines

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

- Emergency medicines were within date, and were stored safely and securely.
- The service kept prescription stationery securely and monitored its use.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service told us that overall prescribing rates were low.

Track record on safety and incidents

The service had a good safety record.

- There were some comprehensive risk assessments and processes in place to manage safety issues. As well as the development of their own specific risk assessments the service also had access to risk assessments and health and safety documentation from the host GP practice. They used this both as key safety information and to have assurance that risks were being managed.
- 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.

- The service had clearly defined and embedded systems, processes and practices in place to identify, record, analyse and learn from incidents and complaints. We were told that all staff had a role to play in the identification of incidents and that Directors of the clinic had the overall lead for investigating complaints.
- There was a system in place for reporting and recording significant events and complaints. We saw evidence that significant events and complaints had been investigated and that patients had received an apology when the service had not met the required standard of care. We were told that all significant events and complaints received by the clinic were discussed by the clinicians involved in delivering the service whenever these were received, and we saw documentation which confirmed this.
- 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 effective as Good .

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. 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. If the initial assessment showed the patient was unsuitable for the procedure this would be documented, and the patient referred back to their own GP. After the procedure clinicians also discussed after care treatment with parents and sought to inform them of what to expect over the recovery period and pain management. This was both to allay concern and anxiety from the parents and to prevent them unnecessarily attending other primary or secondary care services. The service told us that it had constantly looked at ways of improving the level and type of information given to parents and others. Parental feedback given to both ourselves and the service indicated that they felt well informed.
- The service offered post-operative support from a duty doctor who was contactable 24 hours a day.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the service examined significant events and complaints and used this to refine and improve services. In addition, the service made improvements through the use of completed clinical audits. Clinical audit had a positive impact on quality of care and outcomes for patients.
- The service had carried out audits in relation to the use of the plastibel circumcision technique, and post procedural complications which included post

circumcision bleeding and post circumcision infection. These audits showed positive patient outcomes. However, it was noted that two of the audits, into post procedural bleeding and post procedural infections had not outlined fully the methodology used or referenced basic data such as total numbers involved in the audit. In addition, the service had identified two further areas of operational outcomes/activity to audit, these being:

- Quality of consent documentation.
- Patients needing review and further treatment.

Effective staffing

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

- All staff were appropriately qualified. The clinical team who usually carried out the procedures were either paediatric surgeons or GPs and between them had a wide range of experience in delivering circumcision services to children and young people. Staff from the clinic had been involved in the publication of a number of medical papers on circumcision, and had produced circumcision guidance for others.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation
- Records of skills, qualifications and training were maintained for staff.

Coordinating patient care and information sharing

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

- Whilst the opportunity for working with other services was limited, the service did so when this was necessary and appropriate. For example, at the time of inspection the service sent the patient's GP a letter which explained that a circumcision procedure had been carried out and gave their contact details should the GP wish to contact them for further information or advice. This was an improvement on previous processes which relied on a letter being given to the patient's parents who were asked to pass this on to their GP. In addition, the service had developed pictorial information material for the patient's GP which would be sent with the letter informing them that the procedure had been undertaken.

Are services effective?

The service had recognised that since moving to the system of sending letters by post, that a number had been returned undelivered as not being registered with that practice. This was being investigated further.

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

Consent to care and treatment

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

- The service had developed protocols and procedures to ensure that consent for the circumcision had been given by both parents (unless it was proven that the parent had sole control and responsibility for the child). In addition, the service had developed a protocol and process to check and record the identity of both the patient and parents was correct and used this to assess parental authority. Identity checks included checks on birth certificates, parental driving licences and passports.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services caring?

We rated caring as Good .

Kindness, respect and compassion

Staff treated patients and parents/carers with kindness, respect and compassion.

- Feedback obtained from patients was positive about the way staff treat people. For example, feedback from Care Quality Commission comment cards, from patients we spoke with on the day and from recent in-house surveys showed feedback was uniformly positive. Comments included the sympathetic and kind nature of the staff and how they sought to explain the procedure and allay the concerns of parents and carers.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients and/or their families and carers to be involved in decisions about care and treatment.

- Staff had language skills which allowed them to communicate effectively with service users whose first spoken language was not English. When in-house language skills could not meet their needs, we were told that formal telephone interpretation services were available.

- Pictorial information leaflets had been produced by the service and were sent to parents and older patients prior to the procedure, and post procedural information and advice was also given which supported the recovery phase.
- The service told us that for patients with learning disabilities or complex social needs family, carers or social workers would be appropriately involved. They had produced a learning disability policy to support this aspect of their work.
- Parents were encouraged to be present during the procedure as this was felt by the service to reduce anxiety both for the child and the parents. Parents could choose not to be present if they so wished. The standard operating procedure for circumcisions was that two clinicians delivered the service. Other family members could attend if this was requested, and their attendance was noted by the service.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect, and understood the significance of the procedure to the families that used the service.
- Screening was provided in the procedure room used by the clinic which could be used to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.

Are services responsive to people's needs?

We rated responsive as Good .

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 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 facilities and premises were appropriate for the services delivered.
- The clinic had developed a range of information and support resources which were available to service users.
- The service offered post-operative support from a duty doctor who was contactable 24 hours a day. In addition, there was formal proactive patient follow up which was used to support the clinical audit programme.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The service operated over one to two sessions per clinic, and clinics were held at approximately three/four weekly intervals depending on patient demand, the availability of clinicians and the ability of the host GP practice to accommodate the service.
- Patients reported that the booking system was efficient and easy to access.

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.

- The service told us that they experienced low levels of complaints and had received one complaint in the past year. They were able to discuss this with us and outlined how this had been handled. We saw that actions appeared appropriate, and that learning points had been identified and actions taken to prevent a recurrence.
- 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.
- The service had complaint policy and procedures in place.

Are services well-led?

We rated well-led as Good .

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were putting in place activities to address them. For example, the service recognised that awareness raising of circumcision procedures amongst primary and secondary care colleagues was important and were seeking to improve this through the provision of information, offering training or awareness raising talks and publishing articles in medical journals.
- Leaders at all levels were visible and approachable. They worked closely with staff and the host GP practice to make sure they prioritised compassionate and inclusive care.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategic approach 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 key priorities.

Culture

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

- The service focused on the needs of services users and their families.
- Openness, honesty and transparency were demonstrated when responding to incidents, complaints and service users. For example, the service informed us of a recent complaint concerning a clinical opinion given by a non-clinical member of staff. This had been investigated and the complainant received a call from the service to discuss the issue and highlight actions taken in response to this.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular appraisals. At a previous inspection of this provider we had seen that they had identified safeguarding training needs for two members of non-clinical staff. At this inspection we were able to confirm that this training had been completed and both staff members had received level one and level two safeguarding children training.
- The service actively promoted equality and diversity.
- There were positive relationships between members of the service and the Directors.

Governance arrangements

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

- 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. We saw that staff personnel records contained details of job roles and responsibilities. However, it was noted that these records did not contain copies of signed contracts of employment.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These included policies and protocols regarding:
 - Safeguarding
 - Whistleblowing
 - Consent and client identification
 - Chaperones
 - Infection prevention and control
 - Complaints

Managing risks, issues and performance

There were generally 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. However, it was noted that the service had only limited assurance with regard to the immunity status of staff in respect of measles, mumps, rubella, and varicella.

Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through the audit of their procedures. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. However, two examples of regular audits carried out by the service lacked full details of the methodology used and overall numbers involved in the audit.
- The provider had plans in place and had trained staff for major incidents. This included working closely with the host GP practice.

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. For example, the service had a regular audit and review programme that was closely monitored and reported on.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- The service used performance information which was reported and monitored. This enabled management and staff to be held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were arrangements in place with regard to data security standards for the availability and integrity of patient identifiable data, records and data management systems.
- The practice gathered information concerning the health of the child and mother prior to the procedure.

Engagement with patients, the public, staff and external partners

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

- Meetings and post-sessional debriefings were held with staff and we saw minutes and appraisal records to evidence this.
- The clinic made extensive use of parental (and if they were older, patient) feedback to identify issues and improve services. They had produced their own survey form and results were analysed on a regular basis. Results gathered from eight survey forms obtained by the service in November 2018 showed 100% overall satisfaction with the services provided from eight respondents.
- We also received 13 Care Quality Commission comment cards. These were also positive regarding the care delivered by the service.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation activity. For example, staff from the service had produced and published a number of medical papers on circumcision, and had produced circumcision guidance and advice to be shared with both parents and other health professionals. Staff from the service were in the process of developing publications in respect of:
 - Phimosis (phimosis is the inability to retract the foreskin of the penis over the due to a narrowing at the distal foreskin).
 - The reduction of bleeding after plastibel circumcision.