

# Transcend Consulting Rooms

## 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		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.** We had previously carried out an announced comprehensive inspection of Transcend Consulting Rooms on 28 August 2019. At that time the service was rated as inadequate overall, and in safe, and requires improvement for effective and well led. Caring and responsive were not rated. The specific issues that were found to be in breach of CQC regulations were:

- The service did not hold training records for all staff, the only training that the service held for the person assisting with the surgery was child safeguarding (which was not at a sufficient level) and fire safety.
- Clinical records at the service were not contemporaneous. The service utilised a proforma template which was amended as required. However, in some cases actions were not clearly recorded.
- The service did not minute its meetings and there were no formalised means by which issues such as significant events and safeguarding could be discussed.
- The service did not have a robust system in place for checking the identity of patients' parents. As a consequence, they could not be assured that consent had been adequately requested, and if a safeguarding referral was required, they could not be assured that it was correctly made.
- The service provided a letter to GPs after the procedure but did not retain a copy of this on the clinical record.
- The service did not record the batch number or dosage of local anaesthetics used during circumcision procedures.
- The service did not have a formalised significant events system.
- The service did not consistently ask for the consent of all those with parental responsibility and did not check their identification. Where the patient ought to have been asked for consent, this was not recorded.

Following the inspection of 28 August 2019, the practice was placed into special measures.

We carried out an announced comprehensive inspection at Transcend Consulting Rooms on 22 October 2020. We are mindful of the impact of COVID-19 pandemic on our regulatory function. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. Following this inspection, the key questions are rated as:

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

**At this inspection we found that the practice had addressed all of the issues from the previous inspection.**

We found that:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

# Overall summary

- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- The service should review the current process of utilising family members as translators.
- The service should review the process and storage of information sent to the service by patients post-operatively.

**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 adviser.

## Background to Transcend Consulting Rooms

Transcend Consulting Rooms provides circumcision services from premises in London, and it has been registered with CQC since June 2019. The service provides circumcisions on a fee-paying basis.

The service is based on the ground floor of a building converted from residential premises at 65 Warren Drive North, Surbiton, London, KT5 9LG. It is located in the Royal Borough of Kingston-Upon-Thames and provides solely private health services. The services offered were faith and non-faith based cultural circumcision services for all age groups. Services are offered predominantly to children under the age of five. The patients seen at the practice are often seen for single treatments. The service is currently open on alternate Saturdays. The service is currently registered with the CQC to provide surgical procedures only.

The service's doctor 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. The service currently had no employees other than the registered manager, with reception services subcontracted through a location owned by the same provider in Cardiff, and a self-employed clinician assists with procedures on a contractual basis.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we interviewed staff, and reviewed documents relating to 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 Good because:**

We carried out this announced comprehensive inspection on 22 October 2020. We had previously carried out an announced comprehensive inspection on 28 August 2019. At that time of the first inspection the service was not providing safe services. We found the following:

- The service did not have a robust system in place for checking the identity of patients. As a consequence, they could not be assured that consent had been obtained in line with General Medical Council guidance, and if a safeguarding referral was required they could not be assured that it was correctly made.
- Staff at the service did not have the requisite safeguarding training.
- The service had a protocol that both parents would need to sign consent. However, in several cases consent was not sought from both parents, or where relevant, the patient.
- The service did not record the batch number or dosage of local anaesthetics used during circumcision procedures.
- The service did not have a formalised significant events system. In one case where a patient presented where a circumcision had already been attempted and had to be referred to hospital, the case was not reviewed as a significant event.

At the time of the inspection visit of 22 October 2020, these issues had been addressed.

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority, and we saw that it was clearly documented in the patient records.
- The service worked 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 sole member of staff, and the locum doctor who assisted with surgery had an enhanced Disclosure and Barring Service check in place. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## **Risks to patients**

### **There were systems to assess, monitor and manage risks to patient safety.**

- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

# Are services safe?

- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- The service had systems and processes in place to ensure that the risk from COVID-19 was mitigated. This included guidance relating to use of personal protective equipment (PPE) and social distancing.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available for sharing information with NHS general practitioners if this information was provided by the patient. The service recorded if and when any such information had been shared.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- Batch numbers and quantities of medicines were recorded in clinical records.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments 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.
- The service had protocols and procedures
- The clinic used mostly disposable speculae, and those that were not were cleaned using an autoclave. Checks on this equipment were in line with national guidelines, and all equipment was handled, packaged, labelled and stored correctly.

## Lessons learned and improvements made

### The service learned and made/make improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.

# Are services effective?

## **We rated effective as Good because:**

We carried out this announced comprehensive inspection on 22 October 2020. We had previously carried out an announced comprehensive inspection on 28 August 2019. At that time of the first inspection the service was not providing effective services. We found the following:

- The service provided a letter to GPs after the procedure but did not retain a copy of this on the clinical record.
- Clinical records at the service were not contemporaneous. The service utilised a proforma template which was amended as required. However, in some cases actions were not clearly recorded.
- The service did not consistently ask for the consent of all those with parental responsibility and did not check parent's identification. Where the patient ought to have been asked for consent, such as in the case of a 14-year-old boy, this was not recorded.

At the time of the inspection visit of 22 October 2020, these issues had been addressed.

## **Effective needs assessment, care and treatment**

### **The lead clinician kept up to date with current evidence-based practice.**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The clinic assessed needs and delivered care in line with relevant and current evidence-based guidance.
- Patients and parents of those using the service had an initial consultation where a medical history was taken. Parents of patients and others who used the service were able to access information regarding the process and the different procedures which were delivered by the clinic. This was both to reduce concern and anxiety from the parents and to prevent them unnecessarily attending other primary or secondary care services.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Monitoring care and treatment**

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

- The service had undertaken reviews of the care provided, including any post-operative complications and a review of devices used during the procedure.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council 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.

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

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

# Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The service provided a letter to GPs after the procedure and retained a copy of this in the clinical record.
- Clinical records were contemporaneous and contained all relevant information.

## **Supporting patients to live healthier lives**

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

- The service had systems in place such that patients could be reviewed without reattending the clinic. A system was in place so that patients could share updates including photographs by secure means, but the service did not have systems in place detailing the storage and subsequent deletion of such information, particularly if sent via a mobile device. The doctor stated that he utilised the system that was commonplace in his NHS practice, but stated that he would review this practice.

## **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.
- The service asked for the consent of both parents and checked identification documents.



# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

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

- The treatment room was separate from the consulting room in order that patient's dignity was respected.
- The lead clinician described an understanding patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service had proactively sought feedback from the parents of patients using the service in the last year. Twenty-eight responses had been received from a total of 100 patients seen. They stated that the doctor was professional, explained the process clearly and was supportive of patients and their parents. All of the feedback received was positive.

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

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

- The service did not utilise interpreters, and instead family members were used. The doctor said that translators had only been required rarely, as the service was open only one day every two weeks it had been difficult to arrange for translators to be present, particularly given the extra cost to patients, but he reported that he would review this.
- Patients reported that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.

# 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 clinic had developed a range of information and support resources which were available to service users.
- The website for the clinic was very clear and easy to understand. In addition, it contained valuable information regarding the procedure and aftercare.
- The clinic offered post-operative appointments to all patients and parents for follow up.

## **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 could be accessed at any time by way of appointment, but the lead clinician told us that almost all appointments were on Saturdays.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients 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.
- At the time of the inspection, no complaints had been made to the service.

# Are services well-led?

## **We rated well-led as Good because:**

We carried out this announced comprehensive inspection on 22 October 2020. We had previously carried out an announced comprehensive inspection on 28 August 2019. At that time of the first inspection the service was not providing well led services. We found the following:

- The service did not have minutes of its meetings available on the day of the inspection and there were no formalised means by which issues such as significant events and safeguarding could be discussed.
- The service did not have governance systems in place to assure that safe and effective care were being provided in line with national guidelines.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The clinic was aware of, and complied with, the requirements of the Duty of Candour.

At the time of the inspection visit of 22 October 2020, these issues had been addressed.

## **Leadership capacity and capability;**

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

- The lead clinician was responsible for the organisational direction and development of the service and the day to day running of the clinic.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

## **Culture**

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- There were processes for providing all staff with the development they need. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

## **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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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.

# Are services well-led?

## 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 provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

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

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

### **The service 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.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.