

# Qualified Circumcision Clinic

## Inspection report

Sloan Medical Centre  
2 Little London Road  
Sheffield  
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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 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? – 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 Qualified Circumcision Clinic as part of our inspection programme. The service had never been inspected or rated at this location previously.

The service provides circumcision to children and adults for therapeutic and non-therapeutic reasons. The service is offered on a private, fee paying basis only, and is accessible to people who choose to use it.

The provider is the sole clinician for this service and carries out all of the circumcision procedures undertaken at clinic location.

## How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed key policies and procedures.
- Reviewed clinical records.
- Interviewed the provider both by telephone and face to face.
- Spoke with staff and received written questionnaires from them.
- Spoke with families of people who used the service.

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

# Overall summary

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

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

Note: Within the report where there is reference to a parent or parents this also includes those who act as a legal guardian or legal guardians of an infant or child.

## Our key findings were:

- Circumcision procedures were safely managed and there were effective levels of patient support and aftercare.
- The service had procedures in place regarding consent, and when required the formal identification of those with parental responsibility.
- 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. We saw staff had received safeguarding training appropriate to their roles.
- The service had developed materials for parents/service users which explained the procedure and outlined clearly the recovery process.
- The service operated an advice line which allowed service users to contact them with any concerns post-procedure.
- Patient records were detailed and noted important information such as anaesthesia, including the type used, batch numbers and quantities administered. However, batch numbers of circumcision devices used were not recorded by the provider.
- Whilst the service had not received any complaints at the time of our inspection, we saw evidence that processes were in place to ensure these would be investigated and be subject to necessary oversight.
- Some quality improvement activity was undertaken by the service including clinical audit. It was noted that some audit activity was limited in scope, depth and detail in respects of methodology and improvements identified and made.
- There was a clear leadership structure. The service had established a governance board which examined key decisions connected to the operation of the clinic.
- The service sought feedback from a proportion of service users via an annual satisfaction survey. Feedback for the clinic showed high satisfaction rates, which mirrored information we received from service users on the day of inspection.
- Staff performance monitoring was undertaken, and we saw that appraisals had been undertaken. We also saw that staff communication was effective and that meetings and debriefings were being held.

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

- Improve the depth, scope and detail within clinical audits used to assess outcomes for patients and compliance with service standards.
- Begin recording the batch numbers of circumcision devices used.

**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 and included a CQC national clinical advisor.

## Background to Qualified Circumcision Clinic

Mr Altaf Mangera operates as an independent circumcision provider. The provider delivers services as the Qualified Circumcision Clinic from two locations in Sheffield and one in Coventry. One of the two Sheffield based services operates from hosted accommodation within the Sloan Medical Centre, 2 Little London Road, Sheffield S8 0YH. The service provides circumcision to children and adults for therapeutic and non-therapeutic reasons under local anaesthetic and carries out post procedural reviews and revisions of patients who have undergone circumcision at the clinic. The majority of circumcisions carried out by the clinic are on children under one year of age. The service is registered with the Care Quality Commission for the provision of Surgical procedures and the Treatment of disease, disorder or injury.

Sloan Medical Centre where the Sheffield service is hosted is a modern GP practice which is easily accessible for those bringing children or young people to the clinic, or for those with mobility issues; for example, it has level floor surfaces, automatic doors and on-site parking is available. The service is delivered on the first floor of the building and can be accessed via a passenger lift or staircase. The clinic utilises both clinical and non-clinical rooms in the medical centre which it uses for undertaking the procedure and for recovery and waiting. Toilets and baby changing facilities are available.

The service is operated by a single named provider, and procedures are undertaken by the provider (male) who is a qualified and registered urologist. Other staff working at the clinic includes a clinical support worker (male) and one receptionist (female).

The service operates from Sloan Medical Centre on a once or twice a month basis depending on patient demand, and the availability of the accommodation within the medical centre.

The service has a web site [www.qcclinic.co.uk](http://www.qcclinic.co.uk)

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

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

- The service had systems in place to safeguard children and vulnerable persons from abuse. Policies were regularly reviewed and were up to date. Whilst the service had not had occasion to raise any safeguarding concerns at this location, both the provider and staff were fully aware how they would do so if required. Staff took steps to protect service users from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. All staff had received up-to-date safeguarding and safety training appropriate to their role.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. We heard from staff that key changes to the service were either discussed at team meetings or emailed to them.
- The service sought to confirm with parents prior to the procedure if a child was subject to a child protection plan., as well as confirming their parental authority to consent to the circumcision or any aftercare treatment. The patient record was detailed and recorded the assessment of parental authority, and the identification of all parties concerned with the consent process. As an example of consent processes undertaken, this included specific details and evidence of identification documentation which had been checked such as parental passport numbers. The provider had not recorded sight of the Personal Child Health Record (used to identify the child), however, we saw that details within the Personal Child Health Record had been used to transcribe weight into the patient record.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate, which included taking up references from third parties. 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). Should it be decided that a DBS check was not required, a formal process was undertaken to risk assess and support this decision.
- There was an effective system to manage infection prevention and control. We inspected the procedure and recovery rooms and found these 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 infection prevention and control and Legionella infections. We saw that audits and risk assessments had been undertaken in these areas. The host GP practice also shared other key safety documents with the service, which included details of fire risk assessments.
- The provider had assurance that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments. This included COVID-19 risk assessments, and action had been taken to minimise the risk of infection during the clinics. There was no overcrowding at the clinic during our visit and infection control processes were used to protect people using the service.
- 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.
- Clinical staff had indemnity cover sufficient to meet the needs of the service.
- Staff records, and recruitment files contained key information.
- The service had procedures in place to access medicine and patient safety alerts, and updates which were applicable to the safe operation of the clinic.

# Are services safe?

- The service kept records of anaesthesia used, including type, quantities administered and batch numbers. However, the service had not recorded the batch numbers of circumcision devices used. This could lead to issues should these items be subject to a patient safety alert.
- We saw that patient throughput was within the capacity of the service and that patients were given time following the procedure to recover. This also gave the opportunity to identify any post-operative complications or other concerns.
- The website carried information regarding COVID-19 measures in place within the service.

## Risks to patients

### **There were systems to assess, monitor and manage risks to patient safety.**

- The clinic 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, emergency medicines and spill kits were available.
- The clinic operated a 24-hour contact and advice line, whereby the provider was available to be contacted by parents of infant/young patients or adult patients if they had post procedural concerns or wanted additional advice. The provider also contacted the parents of children and adults who had undergone a circumcision to check on their recovery within 24 hours of the procedure.

## 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 provider completed a pre-treatment assessment and informed parents of an infant, or the patient themselves of any risks or possible complications associated with the procedure. We saw that booking checks and pre-procedural assessments were detailed.
- The service had systems in place for sharing information with other health professionals and agencies to enable them to deliver safe care and treatment. We saw that the service provided letters to the patient's own GP to inform them the procedure had been completed. These letters carried details of the procedure undertaken and contact details for the service.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including pain relief and emergency medicines and equipment minimised risks.
- We saw that the service recorded details of the anaesthesia used, which included type, batch number, expiry date and quantity administered.
- There was no prescribing of medicines undertaken for patients post procedure.

## Track record on safety and incidents

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues. We saw that these risk assessments had been regularly reviewed. In addition, they had access to risk assessments and safety procedures applicable to the host GP practice, and had assurance that necessary health and safety controls and monitoring processes were in place. For example, outcomes of the fire risk assessment were available to the provider.

# Are services safe?

- At the time of inspection, the service had not experienced any health and safety concerns at the location.

## **Lessons learned and improvements made**

### **The service learned and made improvements when things went wrong.**

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. The service had recorded one significant event over the previous 12 months. We saw that this had been investigated and learning outcomes considered.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

**We rated effective as Good because:**

## **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 (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. The lead clinician was a practicing urologist and kept up to date with training and best practice. We were told, and saw evidence, that they had attended regular update training sessions and had been subject to clinical appraisal.
- Patients' immediate and ongoing needs were fully assessed. During the booking and initial patient assessment service users and parents of infants and children who were to be circumcised received information regarding the procedure. Parents we spoke with on the day of inspection confirmed that information and advice concerning the procedure to be undertaken was detailed and clear. The consultation also involved taking a detailed health history to determine the suitability of the individual to receive the procedure.
- Information was also given to the service user or, if appropriate, their parent regarding post-procedural care during the recovery period, and this was supported by access to a 24-hour clinical contact. Further information, advice and frequently asked questions were available on the service's website.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Monitoring care and treatment**

**The service undertook some quality improvement activity.**

- The service contacted all service users within 24 hours of the procedure to check how recovery was progressing, and to give any additional support and advice.
- The service used information about care and treatment to make improvements. However, in respect to some clinical audits these were found to be limited in terms of depth, scope and detail contained. Quality improvement activities included:
  - An audit of responses made to an annual survey of service users. This survey used a minimum of 30 service user responses and covered their satisfaction regarding several areas such as ease of booking, consent processes, satisfaction with aftercare support, and overall satisfaction with the outcome of the circumcision. The last survey was undertaken in October 2021 and results were based on 31 responses from 87 surveys sent out. Results from this survey showed a mean satisfaction score of 4.7 out of 5 in respect of ease of booking, a score of 4.4 out of 5 for ease of providing consent, a score of 4.3 out of 5 for satisfaction with aftercare instructions, and a score of 4.4 out of 5 for satisfaction with the final outcome of the procedure. As part of the survey service users were also asked if there had been any post-procedural bleeding or infection. All 31 respondents reported that they had experienced no complications. The provider analysed results from these surveys and told us they would take action if the responses showed areas of concern.
  - The service also undertook some clinical audit activity using information from the service user survey and via monitoring a log of reported complications, which included annual audits in respect of post-procedural bleeding, post-procedural infection and instances of retained circumcision devices. This monitoring and subsequent audits indicated high levels of assurance. For example, in 2020 results showed that the service had recorded zero cases of post-operative infection, three cases of post-operative bleeding and one case of a retained circumcision device. It



# Are services effective?

was though noted that the monitoring and audit activity lacked some depth and detail as to the methodology used, patient numbers assessed, and subsequent actions taken. The service also undertook an audit of consent practice and examined randomly selected patient records. The audit undertaken in 2021 showed that 100% of 36 records checked had fully documented the required consent checks.

## Effective staffing

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

- All staff were appropriately qualified. The provider, who carried out the procedures, had a wide range of experience in delivering circumcision services to children, young people and adults.
- The provider was registered with the General Medical Council (GMC) and was up to date with revalidation and required training.
- Records of skills, qualifications and training were maintained for staff, and annual appraisals were in place to discuss performance and training needs.
- Staff we spoke with felt supported in their roles.

## Coordinating patient care and information sharing

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

- Staff informed us that they felt that they worked well as a team, and that they delivered person-centred care.
- Due to the nature of the service there was limited opportunity for working with other services. However, on occasion this had been undertaken when necessary. For example, the service had worked with a local authority to support the needs of a looked after child.
- Following the procedure, the service communicated with the service users' GP. This explained that a circumcision procedure had been carried out and gave contact details should the GP wish to contact them for further information or advice.

## Supporting patients to live healthier lives

### **Staff were consistent and proactive in empowering service users, and supporting them to manage their own health or the health of others.**

- Where patient needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, if the potential patient was assessed as not being suitable for a circumcision, they, or in the case of a child their parents, would be advised to contact their own GP for further support.

## Consent to care and treatment

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

- For patients who were infants or children, the provider had developed procedures and processes to check and record the identity of both the patient and parents in order to confirm parental authority. On records we checked on the day of inspection we saw that these checks had been undertaken, and necessary evidence had been recorded to support this. We saw that both parents were asked to consent, unless there was a valid reason as to why this was not possible. If only one parent was able to consent the reason for this was noted in the patient record. The provider told us that they would ask older children for their views and gain consent prior to undertaking any procedure.
- Where parents lacked the necessary language skills, translation services could be accessed.

# Are services effective?

- Parents we spoke with during the clinic were happy with the consent process and felt fully informed about the procedure.
- The service monitored the process for seeking consent appropriately and an audit was undertaken which gave assurance that processes had been adhered to.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- Feedback obtained from service users was positive about the way staff treated people. For example, feedback from four parents we spoke with on the day of inspection indicated that they and their children had been treated with care and compassion by all staff during the interaction with the service.
- 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. For example, the service website carried useful advice regarding the procedure, and the post-procedural care leaflet was detailed.
- The service sought feedback on the quality of clinical care patients received. This included feedback regarding service user views of both customer satisfaction, the quality of clinical care received and patient outcomes.

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

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

- Staff within the service had some additional in-house language skills, as well as English. However, if interpretation or translation was required, the service was able to access external support, although this was at an additional cost. This was made clear on booking.
- The in-house service user survey specifically asked if it was felt that they had been given sufficient information before the procedure to make an informed choice. From 31 responses received in October 2021 the service received a mean score of 4.9 out of a possible 5 (completely satisfied).
- Parents of infants and children who were circumcised had the choice of being present during the procedure. It was the standard operating procedure that both the clinician and clinical support worker were present during the procedure.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff understood the cultural significance of the procedure to service users and their families.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private area to discuss their needs.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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 when patients were deemed suitable to receive the procedure. If it was decided that a potential patient was unsuitable for circumcision, then this was discussed with either the prospective patient themselves or the parents of the infant or child concerned.
- The service pricing structure was clearly outlined to service users.
- The facilities and premises were appropriate for the services delivered. For example, a passenger lift was available as the service operated from the first floor.
- The clinic had developed a range of information and support resources which were available to service users. This included post-operative support from the provider.
- Service users were able to have their circumcision reviewed by the service if they had concerns or had experienced problems after the procedure.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, the circumcision procedure and any necessary aftercare or assessment. The service operated once or twice a month from the registered location.
- Patient feedback from their in-house survey compiled in October 2021 showed high service user satisfaction. For example, from 31 responses the service received a mean score of 4.7 out of a possible 5 (completely satisfied) regarding ease of booking.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and had processes in place to respond to them appropriately to improve the quality of care.**

- The service had a complaints policy and procedure in place.
- The service reported that it had very low levels of concerns raised by service users and had not received any formal complaints over the previous 12 months. We were informed service users were encouraged to raise concerns and could do this via the telephone line or contacting them via the service website.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

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

- The provider was knowledgeable and had a detailed understanding of issues and priorities relating to the service. The provider delivered services from two locations in Sheffield and felt they understood the needs for circumcision services in Sheffield and the surrounding areas and had developed the service to meet these needs.
- The service was delivered by a small team who had the required specialist knowledge and skills. For example, the main clinician was a consultant urologist.
- Staff told us that the main clinician (who was also the provider) was visible and approachable.

## **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 and these were outlined on the service website. The service had a realistic strategy to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their individual roles in achieving them.

## **Culture**

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

- Staff working at the service told us that they felt respected, supported and valued.
- Processes and procedures which operated within the service supported a culture of openness, honesty and transparency. For example, the service openly sought service user feedback, and staff were aware how to raise concerns with the provider.
- 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 training and development they needed. This was achieved via one to one feedback and by annual appraisal discussions. We saw that annual appraisals had been held with staff during the previous 12 months.
- There were positive relationships between the provider and staff.

## **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 in place. The provider had established a governance board, which comprised of a third party and an employee who understood the operating practices of the service. The board's role was to have oversight of key developments and decisions. For example, they examined actions taken by the service in relation to recorded incidents.
- Staff were clear on their roles and accountabilities, and we saw that staff personnel records contained details of job roles and responsibilities.

# Are services well-led?

- The provider had established policies, procedures and activities which ensured safety and assured themselves that they were operating as intended. For example, these included:
  - Safeguarding
  - Complaints
  - Consent

These policies and procedures were shared with staff via email. Staff confirmed to us on the day of inspection that this information had been shared with them.

## Managing risks, issues and performance

### **There were some 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, some improvement was required to give greater depth, scope and detail to clinical audits.
- The service had processes to manage current and future performance. For example, the service assessed service user satisfaction via an in-house survey of a proportion of users, and we saw that there was oversight of the operation of the service via their governance board.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For example, if parents of children sent in post-circumcision images of their children if they had concerns regarding the circumcision that had been undertaken, we were informed that these sensitive images were kept for assessment use, stored securely and then deleted after a period of six months.
- The service had procedures in place to access medicine and patient safety alerts and updates which were applicable to the safe operation of the clinic.
- The service gathered information concerning the health of the patient prior to the procedure, and recorded decision making if they concluded that the procedure should not be completed on the patient. Records we examined of patients who had undergone a circumcision carried the appropriate level of detail.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service made use of service user (and if appropriate parental) feedback which it used to assess satisfaction and performance. Staff gathered views via verbal feedback on the day of the procedure, calls made to service users made within 24 hours of the procedure being undertaken, and via a survey sent to a proportion of services users post-procedure. The last survey in October 2021 showed high satisfaction with the service provided.
- Staff could describe to us the systems in place to give feedback such as on the day team feedback and at annual appraisals and team meetings.
- Service users were informed of the procedure once it had been carried out at the clinic, and contact details allowed them to correspond further with the service if required.

## Continuous improvement and innovation

# Are services well-led?

**There was some evidence of systems and processes for learning, continuous improvement and innovation.**

- We saw that the service had some mechanisms in place to facilitate learning and quality improvement. Activities included:
  - Significant events had been recorded and investigated, and necessary changes had been considered in light of this.
  - A satisfaction survey was sent to a proportion of service users.
  - Clinical audits were undertaken using information from the service user survey, an examination of consent records, and via monitoring a log of reported complications. It was though noted that the clinical audit activity lacked some depth, scope and detail as to the methodology used, scope of patient numbers assessed, outcomes, and subsequent actions taken.