

AMS Clinic Ltd

# AMS Clinic Manchester

## Inspection report

Cheetham Hill Medical Centre  
244 Cheetham Hill Road  
Manchester  
Lancashire  
M8 8UP

Tel: 0161 277 6957 & 0742 822 4376

Website: [www.amsclinic.co.uk/manchester](http://www.amsclinic.co.uk/manchester)

Date of inspection visit: 30 September 2017

Date of publication: 28/11/2017

### Overall summary

We carried out an announced comprehensive inspection of the AMS Clinic Manchester on 30 September 2017 to ask 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 announced 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 Manchester based service was established in April 2017 and operates from accommodation within Cheetham Hill Medical Centre, 244 Cheetham Hill Road, Manchester, Lancashire, M8 8UP. The service provides circumcision to infants aged from two weeks up to one year for cultural and religious reasons under local anaesthetic, and carries out post procedural reviews of patients who have undergone circumcision at the clinic.

The service operates from Cheetham Hill Medical Centre, which is a modern, purpose built GP practice which is easily accessible for those bringing children to the clinic for example it has level floor surfaces, automatic doors and parking available. The AMS Clinic Manchester operates from a treatment room located on the ground floor for delivery of services. They also have access to a consultation room which is used to discuss the procedure

# Summary of findings

with parents and provide further information; using verbal and visual aids. Patients and their parents can also access other areas of the medical centre such as waiting areas and toilets.

The service is led by three directors (male) who have each been identified a specific area to lead on. The registered provider is one of the directors who is the managing director and is also responsible for registration with the Care Quality Commission. The second director leads on staffing and rotas and the third on clinical areas including carrying out the procedure in the event of staff shortages.

The service is delivered by one nurse and one health care assistant who are both present during every procedure. These clinicians are all trained and experienced in minor surgery and carry out the procedure from both the Bradford and Manchester locations on a regular basis. As part of a service level agreement with Cheetham Hill Medical Practice a practice receptionist supports parents and patients on arrival at the clinic, they also manage bookings for the clinic and record on a clinic system.

The clinic operates from the Manchester site from 10.30am until 12.00pm on alternate Saturday mornings.

## **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.
- Communication between staff was effective with regular documented meetings across both sites.

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

- Review the process for checking the identity of parents and obtaining proof of parental authority.
- Review medication held at the medical centre for the treatment of medical emergencies including the treatment of anaphylaxis.

# 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 had not recorded any significant events at the time of inspection as the service had only been in operation for six months and no incidents or events had occurred.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- 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.

---

### **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.
- The provider had enrolled on the 'Greater Manchester Safeguarding Infant Male Quality Assuring Services' and worked in line with the requirements of this to achieve full accreditation.
- 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 the parental responsibility and the procedure was only carried out when there were no disagreements or disputes. The consent form had been shared with The Greater Manchester Safeguarding team and shared across the Manchester area as an example of good practice.

---

### **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.
- The service contacted parents by telephone 24 hours after the procedure to ensure there were no concerns. There was also a 24 hour duty doctor available during the aftercare period.

---

### **Are services responsive to people's needs?**

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

---

# Summary of findings

---

- 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.
  - The service offered post-operative support from a duty doctor who was contactable 24 hours a day.
  - The clinic had produced a book containing post-operative pictures for patients to review to give them visual insight into what to expect following the procedure and to avoid unnecessary GP consultations during normal recovery processes.
  - The service had provided IT equipment for parents to watch videos of procedures being carried out.
  - The clinic was able to meet the needs of specific population groups such as those with a disability.
- 

## **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.
-

# AMS Clinic Manchester

## Detailed findings

### Background to this inspection

We carried out this inspection of AMS Clinic Manchester on 30 September 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 Manchester and 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 and reviewed documents relating to 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. However, as the Manchester location had only been operating for six months, we were unable to see any examples of this.

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 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.

- Parents were usually not present during the procedure. 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.
- 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 a defibrillator on the premises and oxygen with adult and children's masks. A first aid kit and accident book were also available on-site.
- 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. However; we did not see a supply of chlorphenamine within the emergency medicines. Chlorphenamine is an antihistamine medicine essential in the treatment of anaphylaxis.
- The clinician we spoke to 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

# Are services safe?

that clinicians also undertook self-directed learning to support their own professional development. Non-clinical members of staff received training and instruction appropriate to their roles.

The service was planned around staffing levels and the clinic carried out a maximum of five procedures per session.

We were unable to review personnel files on the day of our inspection as these were located at the main site in Bradford. However; we reviewed the recruitment policy and contract detail form which listed the following checks as essential:

- Two copies of ID
- CV with two references
- Current GMC/NMC registration
- Disclosure and Barring Service (DBS) Check. (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 persons who may be vulnerable)
- Hepatitis B Status
- Indemnity Insurance
- Basic Life Support Certification/Neonatal resuscitation training
- Safeguarding training certification

We were assured by the provider that these checks were carried out and received a sample of electronic copies following our inspection.

## **Monitoring health & safety and responding to risks**

The clinic adhered to the Cheetham Hill Medical Centre 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.
- The clinic worked closely with the host location Cheetham Hill Medical Centre and was made aware of any issues which could adversely impact on health and safety. We were informed by the clinic that the host

practice maintained firefighting systems and equipment and carried out regular alarm tests and evacuation drills. Staff from the clinic was aware of evacuation procedures and routes.

## **Infection control**

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 other ancillary rooms such as the waiting area appeared to be clean and were in good overall condition.

The provider, who was also the managing director, was the infection prevention and control (IPC) lead for the Manchester location and 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 utilised the services provided by the host GP practice for clinical waste disposal.

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.

## **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. Adrenalin is a medicine used for the emergency treatment of allergic reactions. 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 also discussed after care treatment with 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 them unnecessarily attending other primary or secondary care services.

The clinic provided a book 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.

There was evidence of commitment to quality improvement including enrolment on the 'Greater Manchester Safeguarding Infant Male Quality Assuring Services'. This was a self assessment process. The information, once submitted, would be assessed against required standards such as British Medical Association and General Medical Council in order to become quality assured. Following the inspection, the provider sent us evidence to confirm that the services provided had been assessed as meeting the quality assurance standards of the Greater Manchester Infant Male Circumcision Quality Assurance Panel.

The clinic worked in line with the requirements of this service and at the time of our inspection were collecting information in support of their first clinical audit (which required 30 procedures to be carried out before being submitted) and this included reviewing:

- Post circumcision bleeding.
- Post circumcision infection.
- Any complications throughout the entire procedure

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.

### 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 an acute nurse (who also worked in secondary care accident and emergency department) and a health care assistant. Both staff members had a wide range of experience in delivering circumcision services to children and young people. Staff working at the clinic also had access to advice and consultation from a consultant urologist from secondary care who had provided training for all staff employed by the clinic to carry out the procedure.

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 consent form had been shared with Greater Manchester Safeguarding and across the Manchester area as an example of good practice.
- The provider provided an example of when the consent protocol had been utilised when a father and grandmother had attended the clinic with the patient. The clinic contacted the mother of the patient to obtain verbal consent prior to carrying out the treatment.



# Are services effective?

(for example, treatment is effective)

- 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 that the clinician on duty was 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, and we observed, 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.

### **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.

# 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.

Cheetham Hill Medical Centre from which the clinic operated was in a good condition and repair and was accessible to those with mobility difficulties, or those who used a wheelchair being entered via level surfaces through automatic doors. Service users received treatment on the ground floor.

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

### Access to the service

The service operated one session per clinic, and clinics were held on alternate Saturday mornings. Appointments could be made via a dedicated telephone booking line and parents of patients could also contact the clinic via the website.

### Concerns & complaints

The clinic had a complaints process in place which was available on the website. In the six months the Manchester location had been operating, there had been no complaints received.

Patients could complain to the clinic in a number of ways which included via a web form on the clinic website.

# 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.
- The clinic recognised the importance of clinical audit and had enrolled in the 'Greater Manchester Safeguarding Infant Male Quality Assuring Services' and had started to collate information which sought to benchmark patient outcomes against recognised measures. Following the inspection, the provider sent us evidence to confirm that the services provided had been assessed as meeting the quality assurance standards of the Greater Manchester Infant Male Circumcision Quality Assurance Panel.
- 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 upon completion of 20 procedures or 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.

### 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:

- Online feedback and compliments and complaints.
- Verbal feedback post procedure and at reviews.
- Feedback at clinical meetings and post-sessional meetings.