

# Community Health Centre

## Inspection report

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

**This service is rated as** Requires improvement **overall.**

The service had previously been inspected in February 2014 and was found to be providing services in accordance with relevant regulations. At that time independent providers of regulated activities were not rated by the Care Quality Commission.

At the inspection in November 2019, the key questions were rated as:

Are services safe? – Requires improvement Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at the Community Health Centre as part of our inspection programme and to provide a rating for the service.

The service provides circumcision to children and adults for therapeutic and non-therapeutic reasons.

One of the directors of the service 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 people. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## 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 surgical procedures were safely managed and there were effective levels of patient support and aftercare. However, in the service was failing to adequately record anaesthetic medicines being administered to patients.
- The practice did not ensure effective communication with the patient's own GP practice following the circumcision procedure.
- Consent was not consistently sought from both parents and identification documents not always checked and fully recorded to document that these had been seen.
- There was limited evidence of how patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes.
- 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, and staff knew how and when to report any concerns. The service had good links with local agencies.
- The service had developed materials for parents/patients which explained the procedure and outlined clearly the recovery process.
- 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 were investigated thoroughly and mechanisms were in place to make subsequent improvements to the service.
- Health and safety risk assessments had been undertaken for the service. Staff were also aware of the health and safety procedures in place within the hosting GP practice.
- There was a clear leadership structure, with governance frameworks which supported the delivery of quality care.
- Staff personnel files were kept and recruitment checks were completed on staff as required by law.
- The service encouraged and valued feedback from patients and their representatives/parents. Comments and feedback for the clinic showed high satisfaction rates.
- Communication between staff was effective.

The areas where the provider **must** make improvements as they are in breach of regulations are:

# Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Improve arrangements for liaising with the patient's GPs following the procedure.
- Improve the systems to obtain consent from both parents and record that identification documentation has been seen.

**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. The team included a GP specialist advisor and a practice nurse specialist advisor.

## Background to Community Health Centre

Community Health Centre is an independent circumcision service provider which is registered at Melbourne Centre, Melbourne Road, Leicester, LE2 0GU. The service operates from accommodation within the GP practice run from the premises. The service provides circumcision to those under 18 years of age for non-therapeutic reasons under local anaesthetic. The clinic also sees adults for non-therapeutic circumcision. The majority of circumcisions carried out by the clinic were on children under one year of age. The service is registered with the Care Quality Commission for the regulated activity of surgical procedures.

Community Health Centre, where the service is hosted, is a modern GP practice which is easily accessible for those bringing children or young people to the clinic, for example it has level floor surfaces, automatic doors and parking is available. The Community Health Centre utilises the minor surgery room within the practice for the delivery of services, as well as ancillary areas such as waiting areas and toilets.

The service is led by the registered manager and the practice manager and is delivered by one male surgeon assisted in the procedure by a healthcare assistant. The surgeon delivering the procedures was appropriately trained and experienced in this area of minor surgery, being a qualified plastic surgeon. Other staff working to support the clinic included a number of administrative and reception staff who booked patients into the clinic and processed their paperwork.

The clinics are held two evenings a week but can be increased to three depending on patient demand.

The service has a website at [www.melbourncommunityhealthcentre.co.uk](http://www.melbourncommunityhealthcentre.co.uk).

### How we inspected this service

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed a number of key policies and procedures.
- Explored clinical oversight and how decisions were made.
- Spoke with staff.
- Reviewed CQC comment cards where patients shared their views and experiences and spoke with parents of children who used 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?

**We rated safe as Requires improvement .**

## **Safety systems and processes**

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

- The service had systems to safeguard children and vulnerable persons from abuse. Policies were regularly reviewed and were accessible to staff. They outlined clearly who to go to for further guidance. Although the service had not had to make any safeguarding referrals, staff were clear on how they would do this and when.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider sought to confirm with parents prior to the procedure if a child was on a child protection register and would not proceed with the treatment if they were told this was the case.
- The service had developed a protocol and process to check and record the identity of both the patient and parents in order to assess parental authority. However these identity checks on birth certificates, parental driving licences and passports were not being recorded consistently by staff checking the documentation. We raised this with the provider who took immediate steps to ensure this was done consistently.
- The service explained to us how, if required, they would work with other agencies to support patients and protect them from neglect and abuse. 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. Disclosure and Barring Service (DBS) checks were undertaken on all staff working at the service. (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).
- There was an effective system to manage infection prevention and control. We inspected the procedure room where the circumcisions were undertaken and

found this to be in a clean and well-maintained condition. There were infection control audits and cleaning schedules in place. Clinical waste was being disposed of safely.

- The premises had been risk assessed for possible Legionella infections.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

**There were systems in place 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 and emergency medicines were available. These were easily accessible to staff and in order.
- The clinic operated a 24 hour contact line, whereby one of the clinicians was available for contact by parents of patients who had post-procedural concerns or wanted additional advice.
- There was an emergency button in the treatment room to alert staff in a medical emergency.
- Records completed by the provider showed that clinicians and non-clinical staff were up to date with necessary training. This included basic life support. 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.

## **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

# Are services safe?

showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The service carried out health checks on both the child and mother prior to the procedure.

- The service needed to improve the systems 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 patients or their parents once the procedure had been carried out and asked them to hand them to their GP. This relied on the patient handing this information and did not provide assurance that this would happen in all instances. The practice did input information directly onto the patient record if the patient's practice was using the same operating system as the provider, however, this was not always the case.

## Safe and appropriate use of medicines

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

- The service was not recording the batch numbers, expiry dates or volumes of local anaesthetics administered to patients as part of the circumcision procedure. This posed a safety risk to patients. We raised this with the surgeon who told us that they would implement a system to do this immediately.
- Emergency medicines were within date, and were stored safely and securely.

## Track record on safety and incidents

### The service had a good safety record.

- There were risk assessments and processes in place to manage safety issues. As well as the development of

their own specific risk assessments the service also had access to risk assessments and health and safety documentation from the host GP practice. They used this both as key safety information and to have assurance that risks were being managed.

- There was a service wide risk register in place to identify and address any risk identified within the service.
- 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.

- The service had clearly defined and embedded systems, processes and practices in place to identify, record, analyse and learn from incidents and complaints. We were told that all staff had a role to play in the identification of incidents and the provider had the overall lead for investigating complaints.
- There was a system in place for reporting and recording significant events and complaints. There had been three significant events in the last 12 months and we saw that learning had come out of these and been shared with the staff team. One significant event had improved the way in which information was given to patients/parents prior to the circumcision procedure taking place and this was a direct result of learning from a significant event.
- 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.

# Are services effective?

**We rated effective as Good .**

## **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.
- Patients' immediate and ongoing needs were fully assessed. Patients and parents of those using the service had an initial consultation where a detailed medical history was taken. 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. After the procedure clinicians also discussed after care treatment with parents and sought to inform them of what to expect over the recovery period and pain management. Written information was given to patients/parents following treatment. This was both to allay concern and anxiety from the parents and to prevent them unnecessarily attending other primary or secondary care services. Parental feedback we obtained through the inspection process indicated that they felt well informed.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Monitoring care and treatment**

### **The service was involved in some quality improvement activity.**

- The service used patient feedback to drive its quality improvement activity but was limited in terms of auditing patient outcomes. The provider was reliant on patient's informing them of complications or post operative complications. We discussed this with the provider who recognised that this could be an area for improvement.

## **Effective staffing**

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

- All staff were appropriately qualified. The surgeon who carried out the procedures had a wide range of experience in delivering circumcision services to children and young people.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Records of skills, qualifications and training were maintained for staff.

### **Coordinating patient care and information sharing**

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

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health. Potential patients whose health was assessed as being not suitable to receive a circumcision at that time were referred to their own GP. We saw evidence that when the provider felt a circumcision was unsuitable that this was recorded.

### **Consent to care and treatment**

#### **The service did not always obtain consent to care and treatment in line with legislation and guidance .**

- The service 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). However, this was not being obtained consistently by the clinic. We saw four records where only one parent had provided written consent. We raised this with the provider who took immediate steps to ensure that consent was obtained by both parents in the future.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

# Are services caring?

**We rated caring as Good .**

## **Kindness, respect and compassion**

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

- Feedback obtained from patients was positive about the way staff treat people. For example, feedback from the 36 Care Quality Commission comment cards we received through the inspection process, from three parents of patients we spoke with on the day and from recent in-house surveys showed feedback was uniformly positive. Comments included the sympathetic and kind nature of the staff and how they sought to explain the procedure and allay the concerns of parents and carers.
- 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.

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

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

- Staff had language skills which allowed them to communicate effectively with patients whose first

spoken language was not English. When in-house language skills could not meet their needs, we were told that formal telephone interpretation services were available.

- Parents were encouraged to be present during the procedure as this was felt by the service to reduce anxiety both for the child and the parents. Parents could choose not to be present if they so wished. The standard operating procedure for circumcisions was that two members of staff delivered the service. Other family members could attend if this was requested, and their attendance was noted by the service.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect, and understood the significance of the procedure to the families that used the service.
- Screening was provided in the procedure room used by the clinic which could be used to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.



# Are services responsive to people's needs?

**We rated responsive as Good .**

## **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 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.
- The facilities and premises were appropriate for the services delivered.
- The clinic had developed a range of information and support resources which were available to service users.
- The service offered post-operative support from a duty doctor who was contactable 24 hours a day.

## **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 operated two sessions a week and sometimes more if patient demand dictated it. The service was flexible to patient demand but relied on staff being available to deliver the service.
- Patients reported that the booking system was efficient and easy to access.
- The service offered post-operative support from a duty doctor who was contactable 24 hours a day.

## **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.**

- The service told us that they experienced low levels of complaints. There were no complaints in the last 12 months for us to review.
- Information about how to make a complaint or raise concerns was available and the provider was open to addressing and learning from complaints.
- 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.
- The service had a complaint policy and procedure in place.

# Are services well-led?

**We rated well-led as Requires improvement .**

## **Leadership capacity and capability**

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

- Leaders were knowledgeable about issues and priorities within the locality relating to the quality and future of services. They understood the challenges and were putting in place activities to address them. For example, the provider had started to run the service due to the need within the local community and their desire to provide safe and effective circumcision to patients. However, the issues we highlighted on this inspection had not been identified by the provider.
- Improvement was needed in relation to quality assuring areas such as consent, clinical outcomes and in the way in which the service communicated with patients' GPs.
- Leaders at all levels were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive care.

## **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 strategic approach to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against key priorities.

## **Culture**

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

- The service focused on the needs of patients and their families.
- Openness, honesty and transparency were demonstrated through our inspection process.
- 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 development they need. This included appraisal and career development conversations. All staff received regular appraisals.
- The service actively promoted equality and diversity.

- There were positive relationships between staff and managers working at the clinic.

## **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. We saw that staff personnel records contained details of job roles and responsibilities.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These included policies and protocols regarding:
  - Safeguarding
  - Whistleblowing
  - Consent and client identification
  - Chaperones
  - Infection prevention and control
  - Complaints

## **Managing risks, issues and performance**

**There were some 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. However, improvement was needed in assessing and monitoring patient outcomes as this relied on patient/parent feedback being offered to the service.
- There was limited evidence of clinical audits completed to measure patient outcomes. This was due to the patients having little or no contact with the service once the procedure had been carried out. The practice recognised there was more they could do here.
- The provider had not completed any audits in relation to parental consent which was not being consistently sought at the service.
- The provider had plans in place and had trained staff for major incidents. This included working closely with the host GP practice.

## **Appropriate and accurate information**

# Are services well-led?

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

- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- The service used performance information which was reported and monitored. This enabled management and staff to be held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were arrangements in place with regard to data security standards for the availability and integrity of patient identifiable data, records and data management systems.
- The practice gathered information concerning the health of the child and mother prior to the procedure.

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

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

- The clinic made extensive use of parental (and if they were older, patient) feedback to identify issues and improve services. They had produced their own survey

form and results were analysed on a regular basis. We saw the results of these surveys which indicated a positive patient experience. The clinic also sought patient feedback through the Friends and Family test, NHS Choices and their website. All of the patient feedback we looked at was complimentary about the service delivered.

- We also received 36 Care Quality Commission comment cards. 35 of these were positive and complimentary about the service being delivered. One card requested that information regarding the anaesthetic be given to parents in person prior to the procedure taking place.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement for staff and we saw evidence that staff training and learning needs were regularly reviewed. Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems in place to ensure the service made use of internal and external reviews of incidents and complaints.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The provider had failed to ensure there was effective governance and quality assurance systems in place to meet the regulatory requirements.</b></p> <ul style="list-style-type: none"><li>• The process for obtaining parental consent and verifying parents identity lacked oversight.</li><li>• The system for recording local anaesthetic administered to patients to ensure patient safety required improvement and clinical oversight.</li><li>• Improvement was needed in assessing and monitoring patient outcomes following the procedure.</li><li>• There was a lack of clinical audits at the service.</li></ul>