

Dr Sohail Ijarz Ansar

Just Health

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 29 November 2018 to ask the service 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.

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.

Dr Sohail Ijarz Ansar is the registered provider at Just Health. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Just Health provides services such as DVLA medicals and cupping therapy which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The element of the service offered by Just Health which does fall into the scope of our regulation is circumcision procedures for boys aged up to one year old.

Our key findings were:

- The service was offered on a private, fee-paying basis only and was accessible to those who chose to use it.

Summary of findings

- Circumcision procedures were safely managed and there were effective levels of patient support and post-operative care.
- The provider was conscientious and ensured the needs of patients were met appropriately.
- There were systems in place to identify and learn from incidents and near misses. Learning was implemented appropriately following these.
- Information available to the parents of patients was comprehensive and accessible.
- Patient outcomes were monitored and analysed as part of quality improvement processes.
- Staff had the skills and qualifications to carry out their roles.
- The service shared relevant information with a patient's own GP as appropriate and referred patients on to other services when necessary.

- The service encouraged feedback from patients' parents. Feedback received was positive about the care and treatment offered.

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

- Embed the newly updated consent form to record documents viewed to enable verification of parental responsibility appropriately.
- Review the process for recording batch numbers of anaesthetic medicine administered in patient records.
- Review the documentation of risk assessments to record the rationale for mitigating activities completed.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Just Health

Detailed findings

Background to this inspection

Dr Sohail Ijarz Ansar is registered with the CQC as an independent healthcare service to provide the regulated activity surgical procedures from the Just Health clinic, located at 156 Colne Road, Burnley, Lancashire, BB10 1DT. The services offered which fall under the scope of registration with the CQC are circumcision procedures for boys up to the age of one year. Other services are offered by the provider, such as DVLA medicals and cupping therapy, but these are not within the scope of registration, so were not inspected or reported on. The service has a website with the address <http://www.just-health.co.uk/>.

The service is run by the individual provider, who also employs a receptionist and an assistant.

The service's opening times are between 9am and 10pm Monday to Friday, and between 9am and 6pm at weekends. Circumcision clinics are offered on Saturdays only. Since registering with CQC in November 2017, the provider has carried out approximately 20 circumcision procedures.

We visited the service on 29 November 2018. Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser. No patients were booked into the service on the day of our inspection. We discussed the service in detail with the provider during the inspection and gathered evidence while on site. We also spoke with the service's receptionist over the telephone shortly after the visit.

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

Safety systems and processes

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

- The provider conducted some safety risk assessments and we saw appropriate actions had been put in place to mitigate risks. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service had some systems in place to assure that an adult accompanying a child had parental authority. However, we did note the provider was not routinely documenting the forms of identification they had been given sight of to confirm appropriate parental responsibility. Immediately following the inspection visit, the provider updated the service's consent form to facilitate the documentation of the forms of identification seen to confirm parental responsibility.
- While the service did not meet with other professionals such as health visitors on a formal basis, staff knew how to raise concerns and who to contact if needed. Staff described how they would take steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There were systems in place to manage infection prevention and control (IPC). We saw an IPC audit had been completed in August 2018. While a control regime had been implemented to mitigate the risk of legionella,

a legionella risk assessment was not available for us to view to demonstrate the rationale for this control regime (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. We saw the service held a stock of appropriate emergency medicine and equipment.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. We did note that the expiry date of the local anaesthetic used had not been consistently recorded in patient records. However, due to the low number of procedures completed to date the provider explained how they knew the batch used. They confirmed they would update their practice to ensure the expiry dates were consistently recorded.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- At the time of the visit the service had not considered a policy around the retention of medical records in line with DHSC guidance in the event that they ceased trading. We discussed this with the provider and an appropriate policy document was provided immediately following the inspection detailing how the service would manage its records should this situation arise.

Are services safe?

- Information on procedures completed was shared appropriately with the child's own GP.

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 emergency medicines and equipment minimised risks.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Emergency medicines were securely stored and staff we spoke with were aware of their location. The medicines we viewed were all in date and an appropriate range of medicines were held for the medical procedures undertaken.

Track record on safety

The service had a good safety record.

- We saw appropriate mitigating actions had been put in place in relation to safety issues.
- The premises were well maintained and safety checks such as those relating to electrical installation had been completed and documentation relating to these checks available.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- 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. Since commencing circumcision procedures at the service in January 2018 there had been one significant event logged. We discussed this with the provider who was able to articulate how they had identified appropriate learning and updated their practice in order to minimise a repeat of the event. This learning had been discussed both with the service's two staff members, and with the team of another independent circumcision service where the provider had previously undertaken training.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had systems to keep themselves up to date with current evidence based practice. We saw evidence that the provider assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.

Patients using the service had an initial consultation where an appropriate medical history was taken from the parents. Parents of patients were able to access detailed information regarding the process and procedure offered by the service. This included advice on post-operative care. If the initial assessment showed the patient was unsuitable for the procedure, this would be documented and if necessary an onward referral made to other services as appropriate. We saw examples where this had been done. After the procedure the provider discussed after-care treatment with parents and informed them what to expect over the recovery period.

The service made use of a book containing post-operative pictures in order to assist parents in best understanding what to expect following the procedure. Parents were provided with an emergency contact number, accessible 24 hours a day immediately following the procedure and were advised to contact the service should they have any concerns.

Monitoring care and treatment

The service was actively involved in quality improvement activity. We saw evidence that an audit of procedures undertaken to date had recently been completed and written up. This audit collated information from the procedures completed to monitor infection rates and any requests for follow up. There was a 0% infection rate, with only two of the 22 procedures completed resulting in post-operative bleeding. The service planned to repeat the audit in the future for ongoing monitoring of its procedures completed.

One procedure had resulted in a child's parents contacting the service's aftercare line; we saw appropriate advice had been provided as a result of this and the provider had reflected on the case and identified appropriate learning outcomes to inform the service's future practice.

The provider routinely contacted parents seven days following the procedure to ensure recovery had progressed as expected. This also afforded parents a further opportunity to discuss any concerns or questions they may have.

Effective staffing

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

- All staff were appropriately qualified. We saw the provider had undertaken training specifically around carrying out circumcisions and this had included an assessment of competence. They also had identified other professionals locally undertaking the same procedures to provide peer support and advice if required.
- The provider had an induction programme in place which would be used for any newly appointed staff.
- The provider was registered with the General Medical Council (GMC) and was up to date with revalidation
- Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

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

Whilst opportunities for working with other services was limited, we saw the service did so when this was necessary and appropriate. For example, the service communicated with the patient's own GP to inform them the procedure had been undertaken. Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information indicated a circumcision was not appropriate.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Are services effective?

(for example, treatment is effective)

- Staff supported patients to make decisions. It ensured consent was given by both parents, unless it was evidenced one parent had sole responsibility for the child.
- The service had not routinely been documenting the forms of identification viewed to ascertain the parental

responsibility of those giving consent for the procedure, but updated its consent form immediately following the inspection to facilitate effective recording of this information.

Are services caring?

Our findings

Kindness, respect and compassion

Staff told us how they treated patients with kindness, respect and compassion.

After each procedure, the provider gave parents a feedback form and invited them to share their experience of using the service. We saw two of these forms had been returned and included positive feedback. Parents were satisfied with the care they had received and stated they would recommend the service to others.

Staff we spoke to understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

We saw how the service gave patients timely support and information. We saw advice leaflets had been produced by the service for parents to take away and read in their own time.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. The provider discussed the procedure with parents and we saw evidence of how this was done on the day of inspection. The provision of information resources produced by the service for parents supported this approach.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 provider understood the needs of their patients and improved services in response to those needs. They felt there had been an unmet need for circumcision services offered locally, so had set up the service to meet those needs.
- The facilities and premises were appropriate for the services delivered.
- The service had developed a range of information and support resources which were available to parents. The service's website also included detailed and useful information on the circumcision procedure and post-operative care.
- The service offered post-operative support and advice via a 24 hour phone line made available to parents immediately following 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. The

service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it. Circumcisions were offered on Saturdays and waiting times were minimal. Appointments could be made via a dedicated telephone booking line, or through the service's website.

Listening and learning from concerns and complaints

The provider told us how they would take any complaints and concerns seriously and would respond to them appropriately to improve the quality of care. The service had not received any complaints at the time of our inspection.

- Information about how to make a complaint or raise concerns was available. Staff told us how they would treat patients who made complaints compassionately.
- We noted the service's complaints literature did not contain suitable information regarding how a patient could escalate their complaint should they be unhappy with the service's response; the documentation indicated patients would be signposted to the Care Quality Commission. We saw the provider updated documents immediately following the inspection.
- The service had complaint policy and procedures in place.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was visible and approachable. There was a very small staff group who had a close working relationship.

Vision and strategy

The service had a vision and credible strategy to deliver high quality care and promote good outcomes for patients. There was a clear vision and set of values. The service was exploring options for future development. Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of the requirements of the duty of candour.
- Staff told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need.
- The staff team was small and worked closely together. The provider was easily able to ensure the safety and well-being of all staff.

Governance arrangements

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

- Staff, both clinical and non-clinical were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety and effectiveness. However, we did note some policy content did not appropriately reflect the activities undertaken at the service. For example, the infection prevention and control policy referred to three-monthly infection control inspections being undertaken. The provider immediately updated this policy document to appropriately reflect the annual inspection schedule the service had adopted.
- The small staff team meant that communication channels within the service were effective; staff we spoke with spoke positively about how they were kept up to date with any changes.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their completed procedures and referral decisions.
- Clinical audit had been commenced to gauge quality of care and outcomes for patients.
- There was evidence of action to change services to improve quality following significant events.
- The provider had plans in place and for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The provider demonstrated to us how they were mindful of quality and sustainability.
- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.

Are services well-led?

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

- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The provider updated the service's policy documentation immediately following the visit to ensure measure had been identified and documented as to how records would be managed if the business ceased trading.

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.

- Staff described to us how the provider was approachable and that they felt able to give feedback.
- Parents of patients were encouraged to feed back about the service; they were given feedback forms on completion of the procedure.

Continuous improvement and innovation

There was evidence of systems and processes for learning and continuous improvement. The provider ensured that they and their staff had completed appropriate training for their roles. The provider had access to a network of peers in order to seek advice and share learning and best practice.