

CEBLS Ltd

London Circumcision Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 9 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Our key findings were:

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- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The clinic had policies and procedures to govern activity.
- The doctor assessed patients' needs and delivered care appropriately.
- Information about services and how to complain was available and easy to understand.
- The service proactively sought feedback patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Review their systems to ensure they have access to building record checks.
- Complete a formal risk assessment to mitigate the lack of DBS for the administrative staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

There was an effective system in place for reporting and recording significant events.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal apology and are told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Staff worked with external partners to understand and meet the range and complexity of people's needs.

Are services caring?

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

Patient feedback confirmed they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment.

Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

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

Appointments with the doctor were always available and there was continuity of care, with urgent appointments available when requested.

Information about how to complain was available and easy to understand.

Are services well-led?

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

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

The clinic had policies and procedures to govern activity.

London Circumcision Clinic

Detailed findings

Background to this inspection

The London Circumcision Limited is registered with the Care Quality Commission to provide the regulated activity of surgical procedures. The service operated from a rented dedicated room in a dental practice.

The service provided circumcision for religious and cultural reasons for male children from six weeks up to the age of 14 years. Local anaesthetic injections were used for the procedure.

The service was requested by parents.

At the time of our inspection the clinic staff comprised of the doctor who is the owner

of the business and one administrative staff member. The doctor is a surgeon who also works in other services in the NHS.

The clinic's opening times were on Sundays only based on the demand of the service. When the clinic was closed the doctor's administrative staff picked up messages which were passed onto him for action.

The provider told us they undertook 4-5 procedures a week during busy times.

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.

During our visit to the service on 9 July 2018, there were no patients present. As part of inspection, we also asked for CQC comment cards to be completed by people who used the service, prior to our inspection. We received five comment cards which were all positive about the standard of care received.

The inspection was led by a CQC inspector and a CQC GP Specialist Advisor.

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 providing safe services in accordance with the relevant regulations.

Safety systems and processes

The clinic had safety policies including adult and child safeguarding. The doctor had received up-to-date safeguarding children training to level 3 and safeguarding vulnerable adults to level 2. They knew how to identify and report concerns. Information about local safeguarding teams was available. We saw that the doctor had a DBS check completed. (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 administrative staff employed at the clinic had not received any safeguarding training. The provider told us this was because they did not have patient contact.

The administrator who helped with administrative duties did not have a current DBS. We were told that their role did not include any clinical work, contact with patients or access to patient records. However, this had not been formally risk assessed.

Chaperones were not used by the clinic. The doctor explained that the procedure was carried out in the presence of the parents, (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). However, the provider was reviewing this and was planning to have another clinician to assist them.

There was an effective system to manage infection prevention and control (IPC). There was an ICP policy, ICP training in place and ICP audits had been undertaken to monitor standards. There were arrangements for safely managing healthcare waste and there was a cleaning schedule in place for cleaning staff to follow.

We viewed the doctor's file and saw current information relating to proof of professional registration with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice, details of training and professional indemnity which covered the circumcision work carried out by the doctor at the inspection site.

Risks to patients

The service had some arrangements in place to respond to emergencies and major incidents. The doctor had received annual basic life support and advanced life support training. There were emergency medicines available in the treatment room.

The doctor had access to oxygen with a paediatric mask available for use. This was checked prior to any clinics being undertaken to ensure it was in good working order.

The clinic also had access to a defibrillator available on the premises with adult and children's pads. A first aid kit and accident book were available.

There was comprehensive business continuity plan in place for major incidents such as power failure or building damage which was incorporated with the dental clinic.

The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella risk assessment.

The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, on the day of the inspection we noted that the doctor did not keep their own copies of these records. The records of building checks were kept by the owner of the premises who they rented the room from. We spoke to the doctor regarding having reassurances from the site owners to ensure they always had access to all records of checks when required.

The doctor understood the need to manage emergencies and to recognise those in need of urgent medical attention. The doctor knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

The doctor had the information they needed to deliver safe care and treatment to patients. They told us they kept individual hand-written records. However, we were unable to view any of these records as they were kept elsewhere for safety reasons and to enable the doctor to have access to information should there be post-operative queries. The doctor had a system for sharing information with other agencies especially the child's own GP to enable them to deliver safe care and treatment which patients consented to prior to their appointment.

Are services safe?

Safe and appropriate use of medicines

We checked emergency medicines and found they were stored safely. The doctor did not prescribe any medicines apart from antibiotics if the need for them arose. We saw no record for antibiotics being prescribed in the last 12 months. The clinic used blank prescription forms that were kept off site and were transported safely between sites.

Patients were encouraged to buy over the counter pain relief and prescriptions for young children who could not take over the counter medication were provided.

Track record on safety

There were comprehensive risk assessments in relation to safety issues.

The clinic monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems and protocols in place for knowing about notifiable safety incidents and explained their responsibility and awareness of notifiable incidents.

When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. We saw one example of an incident that had occurred at the clinic back in 2015. This had been investigated with learning identified. There had been no other reported incidents since then.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The doctor assessed needs and delivered care in line with relevant evidence based guidance including the British Medical Association (BMA) good practice. The clinic had an aftercare leaflet available for parents to provide them with all the information they required before and after the procedure. The information was available in paper form and was also on the clinic's website.

Monitoring care and treatment

The doctor had completed a two-cycle audit relating to the demand for a religious circumcision service. This audit found that the demand of patients using the service had increased, overall patient experience had remained high, patients felt safe and highly rated the service offered. The doctor told us they monitored infection rates and prescribing. However, they had not been able to complete audits in these areas due to no reported occurrences of post-operative infections.

Effective staffing

The doctor had the skills, knowledge and experience to deliver effective care and treatment. He worked in the NHS as a surgeon with Fellowship of the Royal College of Surgeons. The doctor had received his annual appraisal.

Supporting patients to live healthier lives

All children attending the service and their parents were offered a detailed consultation prior to any procedure being undertaken. If the procedure was deemed unsuitable this was recorded in the patient's records and were told these patients were referred to much more suitable services at this stage.

Consent to care and treatment

The doctor understood the relevant consent and decision-making requirements of legislation and guidance, including Gillick competency and the Mental Capacity Act 2005. A protocol had been developed to ensure that consent for the circumcision had been given by both parents. The doctor advised of a current case that had been put on hold while the estranged mother of the child was being consulted prior to a circumcision taking place to ensure they had been fully involved and gave consent. The doctor therefore could not undertake any procedures where it could not be proven that only one parent had sole control and responsibility for the child.

We also saw that it was policy for both the patients and the children to bring ID. Parents had to bring photographic ID and a birth certificate was required for children.

Are services caring?

Our findings

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

Kindness, respect and compassion

No patients were at the service on the day of our inspection. However, based on our conversation with the doctor we concluded that they were aware of the need to treat people with kindness, respect and compassion. We received five CQC comment cards. All comment cards highlighted positive feedback relating to the conduct and care provided by the doctor.

Involvement in decisions about care and treatment

Information about fees was provided to patients prior to any appointments being booked. The doctor told us that they actively discussed the procedure with parents. Patient feedback on the comment cards we received was positive. Information about after care after the procedure was given to parents to refer to.

Privacy and Dignity

The room that was used for patient consultations provided privacy. Screens were provided in the consulting room to maintain patient privacy and dignity during the procedure.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

All patients attending the clinic referred themselves for treatment; none were referred from NHS services.

There were longer appointments available for all patients and double appointments were offered if requested.

Short notice appointments were available and the clinic was flexible in offering alternative times if required.

The website for the clinic was clear and easy to understand. In addition, it contained valuable detailed information regarding the procedure and aftercare.

The doctor offered post-operative support and could be contacted via a mobile phone. We were told that if needed arrangements to see patients in between surgeries were made or patients could be directed to the most appropriate care depending on the concerns.

Timely access to the service

The clinic was open on Sundays depending on patient demand. We were told that patients did not have to wait long for appointments.

Listening and learning from concerns and complaints

The clinic had an effective system in place for handling complaints and concerns.

Its complaints policy and procedures were in line with recognised guidance for independent doctors in England.

The doctor was the designated responsible person who handled all complaints in the clinic. A complaints form was available to help patients understand the complaints system and information on how to complain was also available on the clinic's website. The clinic had not received any complaints in the last 12 months. However, they could demonstrate an open and transparent approach in dealing with complaints from a complaint received in previous years.

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;

The provider/ doctor had the experience, capacity and capability to run the clinic and ensure high quality care. The doctor and the administrative staff told us they meet on a regular basis to discuss any arising issues and these were recorded.

Vision and strategy

There was a vision to offer high-quality service and patient satisfaction.

Governance arrangements

The clinic had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that clinic specific policies were implemented and were easily available.

Managing risks, issues and performance

The provider was aware of the risks associated with the service they were offering and lone working. They had assessed the risks and worked in accordance with their protocols to ensure safety was always maintained. We were told that the administrative staff was available on the day of the scheduled clinics.

Appropriate and accurate information

The clinic acted on appropriate and accurate information.

The clinic submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The clinic encouraged feedback from patients which it valued to ensure delivery of the service met patient expectation. Patients were offered feedback sheets during consultation's and they could also give feedback on the service`s website. We saw user feedback was displayed on the clinic's website.