

# AMS Clinic Ltd

# AMS Clinic

## Inspection report

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Date of inspection visit: 12 November 2017  
Date of publication: 15/12/2017

## Overall summary

We undertook an unannounced responsive focused inspection of AMS Clinic on 19 March 2017. This was in response to information of concern received by the Care Quality Commission regarding infection control, privacy and consent. During this inspection we identified a breach of regulation 12 (safe care and treatment) as there were concerns regarding infection prevention and control processes in the basement area where surgical procedures were carried out. As a result of this inspection the provider submitted an action plan within 48 hours and provided assurance that the issues would be rectified prior to the next clinic being held on 26 March 2017. We also received photographic evidence to demonstrate that works had been undertaken to address the issues.

We undertook a further inspection of AMS Clinic on 12 November 2017. This was an announced comprehensive inspection to look at the improvements that had been made following our March 2017 inspection. We also asked the service provider 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 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.

AMS Clinic Limited is an independent circumcision provider which is registered in Bradford, West Yorkshire to operate from locations in Bradford and Manchester. The Bradford based service registered with the Care Quality Commission to provide surgical procedures on 27 February 2014. The service provides circumcision to

# Summary of findings

infants aged from two weeks old to adulthood for cultural and religious reasons under local anaesthetic. The service carries out post procedural reviews of patients who have undergone circumcision at the clinic.

The service operates from premises at 72 Oak Lane, Bradford, West Yorkshire, BD9 4QX. The clinic is set across four floors. The reception and waiting area is located on the ground floor, with a dedicated private room for obtaining consent situated behind this area. Surgical procedures are carried out in the basement area of the clinic. Following the procedure, patients are taken to private consultation/waiting rooms on the first floor and second floor to recover from treatment.

The service is led by three directors (male) who have each been identified a specific area to lead on. The registered provider is the managing director and is also responsible for registration with the Care Quality Commission.

The clinic operates from the Bradford site from 10am until 3pm on Sundays.

The service is delivered on a rotational basis by a consultant urologist, a consultant from the local secondary care accident and emergency department and a secondary care accident and emergency nurse who are all employed by AMS Clinic to carry out the procedure. The clinicians are all trained and experienced in circumcision and carry out the procedure on a regular basis. A second member of staff supports the clinician during each procedure and this role is carried out by an experienced nurse or healthcare assistant.

The reception area is covered by an additional nurse or health care assistant who explains the procedure to patients and/or parents, carries out a pre-operative assessment to confirm that the patient and mother are in good health, and obtains consent prior to the procedure taking place.

The service provides a 24 hour helpline which is accessible from the time of booking the appointment and also to deal with any concerns following the procedure.

In addition, the clinic sends daily text alerts to the patient or the parents of the patient for two weeks following the procedure to give prompts and advice.

## 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.
- Information for service users was comprehensive and accessible.
- Patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The clinic shared relevant information with others such as the patient's GP and when required safeguarding bodies.
- There was a clear leadership structure, with governance frameworks which supported the delivery of quality care.
- The service encouraged and valued feedback from service users via the website and conducted random surveys at clinics at least eight times a year.
- Communication between staff was effective with regular documented meetings across both sites.

There were areas where the provider could make improvements and should:

- Document a risk assessment for transporting patients from the basement area to the first floor following the procedure.
- Carry out works to seal the junction between the window and wall in the surgery room.
- Review and look to improve the process for checking the identity of parents and obtaining proof of parental authority.

# 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 providing safe care in accordance with the relevant regulations.

- We found there was an effective system for reporting and recording significant events. The provider told us about a near miss that had been identified when the telephones were not diverted to the mobile number for the 24 hour helpline. This had been rectified as a staff member was still at the clinic. As a result of this the clinic had displayed notices around reception as a prompt and discussed this with staff at a clinical meeting.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The provider maintained appropriate standards of cleanliness, hygiene and infection prevention and control. The issues that had previously been identified during our inspection in March 2017 had been rectified.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable young people relevant to their role.
- The practice had arrangements in place to respond to emergencies and major incidents.
- The arrangements for managing medicines, including emergency medicines, in the practice minimised risks to patient safety (including obtaining, recording, handling, storing, security and disposal).

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### **Are services effective?**

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

- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The service had a process in place to assure the organisation that professionally registered staff maintained and updated their registration. This also included assurance regarding revalidation, update training and personal development.
- The clinic had developed protocols and procedures to ensure that consent for the circumcision procedure had been given by both parents (unless it was proven that a parent had sole control and responsibility for the child). The consent form contained a statement which both parents had to sign to declare that they had parental responsibility and the procedure was only carried out when there were no disagreements or disputes.

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### **Are services caring?**

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

- Information for service 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The service saw they had an important role in reducing parental and patient anxiety concerning the procedure. To achieve this they spent time with parents prior to the procedure to explain and talk through any concerns. They had also introduced background music playing during the procedure in an attempt to put the patient at ease.

# Summary of findings

- The service contacted parents by telephone 24 hours after the procedure to ensure there were no concerns. There was also a 24 hour duty clinician available from the time of booking the appointment and during the aftercare period.
- The clinic sent daily text alerts to the patient or the parents of the patient for two weeks following the procedure to give prompts and advice. For example; the day following the procedure parents were advised they could sit the patient in a bath anytime that day but to avoid sitting in water containing shampoo for more than five minutes.

We received 11 CQC comment cards which were positive about the care and treatment received.

## Are services responsive to people's needs?

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

- The clinic had good facilities and was well equipped to treat patients and their families and to meet their respective needs.
- Information about how to complain was available via the website. At the time of our inspection the provider had not received any complaints in the previous 12 months.
- The service provided a 24 hour helpline which was accessible from the time of booking the appointment and also to deal with any concerns following the procedure.
- The clinic had produced a book containing post-operative pictures for patients to view to give them visual insight into what to expect following the procedure and to avoid unnecessary GP consultations or accident and emergency attendance during a normal recovery processes.
- The service had also provided IT equipment for parents to watch illustrative videos of procedures being carried out.

## 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.
- Staff attended regular quarterly meetings and these were minuted.
- The provider was aware of the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty. The clinic had systems for being aware of notifiable safety incidents. Systems were in place to share the information with staff and ensure appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels and had provided training for external colleagues. At the time of our inspection they were in the process of developing a circumcision training pack to support other clinicians.

# AMS Clinic

## Detailed findings

### Background to this inspection

We carried out this inspection of AMS Clinic on 12 November 2017. The inspection team comprised a lead CQC inspector, a second CQC inspector and GP Specialist Advisor.

Prior to the inspection we contacted local stakeholders, including Healthwatch Bradford and District to capture any information or feedback they may hold about the service. We were advised they had not received any feedback about the provider.

As part of the preparation for the inspection, we also reviewed information provided for us by the service and specific guidance in relation to circumcision.

During the inspection we utilised a number of methods to support our judgement of the services provided. For

example, we interviewed staff, observed staff interaction with patients, reviewed documents relating to the service and reviewed CQC comment cards where patients and members of the public 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

### Reporting, learning and improvement from incidents

The clinic had clearly defined and embedded systems, processes and practices in place to identify, record, analyse and learn from incidents and complaints.

There was a system in place for reporting and recording significant events. We saw a significant event process and all staff were clear about how to record incidents and how these would be investigated.

We were told that any significant events and complaints received by the clinic would be discussed by the clinicians involved in delivering the service.

The provider told us about a near miss that had been identified when the telephones were not diverted to the mobile number for the 24 hour helpline. This had been rectified as a staff member was still at the clinic. As a result of this the clinic had displayed notices around reception as a prompt and discussed this with staff at a clinical meeting.

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.

### Reliable safety systems and processes (including safeguarding)

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, management of disclosure and referral. The policies clearly outlined processes to be adhered to.
- Whilst the clinic did not meet with health visitors or other safeguarding professionals on a formal basis the clinic was aware of how to formally raise concerns.

- Clinicians and staff had received training on safeguarding children and vulnerable people relevant to their role. For example, clinicians were trained to child protection or child safeguarding level three.
- At the time of our inspection there was no process in place to formally confirm the identity of parents or that they had parental authority for the patient. However; the consent form contained a statement which both parents had to sign to declare that they had the parental responsibility and the procedure was only carried out when there were no disagreements or disputes. The consent form also included a question about any safeguarding concerns as a prompt for the clinician to enquire with the parents.
- Parents were usually not present during the procedure. The provider had adopted this approach as they had previously experienced problems during the process with parents of the patients needing reassurance. This was identified as a potential risk as attention could be distracted from the patient. This information was provided to parents in the circumcision information leaflet.
- However; there was a health care assistant present during every procedure to act in the role of a chaperone. A chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure. The practice told us that parents could accompany older children, who were more aware of the procedure and would benefit from parent presence during the procedure.
- If a procedure was unsuitable for a patient we were told by the service 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.

### Medical emergencies

The clinic had arrangements in place to respond to emergencies and major incidents.

- Clinicians had received basic life support training.
- The clinic had access to oxygen with adult and children's masks. A first aid kit and accident book were also available on-site.

# Are services safe?

- 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.
- The clinicians we spoke with on the day of inspection knew of their location. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use.
- The clinic 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, this was a 24 hour service.

## Staffing

We saw evidence that clinicians were up to date with all professional updating requirements. We saw that mandatory training records were kept and were informed that clinicians also undertook self-directed learning to support their own professional development.

The service was planned around staffing levels and the clinic carried out a maximum of 12 procedures per session. The provider told us that extra clinics would be provided where necessary to meet demand.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken as part of the recruitment process. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). (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).

## Monitoring health & safety and responding to risks

The clinic had a health and safety protocol and in addition:

- All electrical equipment was checked to ensure it was safe to use.
- Clinical equipment was checked regularly to ensure it was working properly.
- Clinical rooms storing medical gases were appropriately signed.

- We saw that a fire risk assessment had been carried out in 2017 and as a result of this the emergency lighting had been upgraded.
- Firefighting systems and equipment were well maintained and all staff were aware of evacuation procedures.

## Infection control

At our previous inspection on 19 March 2017 we found issues with the infection prevention and control issues in the basement area where surgical procedures were carried out. For example; we saw damage to the floor and walls which would make it difficult to clean. We saw that the waste bins (both clinical and non-clinical) were unlidded and not foot operated. This meant there was an increased risk of hand contamination within the surgical area. Following the inspection the provider took immediate action to rectify the areas of concern we had identified.

At this inspection we saw the clinic maintained appropriate standards of cleanliness and hygiene.

The clinic had infection control procedures in place to reduce the risk and spread of infection. We fully inspected the treatment room where the procedure was undertaken. This room and all other areas of the building such as the waiting area and consultation rooms were clean and in good overall condition.

The clinic had a dedicated infection prevention and control (IPC) lead who kept up to date with current IPC guidelines in relation to best practice. There was an IPC protocol in place and staff had received up to date training.

The clinic held a contract for clinical waste disposal including sharps bins and soft clinical waste.

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).

## Premises and equipment

The premises and rooms used to deliver treatment were in good overall condition. Equipment in use to deliver the service was subject to regular maintenance and cleaning and disinfection as appropriate. Surgical equipment was single use.

We saw that work was required to seal the junction between the window and wall in the surgery room in order

# Are services safe?

to maintain a clean environment for the procedure to take place. We discussed this with the provider during our inspection and were assured this work would be undertaken.

## **Safe and effective use of medicines**

The arrangements for managing medicines, including emergency medicines in the clinic minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

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. Medication that we checked was stored safely and securely and was within date.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

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

Patients using the service had an initial consultation where a detailed medical history was taken from the parents. 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 checked the operation site for any bleeding and also discussed after care treatment with patients and parents and sought to inform them of what to expect over the recovery period. This was both to allay concern and anxiety from the parents and to prevent patients unnecessarily attending other primary or secondary care services.

The clinic provided a booklet with pictures containing post-operative pictures to assist the parents of patients in knowing what to expect following the procedure. They also supplied a hand held tablet for parents to watch educational videos of the procedure online.

In addition to the provision of the circumcision procedure the clinic carried out reviews of patients. This gave an added opportunity for parents to discuss any concerns they had regarding their child's treatment.

The clinic carried out annual audits to review post circumcision bleeding, post circumcision infection and any complications throughout the entire procedure. The results from the period January 2016 – January 2017 demonstrated that of the 362 circumcisions had been carried out by the clinic, there had been no bleeds or infections.

### Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment.

The clinical team who carried out the procedures was composed of a consultant urologist, a consultant from the local secondary care accident and emergency department and a secondary care accident and emergency nurse. All staff members had a wide range of experience in delivering circumcision services to children and young people.

We saw that the service had a process in place to assure the organisation that professionally registered staff maintained and updated their registration.

### Working with other services

Whilst the opportunity for working with other services was limited, the clinic did so when this was necessary and appropriate. For example; the clinic gave parents a letter which they were asked to give to their own GP 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.

### Consent to care and treatment

We found that staff sought patients' consent to care and treatment in line with legislation and guidance.

- The clinic 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).
- The provider provided an example of when the consent protocol had been utilised when the grandparents of a patient had attended the clinic for the procedure to be carried out. The procedure was not carried out until the parents attended to consent.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

During our inspection we observed staff to be courteous and helpful to both children and parents and treated them with dignity and respect.

- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- The clinic told us that they 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.

We received 11 Care Quality Commission comment cards which were positive about the service experienced.

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Four of the cards were from parents who had used the service more than once and been happy on each occasion.

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

The clinic told us that they actively discussed the procedure with parents and we saw evidence of this on the day of inspection. The provision of information resources produced by the clinic for parents of young children supported this approach.

The clinic sent daily text alerts to the parents of the patient for two weeks following the procedure to give prompts and advice. For example; the day following the procedure parents were advised they could sit the patient in a bath anytime that day but to avoid sitting in water containing shampoo for more than five minutes.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' 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.
- The website for the service was very clear and easily understood. In addition it contained valuable information regarding the procedure and aftercare.
- The service offered post-operative support from a duty doctor who was contactable 24 hours a day.

### 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 seeking circumcision.

The clinic offered appointments to anyone who requested one and did not discriminate against any client group.

The service providers had language skills which they could use when they delivered services as well as accessing online translation services if required.

### Access to the service

The service operated from 10am to 3pm on Sundays. The provider told us that extra clinics could be provided where necessary to meet demand. Appointments could be made via a dedicated telephone booking line.

The provider had a disability discrimination policy in place which covered access to the building due to the service being provided over four floors. If parents of a patient had a disability they were advised to contact the clinic who would support them to enter the building. However; where this was not possible, the provider would advise that another clinic may be more suitable.

### Concerns & complaints

The clinic had a complaints process in place which was available on the website and a paper copy was available from the clinic. The clinic had not received any complaints in the last 12 months.

Patients could discuss complaints verbally with staff at the clinic or address them formally in writing by letter or e-mail.

# Are services well-led?

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

## Our findings

### 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:

- There was a clear staffing structure. Staff, both clinical and non-clinical were aware of their own roles and responsibilities.
- Service specific policies and protocols had been developed and implemented and were accessible to staff in paper or electronic formats. These included policies and protocols with regard to:
  - Safeguarding
  - Consent
  - Infection prevention and control
  - Complaints
- All staff were engaged in the performance of the service.
- Arrangements were in place for identifying, recording and managing risks and issues.

### Leadership, openness and transparency

There was a clear leadership structure in place. Directors were responsible for the organisational direction and development of the service and the day to day running of the clinic was the responsibility of experienced clinicians.

We saw evidence of meetings being held and were informed that these were held on a quarterly basis. These meetings discussed topics which included key operational developments, infection control and quality assurance.

The provider 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 would give affected patients reasonable support, truthful information and a verbal and written apology.

### Learning and improvement

Staff were expected to, and supported to continually develop and update their skills. For example staff employed to carry out the procedure had received appropriate training from a consultant urologist from secondary care.

The clinic had provided training for external colleagues. At the time of our inspection they were in the process of developing a formal, structured training pack to support other clinicians.

### Provider seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Parent/patient surveys
- Verbal feedback post procedure and at reviews.
- Feedback at clinical meetings and post-sessional meetings.

We reviewed findings from the patient surveys undertaken during 2016 and saw that 82 surveys had been completed. Of these:

- 100% would recommend to friends and family.
- 96% were happy with the booking process.
- 98% were happy with how the procedure was explained.
- 96% were happy with the aftercare explanation.