Sunnah Circumcision Service at Maryam 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?	**Inadequate**
Are services well-led?	**Requires improvement**

Overall summary

We previously carried out an announced comprehensive inspection of Sunnah Circumcision Service at Maryam Centre on 13 April 2019. At the inspection, we rated the service as good overall, but as requires improvement for providing safe services because:

- The service had not recorded two incidents as significant events, although both were handled appropriately.
- We found some gaps in safeguarding and basic life support training.
- The service did not have an adequate process in place to verify patients' identities, including checking that adults attending with children had parental responsibility and documenting this.
- We identified some infection control risks during the inspection.

The full report of the April 2019 comprehensive inspection can be found by selecting the 'all reports' link for Sunnah Circumcision Service at Maryam Centre on our website at www.cqc.org.uk.

We carried out an unannounced focused inspection of Sunnah Circumcision Service at Maryam Centre on 21 September 2019 in response to information of concern. During the inspection we looked at whether the service was safe and well-led.

At this focused inspection, we found the service had not made improvements following our previous inspection and we found new concerns in relation to the safety and leadership of the clinic. As a result of the changes to the ratings for these two questions, there has been a change in overall rating.

We have rated this service as **requires improvement** overall.

We rated the practice as inadequate for safe and requires improvement for well-led because:

- There was little evidence of learning from events or action taken to improve safety.
- There was a policy to log and act upon significant events, however at this inspection we found that incidents that should have been identified and recorded as significant events were dealt with as complaints. An updated policy sent to us following our inspection did not classify post-operative complications as a significant event.
- Staff were not following the provider's own identity checks policy correctly. There was a process in place to check the identity of those with parental responsibility and the identity of the patient, but staff did not record what form of identity had been checked nor did they record the check had actually been completed.
- The service could not demonstrate how they were assuring themselves that they were doing everything to ensure patients and those giving consent fully understood the pre and post-operative advice and felt sufficiently supported, including the risks associated with procedure.
- Whilst the service had addressed the specific infection control concerns identified at our previous inspection, new areas of concern were found at this inspection. Specifically, we found issues relating to the cleaning and storage of equipment. We also found out of date single use items dating back to 2016.
- Not all staff who interacted with patients had completed training in adult safeguarding.

We also found the service had acted upon a suggested area of improvement from the previous inspection:

- At the previous inspection we found that, although the service had handled complaints appropriately and had met with the patients involved to discuss the matter, they did not send a formal complaints outcome letter. At this inspection we found that the service was now sending formal complaint outcome letters.

The areas where the provider must make improvements are:

- 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:

Overall summary

- Review that they are doing everything to ensure patients and those giving consent fully understand the pre and post-operative advice and feel sufficiently supported and are aware of the risks associated with the procedure as well as allowing enough time for the procedure itself.
- Review which documentation is kept on site; ensuring that staff have access to polices and patient notes as is necessary.
- The service should consider how long they retain medical records in line with British Medical Association (BMA) guidance.

Dr Rosie Benneyworth BM BS BMedSci MRCGPChief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor and a practice nurse specialist advisor.

Background to Sunnah Circumcision Service at Maryam Centre

Sunnah Circumcision Service at Maryam Centre is an independent health service located at the Maryam Centre, 45 Fieldgate Street, London E1 1DU, in the London borough of Tower Hamlets. The provider is Dr Mohammad Hossain Howlader, a consultant surgeon in a local hospital. He is supported by a urologist and surgical practitioner and three administrative staff.

The service provides faith and non-faith based non-therapeutic male circumcision for all age groups, including adults, although the service primarily sees infants and children. The service's patients are often seen for single treatments and, as such, the service does not have a patient list.

The service carries out circumcisions at the Maryam Centre, which is rented from the East London Mosque, and does not carry out procedures in patients' homes.

The service's clinical team consists of two doctors and a nurse surgical practitioner. The clinicians are supported by two reception and administration staff members.

Procedures take place from 9am to approximately 6pm on Saturdays and Sundays, dependent on patient demand.

Sunnah Circumcision Service at Maryam Centre is registered with the CQC to provide the regulated activity of surgical procedures.

We carried out this inspection on 21 September 2019 in response to information of concern and to review the actions taken by the provider following the previous inspection to check whether the service was now compliant with the regulations.

During the inspection visit on 21 September 2019 we:

- Spoke with the lead doctor, the surgical practitioner and administrative staff.
- Reviewed the premises and treatment room.
- Reviewed documents and policies for the service.

How we inspected this 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.

Inadequate

Are services safe?

We rated safe as Inadequate

At our previous inspection on 13 April 2019, we rated the service as requires improvement for providing safe services because:

- The service had not recorded two incidents as significant events, although both were handled appropriately.
- We found some gaps in safeguarding and basic life support training.
- The service did not have an adequate process in place to verify patients' identities, including checking that adults attending with children had parental responsibility and documenting this.
- We identified some infection control risks during the inspection.

At this inspection on 21 September 2019 we found the service had not made improvements to the provision of safe care and identified new areas of concern. Therefore, we have rated safe as inadequate.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- Two members of the administration team who interacted with patients, checking identity and providing advice had not completed up to date adult safeguarding training, however all staff had completed child safeguarding training appropriate to their role.
- The service carried out staff checks, including reference checks and checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken where required (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The clinicians undertook professional revalidation in order to maintain their registrations with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC).
- The service told us they did not need to use chaperones as parents were always present during the circumcision of children, and two clinicians would always examine patients.
- There were not always effective systems to manage infection prevention and control. For example, cleaning equipment such as mops were stored in public areas, there was no cleaning schedule for the treatment room, such as the trolley and treatment table. We found 54 expired syringes from 2016/17 and 2019. These were disposed of by the provider during our inspection.
- There were systems for safely managing healthcare waste.

Following the inspection, the provider sent evidence that they had introduced a lockable cleaning cupboard in a non-patient area.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not always fully implemented and effective.

- Staff understood their responsibilities to manage emergencies on the premises. Appropriate emergency medicines and equipment were accessible for staff, including a defibrillator and oxygen, all staff had completed Basic Life Support (BLS) training.
- Following our previous inspection, the provider had developed a patient identification policy for the service, but this was not being followed correctly. This stated that staff would check the identification of children and those with parental responsibility and document this in the records, with staff members checking photo identification or cross-referencing credit card information for adults and reviewing the 'red book', passport or birth certificate for children (the Personal Child Health Record, also known as the 'red book', is a national standard health and development record given to parents or carers at a child's birth). The policy also stated staff should observe interactions between parents and children. However, whilst we saw a notice informing people that proof of identity would be requested, and we saw staff asking for it, these identification checks of either parental responsibility or the child being circumcised were not being recorded.
- The provider told us that a single doctor (with the surgical practitioner's assistance) carried out approximately 30 procedures a day when the clinic was open. Administrative staff explained the process and the doctor ensured that the consent form was signed by both parents. Post-operative advice was given by the clinicians and sometimes by administrative staff. The service could not demonstrate how they were assuring

themselves that they were doing everything to ensure patients and those giving consent fully understood the pre and post-operative advice and felt sufficiently supported by the clinical staff after the procedure.
- We saw evidence that there were professional indemnity arrangements in place for clinicians.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Individual patient records were not kept on site, so if a patient presented with a complication from a procedure their records were not available. The service told us that they usually keep these records in a temporary folder for two weeks.
- The service provided patients with a discharge letter for them to pass on to their GP to ensure the GP was aware of the circumcision procedure. They also gave patients a post-operative advice leaflet which outlined who to contact, however the leaflet contained six numbers which could delay support if required. The leaflet contained details escalation details if the service was unavailable.
- Pre and post-operative advice was sometimes provided by untrained non-clinical staff and the provider could not demonstrate how they assured themselves people felt sufficiently informed.

Safe and appropriate use of medicines

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

- We checked medicines, such as local anaesthetics and emergency medicines, and found they were stored securely, were only accessible to authorised staff and were in date.
- We were told that doctors prescribed antibiotics to patients only when required.

Lessons learned, and improvements made

The service had a system to enable learning when things went wrong, but this was not always implemented. The service was not identifying and recording all significant events to enable learning and improvement.

- New guidance or safety alerts relevant to the service were discussed in clinical meetings and a record kept of actions taken as a result.
- There was a system for reviewing and investigating when things went wrong. We were told that significant events and complaints were discussed by clinicians who worked at the service, and meeting minutes we saw confirmed this. We were aware of three incidents (all involving post procedure issues) which the service had not recorded as significant events; however, all were handled through the complaints process and staff met with the affected party to discuss the incident. The provider told us that, going forward, any incidents involving harm and also positive incidents would be logged and discussed to encourage improvement. Following the inspection, the provider sent us a copy of a spreadsheet produced to log serious incidents, significant events, complaints, and procedure complications. They also sent a copy of their serious incident policy. However, this did not classify post procedural complications as a significant event and therefore we could not be assured that the provider would be identifying and mitigating against all risks which may affect patients.

Requires improvement

Are services well-led?

At our previous inspection on 13 April 2019, we rated the service as good for providing well led services.

We rated well-led as Requires improvement for this inspection because:

- The service did not have governance systems in place to provide assurance that safe and effective care was being provided in line with national guidelines.
- The provider had not acted on all previous areas of concern identified during our previous inspection. Where changes had been made to policies and processes these were not fully embedded or effective. Following the inspection, the provider installed a locked cabinet to keep patient notes, policies and staff files. They also introduced a one to one consultation with parents/patients prior to consultations. Cleaning equipment had been moved to a lockable room.

Leadership capacity and capability

There was a clear leadership structure in place.

- The provider, who was the lead doctor, was responsible for the organisational direction and development of the service and the day to day running of it.
- The lead doctor worked closely with the small staff team.
- We saw minutes of staff meetings being held every two months. These meetings discussed operational issues, staff training and complaints. The service also told us they have informal briefings at the start of each clinic.
- The provider had a clear vision to provide a caring service for patients and a service that is willing to learn and improve.

Culture

There was a positive working culture at the service.

- Staff told us that they felt supported and able to raise concerns and were confident that these would be addressed.
- The service was aware of the requirements of the duty of candour and information about the duty of candour was displayed in the waiting area. We saw evidence in the form of letters and emails that, if a complaint was received, they provided affected patients with support and information and apologised when required, however we saw examples of complaints which should have been handled as significant events.
- There were processes for providing non-clinical staff with the development they needed, including appraisals by the lead doctor and informal discussions. However, gaps in training highlighted at our last inspection had not been acted upon.
- Staff were engaged in the performance of the service.
- The service had an equality and diversity policy.

Governance arrangements

The service had a governance framework in place, but this was not always effective in supporting the delivery of quality care.

- There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding and infection control, however two members of patient facing staff had not received Safeguarding adults training.
- Service specific policies and processes had been developed. These included policies in relation to safeguarding, whistleblowing, restraint, sharps, infection control, significant events, and complaints. However, these were not easily accessible to staff as they were kept off site and not all were being followed correctly. For example, staff were not recording identity checks in line with the provider's own policy. Following the inspection, the service added the identification checks to their registration forms.
- The service had a business continuity plan.
- Whilst the provider had systems and processes in place for managing risks, issues and performance these were not fully effective as they had failed to identify issues we found in relation to significant events, infection control and identity checks.
- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.

Appropriate and accurate information

The service acted on appropriate and accurate information but did not maintain clear clinical records.

- Clinical records, the services policies and staff recruitment and training records were not available on site on the day of inspection.
- The information used to monitor performance and the delivery of quality care was accurate and useful.

Requires improvement

Are services well-led?

- The service submitted data or notifications to external organisations as required.

Engagement with stakeholders and continuous improvement

The service involved patients and staff to support the service they offered.

- There was a patient focus group, made up primarily of parents of children who have previously had procedures. Staff met with the focus group to discuss the service.
- The service carried out patient surveys to seek patients' views about the care they had received and encouraged patients and parents to provide feedback via text message.
- We saw evidence that the practice monitored reviews it received on internet search engines, such as google.
- We saw evidence that the service made changes and improvements as a result of monitoring, significant events, and patient feedback. For example, we saw the service had completed a complications audit in September 2019 to assess and improve the safety and welfare of service users and staff. The audit identified that they should continue to monitor their complications rates and ensure that learning from complications is disseminated amongst all staff. They had also introduced a telephone clinic to give advice to concerned patients following a procedure. However, the information sheet the service provider gave to patients post procedure had seven possible numbers to contact, which could delay getting a quick response in an emergency situation.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met… The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Staff were not recording identity checks in line with the provider's own policy. • Infection control procedures failed to identify concerns picked up during our inspection, including the cleaning and storage or equipment and single use items. • There were gaps in adult safeguarding training.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider has been issued with a warning notice because; The registered person had failed to establish systems and processes in place to assess, monitor and mitigate risks to improve the quality and safety of the services provided, such as; Not documenting Identity checks for those with parental responsibility. Significant events were not being identified, recorded and investigated. There were no patient records or policies accessible to staff to refer to onsite.