

Thornhill Clinic Limited

Thornhill Clinic – Luton

Inspection report

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Luton
Bedfordshire
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Overall summary

We carried out an announced comprehensive inspection on 10 October 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 not providing safe care in accordance with the relevant regulations as they had not completed some risk assessments and staff training.

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.

Thornhill Clinic – Luton provides private circumcision services to infants, aged five days onwards, children and adults. The clinic also provides a private GP service, including medical health checks and occasional minor surgery such as mole removals.

The Thornhill Clinic – Luton is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. 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.

As part of our inspection, we reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service. There were 25 completed CQC comment cards and they all contained positive comments regarding the service received. Users

Summary of findings

of the service commented that the staff were friendly and polite and they were made to feel at ease. There were comments that the doctors were professional and answered questions clearly and that the environment was clean and hygienic.

Our key findings were:

- There were effective processes in place to manage significant events and complaints and ensured that lessons were learnt and shared when things went wrong.
- The provider had developed their own best practice guidelines for the circumcision service following the World Health Organisations (WHO) recommendations.
- There was a comprehensive programme of clinical audits in place.
- There were clear procedures in place for consent that included checks to establish parental responsibility.
- The facilities and premises were appropriate for the services delivered.

- Risk assessments in relation to patient safety were lacking in some areas. For example, for legionella, fire safety, and health and safety. There was no risk assessment in place to determine which emergency medicines the practice needed to stock.
- Non-clinical staff had not received all essential training for their roles. For example, infection prevention and control, fire safety and basic life support.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.

You can see full details of the regulations not being met at the end of this report.

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

Thornhill Clinic – Luton

Detailed findings

Background to this inspection

Thornhill Clinic – Luton is an independent doctors treatment and consultation service in Luton. The service provides a private circumcision clinic and GP services from 1-3 Thornhill Road, Luton, Bedfordshire, LU4 8EY. Information regarding the service can be found on the service's website www.circumcisioncentre.co.uk

The service is open from 9am to 5pm Monday to Friday and on the occasional Saturday according to demand.

The circumcision service covers all age ranges from infants (under 2 years old), younger boys (under 8), to older boys and adult men. The clinic also provides private GP services, medicals (pre-dominantly for taxi drivers) and some minor surgery such as mole removals.

The service is run by three clinical and one non-clinical directors. The clinical team includes two consultant urologists, one specialist paediatric surgeon/urologist, one locum emergency medicine consultant and three GPs. The

service uses a locum registered nurse as required. They have one full time health care assistant, three locum health care assistants and a team of reception staff all led by the practice manager who is also the non-clinical director.

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

Before inspecting, we reviewed a range of information we hold about the service, any notifications received, and the information given by the provider at our request prior to the inspection.

During the inspection we spoke with staff including GPs, urologists, the practice manager and reception staff.

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

We found that this service was not providing safe care in accordance with the relevant regulations

Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Local authority contact details were available in the reception office. Learning from safeguarding incidents were available to staff. We were shown details of a safeguarding concern that had been raised by the practice and noted that it was appropriately managed.
- Staff who acted as chaperones had received in-house training for their role and had received a 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 adults who may be vulnerable.) Following the inspection, the service informed us that they had sourced an external training course for all staff.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. DBS checks were undertaken where required.
- There was an effective system to manage infection prevention and control (IPC). An infection control audit had been completed in February 2018 and identified actions had been completed. We observed the premises to be visibly clean and tidy with appropriate IPC measures in place that included the use of pedal bins, elbow taps and wipeable floors and surfaces. There were arrangements in place for managing clinical waste which kept people safe. However, non-clinical staff had not received any formal IPC training. Following the inspection, we were informed that the IPC training had been completed.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Portable appliance testing (PAT) of electrical equipment had been completed in January 2018 and equipment calibration had been completed in October 2018.

Risks to patients

Some of the systems to assess, monitor and manage risks to patient safety were lacking.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However, with the exception of the practice manager, the non-clinical staff had not received basic life support training. Following the inspection, we were informed that basic life support training had been completed by all clinical and non-clinical staff.
- The practice had not completed a formal risk assessment to determine which emergency medicines they needed to stock on the premises for use in the event of a medical emergency. There was a supply of adrenaline which was used to increase the heart rate and blood pressure in an emergency. However, we were informed that if other medicines were required, they would be obtained from a neighbouring GP practice. There was a defibrillator and oxygen available on the premises and a first aid kit and accident book.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service demonstrated that when patients used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.

Are services safe?

- The service had a system in place to retain medical records in line with the Department of Health and Social Care guidance.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The service managed and stored
- The GPs prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The service had reviewed their antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Following circumcisions, all patients were issued with a prescription for antibiotic medicines with instructions not to collect the antibiotic medicines unless instructed by a doctor if an infection occurred.
- The service kept prescription stationery securely and monitored its use.

Track record on safety

The service did not have a good safety record as risk assessments in relation to safety issues were lacking in some areas. For example:

- The service had completed their own legionella risk assessment in 2016. However, it was not evident that it was completed by a person competent to do so. Following the inspection, we were informed that the service had arranged for an external company to complete an assessment on 25 October 2018. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The service had completed their own fire risk assessment in 2013. They carried out weekly fire alarm checks but had not completed any fire drills and staff had not received any fire safety training specific to the service. Following the inspection, we were informed that a fire risk assessment had been completed on 19 October 2018.

- The practice had not completed any health and safety risk assessments and a premises and security risk assessment had not been completed since the alarm system was fitted in 2012.

Control of substances hazardous to health (COSHH) risk assessments were in place for the cleaning materials used in the practice.

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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service had recorded four significant events that had occurred in the previous year. The documentation of the events and minutes of meetings showed the service learned and shared lessons, identified themes, and took action to improve safety in the service. For example, the service had reviewed their procedures following a power cut that had occurred during an operation. Battery operated equipment and torches were now available for use if required.
- The provider was aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents the service gave affected people support, information, a verbal and written apology and a refund of any fees.
- 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. The service had an effective mechanism in place to disseminate alerts to all members of the team including locum staff. The practice manager was responsible for ensuring all relevant staff had received and acted on any safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

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.

- The service had recognised that there was a lack of benchmarking with other providers for circumcision procedures. They had developed their own best practice guidelines for the circumcision service following the World Health Organisations (WHO) recommendations.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- For the GP service, arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of actions taken to resolve concerns and improve quality.
- The service had a programme of ongoing clinical audits. For example, they audited post-operative complications. In the aftercare advice given, all patients or their parents were advised to contact the service if they experienced any complications rather than their own GP. Following the audit, the practice implemented the use of delayed antibiotic prescriptions to treat post-operative infections. The practice had also completed an audit on the use of anaesthetic following

a significant event when a patient had experienced a reaction to the anaesthetic given. Following the audit, the practice administered anaesthetic according to the weight and age of the patient rather than age only.

Effective staffing

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

- All staff were appropriately qualified.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- Up to date records of skills, qualifications and training were maintained. The clinical staff worked in NHS organisations in addition to their work at the practice. Records of training from the NHS organisations were kept by the practice as evidence that staff were up to date with their training requirements.
- The non-clinical staff had not received some essential training. For example, basic life support, fire safety and infection prevention and control.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, if a circumcision procedure was complex or not in the patient's best interest, a referral was made back to the patient's GP or NHS provider.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. For example, any medical checks carried out by the GP service were only done with the patients consent to access their full medical history from their NHS GP service.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their

Are services effective?

(for example, treatment is effective)

consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The GP service promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives. Patients were encouraged to be involved in monitoring and managing their health.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, for example, if there were medical reasons or the procedure would be too complex, patients were redirected to the appropriate service for their needs.

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 including Gillick competency and the Mental Capacity Act 2005.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Both parents signed the consent forms for all children under 18 years of age. There were procedures in place to check for parental responsibility for consent. This included photographic identification of parents and the birth certificate and 'red book' health record of the child. Where children were assessed as having the capacity to consent they signed the consent form in addition to their parents. We were informed that if a child showed signs of reluctance to have the procedure then it would not be carried out.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- During our inspection we observed a relaxed and friendly atmosphere at the service. The staff in the reception area were courteous and helpful.
- All of the 25 patient CQC comment cards we received were positive about the service experienced. Staff of all levels were described as caring and professional.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Many of the staff were multi-lingual and could interpret if required. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- We observed that patients and parents of patients were given clear verbal and written post-operative advice.
- Patients and parents of patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Comments included that they received clear explanations and questions were answered.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- There were adult only clinics available on Monday and Friday afternoons to protect the privacy and dignity of these patients. The service took additional steps that included the closing of the blinds in the waiting area at these times to maintain confidentiality.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There was a private area for mothers to breastfeed their babies to help calm them prior to procedures taking place.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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. For example, details of a 24 hour manned telephone number was given to patients and parents of patients when they received their aftercare advice. They were informed to use this number when the service was closed for any post-operative complications.
- The facilities and premises were appropriate for the services delivered. The clinic was in a converted house with consultation and treatment rooms available on the ground and first floor. There was a large waiting area and the corridors were wide enough for push-chairs, wheelchairs and mobility aids.
- There was a level access for wheelchairs and access enabled toilets. There were also baby changing facilities and a private area for mothers who wished to breast-feed.
- Services available to patients were made clear on the website. Patients were routinely advised of the expected fee in advance of any consultation or treatment.
- The service had recognised that there was a particular challenge in performing the procedure on children aged three to five years. They had equipment available such as computer tablets to distract children whilst undergoing a circumcision.
- Additional capacity for operations to take place was planned during the school holidays to minimize the time children needed to miss school to recover post-operatively.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The service was open from 9am to 5pm Monday to Friday and occasional Saturdays according to demand.
- The service accepted bookings from across the UK and from abroad. Requests for services were made online or via the telephone.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in the reception area and consultation rooms. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. Details of the Independent Sector Complaints Adjudication Service was available in the complaint documentation.
- The service had a complaint policy and procedure in place. The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the consent policy and procedure was changed following a complaint.

Are services well-led?

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

Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

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

- The directors were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. We observed staff members displayed the values of the service when speaking with and caring for patients.

Culture

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

- Staff we spoke with 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 and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a strong emphasis on the safety and well-being of all staff. There was an incentive scheme in place to reward the non-clinical staff for the work they carried out.
- There were positive relationships between staff and managers.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- The service had developed policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

We reviewed processes for managing risks, issues and performance.

- The provider was unable to demonstrate that all risks in relation to health and safety, legionella, infection prevention and control, fire safety and responding to medical emergencies had been assessed at the time of our inspection. However, following the inspection the service provided assurance that arrangements had been made for formal risk assessments to take place.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and procedures. The service had developed their own system to compare the performance of the clinicians when carrying out circumcision procedures to identify any learning or development needs.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Are services well-led?

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

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 service used performance information which was reported and monitored.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

- The service encouraged feedback from patients and parents of patients via two external websites where reviews of the service could be left. The service informed us they also reviewed the comments made on an internet search engine regarding the service.
- Staff were able to describe to us the systems in place to give feedback. For example, during appraisals and

informal discussions. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The service showed us examples of when they had presented information regarding the care and treatment they provided at national and international conferences.
- The service had developed their own best practice guidelines following the World Health Organisations recommendations and shared these with other similar services.

There were systems to support improvement and innovation work. The service researched circumcision techniques used by other services both in the UK and abroad to ensure they were performing the most appropriate and effective operations.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was a lack of suitable risk assessments in place for the following areas:<ul style="list-style-type: none">▪ Legionella▪ Fire safety▪ Health and Safety▪ Security of premises▪ Emergency medicines• The non-clinical staff had not received training for the following essential areas:<ul style="list-style-type: none">▪ Basic life support▪ Fire safety▪ Infection prevention and control• The service had not completed any fire drills. <p>Regulation 12 Health and Social Care Act</p>