

Weston Surgical Centre

Inspection report

224 Weston Road
Meir
Stoke On Trent
ST3 6EE
Tel: 07795970718

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall.

The location was last inspected in September 2017 and was not rated at that time.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Weston Surgical Centre as part of our inspection programme and to follow up on breaches of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

As a result of our inspection undertaken in September 2017, we issued the provider with requirement notices under:

- Regulation 12: Safe care and treatment – for concerns in relation to the administration of controlled drugs.
- Regulation 16: Receiving and acting on complaints – as the service did not have a formal and accessible system for identifying, receiving, handling and responding to complaints by service users and other persons.
- Regulation 17: Good governance - as the service:
 - Did not have in place systems to assess, monitor and improve the quality and safety of services provided.
 - Did not have systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others.
 - Was not maintaining an accurate, complete and contemporaneous record in respect of each service user.
 - Was not maintaining securely records kept in relation to the services provided.

At this inspection we found that the practice had put measures in place for ongoing improvement. The practice is now rated Good overall.

Weston Surgical Centre provides male circumcision surgery to children and adults for predominantly religious and cultural purposes under local anaesthetic. The service also provides aftercare for patients.

The lead clinician 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.

How we inspected this service

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

This inspection was carried out in a way which enabled us to spend the minimum amount of time on site.

Overall summary

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed key policies and procedures.
- Reviewed clinical records.
- Interviewed the lead clinician both by telephone and face to face.
- Interviewed other staff and persons associated with the service both by telephone and face to face
- Received written feedback from staff.

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

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

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

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

Our key findings were:

- The clinic was clean and hygienic, and staff had received training on infection prevention and control.
- The service had good systems to manage risk so that safety incidents were less likely to happen. When safety incidents did happen, the service learned from them and improved their processes.
- Staff treated service users with kindness, respect and compassion and their privacy and confidentiality was upheld.
- Feedback from patients was very positive in relation to the quality of service provided.
- Patients could access the service in a timely way.
- There was a complaints policy and procedure, both of which were accessible to patients.
- Governance arrangements were in place and staff felt supported, respected and valued by the provider.

Although we saw no breaches of regulation, there are areas of improvement that the provider should consider:

- Implement a system to ensure the appropriate water hygiene safeguards against legionella (Legionella is a term for a bacterium, which can contaminate water systems in buildings).
- Record batch number and expiry dates of medicines used in patients' notes.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC national clinical advisor.

Background to Weston Surgical Centre

Weston Surgical Centre delivers services from 224 Weston Road, Meir, Stoke on Trent, Staffordshire, ST3 6EE. The service provides circumcision to children and adults for therapeutic and non-therapeutic reasons under local anaesthetic, and carries out post procedural reviews and any necessary support to patients who have undergone circumcision at the centre. Although there are some adult patients, the age group is predominantly infants to 16 years old with the majority of circumcisions carried out on children under one year of age. 99% of the circumcisions that are carried out are for non-therapeutic reasons.

The service is registered with the Care Quality Commission for the provision of Surgical procedures, the Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

Weston Surgical Centre operates from a former NHS GP Practice in a largely residential area. There is on site, and roadside parking available. The building comprises a waiting area, reception office, operating theatre, recovery room, and toilet facilities.

The service is operated by the Childrens Surgical Consortium Limited which registered with the CQC in September 2012. The company has one director who is a qualified consultant paediatric surgeon and urologist, and who acts as the operating surgeon. Other staff working at the centre include an operating department practitioner, a recently employed support worker (male) and a receptionist (female).

The service operates from Weston Surgical Centre approximately twice per month depending on patient demand, and the availability of staff.

The service has a web site www.westonsurgical.co.uk

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The registered manager was the lead for safeguarding and there were policies in place covering adult and child safeguarding which included the contact details of the local safeguarding team.
- Staff had completed safeguarding training to the appropriate level.
- The provider carried out recruitment checks for all new staff members including proof of identity and evidence of satisfactory conduct in previous employments. Disclosure and Barring Service (DBS) checks had been undertaken for staff. (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).
- The clinic sterilised circumcision equipment on-site and we saw that effective and safe processes for monitoring this were in place with regular servicing and calibration being carried out. Staff had received training on infection control.
- Although body fluid spillage kits were not available in the waiting area, kidney bowls were readily available should they be needed if a patient was unwell.
- The immunity status of clinical staff was recorded.
- The provider had recently carried out an infection control audit which recorded no risks or need for change to take place.
- There was a health and safety policy and the provider had undertaken risk assessments to monitor the safety of the premises. This included risk assessments for the control of substances hazardous to health (COSHH) and fire safety. We noted, and discussed with the registered manager, the lack of appropriate water hygiene safeguards against legionella (Legionella is a term for a bacterium, which can contaminate water systems in buildings).
- Staff had completed training modules on COSHH and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- The provider had ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There was evidence of portable appliance test (PAT) and medical equipment calibration tests having been completed, and we saw evidence systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.
- The practitioners were up to date with appraisal and revalidation.

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 on the premises and to recognise those in need of urgent medical attention. All staff had received annual basic life support training.
- Appropriate emergency medicines were available and fit for use. There was a system in place to check expiry dates and all the medicines we checked were in date.
- Appropriate emergency medical equipment was in place including an oxygen cylinder in the operating theatre and recovery room as well as a defibrillator with regular checks on its operation being undertaken.
- There was a business continuity plan for major incidents such as power failure or building damage, and we saw that it contained all the appropriate supplier contact details should they be needed.
- We saw evidence of appropriate indemnity arrangements in place which specifically covered liabilities that might arise from procedures taking place within a child and adult male circumcision clinic.

Are services safe?

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. We looked at 19 care records which all 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.
- Identification was requested when patients or their parents registered with the service and checks were made to ensure that adults accompanying child patients had the authority to provide consent on their behalf. This consent was also recorded within the care record.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading.

Safe and appropriate use of medicines

- The provider could prescribe medicines if needed following the surgical procedure.
- Local anaesthetic was used and was stored in the surgery room. There were systems in place to check the expiry date of local anaesthetic. The batch number and expiry dates were not recorded in the patient notes as the local pharmacy kept those details.

Track record on safety

The service had a good safety record.

- There were risk assessments in place in relation to safety issues.
- 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.
- There was a system for receiving and acting on safety alerts, and a record was kept of action taken in respect of alerts which were relevant to the service.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The practitioners we interviewed, understood what constituted a serious incident or significant event and was aware of the legal requirements of the duty of candour.
- A system for reporting, investigating and learning from significant events was in place using an accident book where work related injuries were also recorded. Although there had been no incidents recorded during the last 12 months, all staff were aware of what would constitute a significant event and meetings held every two months would be where incidents would be discussed, investigated, and learnt from.
- The service encouraged a culture of openness and honesty.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- The clinic had a leaflets available for parents to provide them with all the information they required before and after the procedure. The information was available in paper form.
- 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.
- Staff assessed and managed patients' pain where appropriate.
- Patients and parents of those using 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 decision 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 and gave appropriate pain management advice. 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 given to both ourselves and the service indicated that they felt well informed.
- The service offered support phone calls three and eleven days post procedure. A duty doctor was also contactable 24 hours a day.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Through no fault of the service, there was limited evidence of audited quality improvement as patients did not re-attend due to the specialist nature of the service provided. Notwithstanding this, the service tried to complete clinical audits to monitor performance against other local providers. In one such audit, together with patient feedback from the post-operative contact, it was found that 2% of patients had some form of (mild) post-operative infection and so an improved form was produced to reduce parental concerns and provide appropriate post-operative care information.

Effective staffing

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

- All staff were appropriately qualified. The lead clinician working in the service had significant experience in this area of work, and was a member of the Royal College of Surgeons. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were also registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Are services effective?

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. Whilst the opportunity for working with other services was limited, the service did so when this was necessary and appropriate. At the time of inspection the service gave a letter to the patient/parents, who were asked to pass this on to their GP, and which explained that a circumcision procedure had been carried out giving their contact details should the GP wish to contact the service for further information or advice.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. 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 they felt a circumcision was unsuitable that this was recorded.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For instance, social workers could attend with patients who had a learning disability.

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.

- Where appropriate, staff gave patients or their parents advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support by means of a letter given to patients or parents after the procedure.
- Where patients needs could not be met by the service, staff redirected them 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The service checked parental ID and we saw evidence to show that consent was gained from both parents when they were present. This consent was recorded in the patient record
- We did see evidence, however, where only one consenting parent was present, but the extenuating circumstances and reasons for the other parent not being there, were recorded in the patient record.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. For example, feedback from recent in-house surveys 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. The reviews demonstrated a high level of satisfaction with the service provided.
- 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 to be involved in decisions about care and treatment.

- Staff had language skills which allowed them to communicate effectively with service users 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. We saw notices informing patients this service was available, together with any costs that might be incurred.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Staff told us 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. Pictorial information leaflets had been produced by the service and were sent to parents and older patients prior to the procedure, and post procedural information and advice was also given which supported the recovery phase.
- The service told us that for patients with learning disabilities or complex social needs family, carers, or social workers would be appropriately involved. They had produced a learning disability policy to support this aspect of their work.

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.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff told us that doors were closed during consultations and conversations taking place in the surgery room could not be overheard.
- Staff were aware of the importance of confidentiality and they had received training on information governance.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and provided services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- 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. The provider was open and transparent about fees which were displayed on the clinic website and available at the clinic. If it was decided that a potential patient was unsuitable for circumcision, then this was formally recorded and was discussed with the patient or parents of the child.
- 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. In addition, there was formal proactive patient follow up after three and eleven days and follow-up appointments were available if required, and available, until the circumcision had healed.

Timely access to the service

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

- The clinic was operated according to the numbers of patients wishing to access the service and the availability of staff. The registered manager informed us that this was usually one or two Saturdays per calendar month.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients feedback reported that the appointment system was easy to use.

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.
- The service told us that they experienced low levels of complaints and had received no complaints during the past year. They were, however, able to discuss with us how a complaint would be handled, the timescales for dealing with it, and how appropriate actions and learning might be taken to prevent a recurrence. Staff would treat patients who made complaints compassionately.
- The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- The provider had comprehensive knowledge regarding issues and priorities relating to the quality and future of the service. The provider understood the needs for circumcision services in Stoke on Trent and the surrounding area and had developed the service to meet these needs.
- The service was delivered by a small team who had specialist knowledge and skills. The lead clinician was a consultant paediatric surgeon and urologist who told us that the primary driver for them was the delivery of safe and effective circumcisions to all persons who accessed the clinic.
- Leaders 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 an informal vision and set of values, which all staff were aware of.
- They 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. For example, if service users and/or parents were concerned about or unhappy with the outcome of a circumcision they would be reassessed at the clinic and necessary actions undertaken to resolve the issue.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could 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 regular annual appraisals in the last year.
- All staff were considered valued members of the team and there were positive relationships between staff and leaders.

Governance arrangements

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

- The lead clinician had responsibility for most aspects of governance including safeguarding, incident reporting, infection control, complaints and information governance. Clinical oversight was shared between the practitioners with overall responsibility laying with the lead clinician.
- Non-clinical staff were aware of their own roles and responsibilities, and the roles and responsibilities of others.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Although a small service, all staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff meetings were held on a regular basis and there was documented evidence of those meetings.

Are services well-led?

- The service submitted data or notifications to external organisations as required.
- There were arrangements in place for the safe handling and storage of patient identifiable data, patient records, digital images and data management systems.
- The provider had audited service user feedback and responded to both positive and negative comments.

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. For example, they assessed service user satisfaction via an in-house survey of all users which could then be available for audit and benchmarking purposes.
- Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The provider carried out pre-procedural checks on the service user's health and, if an infant, the mother's health to establish if the child was suitable for the procedure
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff gathered views via verbal feedback, and via an in-house survey sent to all patients/parents post-procedure.
- We saw that staff meetings had been held when operational issues and developments were discussed. In addition, we were told that a post-session debriefing session was held after each clinic which enabled staff to raise any immediate issues or concerns.
- 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.
- Staff we spoke with on the day said that they felt they were able to raise any ideas and had confidence that these would be dealt with.

Continuous improvement and innovation

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

- Although there had been no recorded complaints or significant events during the last 12 months we were reassured during discussions, that the service had the appropriate processes and procedures in place. We were told that any identified issues were viewed as learning opportunities.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.