

Thornhill Clinic Limited

# Thornhill Clinic - Luton (Known as The Circumcision Centre)

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 20 January 2016 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.

### **Background**

Thornhill Clinic - Luton is an independent doctors' treatment and consultation service in Luton. The service provides privately funded circumcision procedures to males of all ages with a focus on babies and children.

The service carries out approximately 1500 circumcisions each year. In 2015, 1715 were undertaken.

All doctors at Thornhill Clinic have state registered qualifications, are registered with the GMC and are on a national performer list of recognised General Practitioners or Specialists.

The core opening hours for the service are Monday to Friday 9am-5pm. The clinic also offers appointments on Saturdays during holiday times, for example at Easter.

The clinical staff team consists of a paediatric surgeon/urologist who is the clinical director, two consultant urologists, two GPs, a trainee GP and seven nurses. All

# Summary of findings

clinical staff work on a part time basis and are registered to practice in other NHS hospitals and GP surgeries. The clinical team is supported by the practice manager who is also an executive director, and two administrative staff.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

During our visit to Thornhill Clinic on 20 January 2016, we spoke with the parents of three children using the service. They told us that they received a very good explanation about their children's procedures from the doctor. This included being informed of the potential risks or complications before being asked to consent to the procedures. They told us the staff appeared competent and qualified and treated them and their children with respect. They said they had no complaints or concerns about their children's care at the service.

As part of our inspection we also asked for CQC comment cards to be completed by patients or parents, prior to our inspection. We received 12 comment cards which were all positive about the standard of care received and that the staff always treated patients and their families with respect and explained treatment well and that the reception staff were polite and kind.

## **Our key findings were:**

- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording incidents.
- Patients and parents said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- All treatment rooms were well organised and equipped with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly.
- Doctors regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence (NICE) and the World Health Organisation.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Risks to patients were well managed, for example there were effective systems in place to reduce the risk and spread of infection.
- Staff were kind, caring, and competent and put patients at their ease.

The provider was aware of, and complied with, the requirements of the Duty of Candour.

# 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.

- Medical history and any risk factors were reviewed and recorded.
- Arrangements were in place to deal with foreseeable emergencies, including the provision of items for use in an emergency.
- Staff were appropriately qualified and registered.
- Staff were trained in and knowledgeable safeguarding children and vulnerable adults from abuse.

### Are services effective?

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

- Clinical audits had been completed and demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had undertaken appraisals at their usual place of work and the service had evidence of this, however there was no evidence of appraisals being undertaken by the provider. However, staff told us that they felt supported in training and development.

### Are services caring?

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

- Patients and parents said they were treated with compassion, dignity and respect
- Information about the services available was easy to understand and accessible.
- Staff treated patients and their families with kindness and respect, and maintained patient and information confidentiality.
- During procedures clinical staff were caring, compassionate and considered the needs of patients and family members.

### Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a complaints system in place and people had their complaints responded to appropriately.
- Information about the complaints procedure was readily available.
- Information was available in a number of different languages and translation services were available.
- Ground floor consulting and treatment rooms were available.

### Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients and parents.
- There was a clear leadership structure and staff told us they felt supported by management.
- The service had a number of policies and procedures to govern activity.

# Summary of findings

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- The provider was aware of and complied with the requirements of the Duty of Candour.
  - The clinical director and executive director encouraged a culture of openness and honesty.
  - The provider had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
  - The provider proactively sought feedback from staff and patients, which it acted on.
  - There was a strong focus on continuous learning and improvement at all levels.
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# Thornhill Clinic - Luton (Known as The Circumcision Centre)

## Detailed findings

### Background to this inspection

We inspected this service as part of our new comprehensive inspection programme 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, under the Care Act 2014.

We carried out an announced inspection on 20 January 2016. Our inspection team was led by a CQC Inspector and included a paediatric consultant specialist advisor and a practice manager specialist advisor.

Before visiting, we informed Healthwatch and NHS England that we were inspecting the service; we did not receive any information of concern. We reviewed the previous inspection report and the information provided from the pre-inspection information request.

During our visit we:

- Spoke with the clinical director, the practice manager, a GP, two nurses and the administration staff
- Observed how patients and parents were being cared for and talked with them to obtain feedback about the service.
- Reviewed records and documents.
- Reviewed comment cards where patients, parents and members of the public shared their views and experiences of 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?

## Our findings

### Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents verbally and there was also a recording system available on the computer system which all staff had received training to use. The service carried out a thorough analysis of the significant events and the outcomes of the analysis were shared at monthly meetings. For example, the parents of a child had not followed aftercare instructions and the child was seen again at the clinic. The service reviewed the aftercare information, made the instructions more specific and gave the advice leaflet before procedures commenced.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the service.

When there were unintended or unexpected safety incidents, patients and parents received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The provider was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. The service had systems in place for disseminating information about notifiable safety incidents.

### Reliable safety systems and processes (including safeguarding)

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

We observed policies and procedures that were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was also a lead member of staff for safeguarding based within the service. All staff had received safeguarding training for both adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All doctors and nurses were trained to appropriate levels in

safeguarding. The staff we spoke with said this had included training in the requirements of the Mental Capacity Act (2005). The documentation we looked at showed that staff had access to a safeguarding policy.

A notice in the waiting room advised patients and parents that staff were available to act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw there was capacity within the patient record system to note where chaperones had been offered or used and to identify the chaperone.

The service used a computer system for maintaining patient's records which was a secure system with access only available to delegated, trained staff. This system also stored all shared documents including policies and procedures with a back up system located off site.

### Medical emergencies

During the inspection we saw that the service had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included an automatic external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm) and oxygen with face masks for both adults and children. The service also had medicines for use in an emergency in accordance with guidance from the British National Formulary. Records completed showed regular checks were done to ensure the equipment and emergency medicines were safe to use. Training records showed all staff had completed training in emergency resuscitation and life support. Staff we spoke with demonstrated they knew how to respond if a patient suddenly became unwell.

### Staffing

The service had staff who were permanently employed and clinical staff who were employed by NHS organisations and worked at the clinic on a part time, sessional basis. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to

# Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Arrangements were in place for planning and monitoring the number of staff needed to meet patient's needs. There was a planning system in place to ensure enough staff were available to support patients and parents.

## **Monitoring health & safety and responding to risks**

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the clinic, which identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

The service used an electronic patient record system which was only accessible for staff with delegated authority which protected patient confidentiality. There was an offsite record back up system.

During our visit we found that each patient had their medical history and any risk factors specific to them reviewed and recorded. We saw that arrangements were in place to deal with foreseeable emergencies, including the provision of items for use in an emergency.

## **Infection control**

The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control however a legionella risk assessment had not been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We highlighted this to the practice manager, who contacted the landlord to arrange for this to be carried out and has provided documentary evidence that this has now been completed.

Single use instruments were used for procedures on children and the service had a contract with the local hospital for the sterilisation of all other instruments. The service had an up to date waste disposal contract in place with a recognised provider.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

## **Premises and equipment**

The service was located in a converted house. There was a large reception and waiting area and a second waiting area with leaflets and information available. There were baby changing and breast feeding facilities. The premises were appropriate for the services provided and had well equipped, clean treatment rooms. Treatment rooms, the consultation space and the waiting area were appropriate for children.

## **Safe and effective use of medicines**

The service had arrangements for managing emergency medicines in the service kept patients safe including obtaining, prescribing, recording, handling, storing and security.

The clinician assessed the level and type of local anaesthesia appropriate for each patient, taking into account their age, weight and the requirements of the procedure. Pain relief was provided proportionate for the individual patient's needs. All medicines were checked daily by the nurse on duty and were stored in a locked cabinet.

All prescriptions were completed on the services computer system and copies were kept electronically on the patient record, these were checked and signed by the operating clinician. The prescriptions for pain relief and antibiotics once checked for dosage, according to the age of the patient, were given to patients or their parents. Patients or their parents were instructed to collect medicines for pain relief but not to collect the antibiotic medicines unless instructed by the doctor if an infection occurred.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

Before our visit we looked at the service's website which gave a comprehensive introduction to the service. During our visit we looked at the service information leaflet available in the reception and waiting areas. We saw this gave details about the procedure, any risks involved and advice should any difficulties occur. All of the people using the service on the day of our visit were babies or young children; we spoke with some of their parents.

All of the parents we spoke with said they had been asked about their children's medical histories as part of the pre-procedure discussion with the doctor. They told us this included details of any allergies their children experienced and medications they were taking. We looked at a sample of case notes of the people using the service on the day of our visit. In all the notes we looked at, a checklist covering such things as previous medical illness, family history of bleeding disorders, and any allergies experienced had been completed. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The service had undertaken a number of audits. For example an audit undertaken to review complication rates following surgical procedures had resulted in the service implementing a change in devices where appropriate and had introduced used a more robust follow up procedure.

### Staff training and experience

We saw that the doctors had received an annual appraisal during 2015 and their appraisal statements outlined their agreed objectives and the action necessary to meet those objectives. This included continuing training and professional development relevant to their roles. This meant that staff received appropriate professional development. However, staff were employed by other NHS

organisations and although staff received appraisals from their other employers they did not receive appraisals specifically at the clinic. We saw evidence that the service received a copy of staff appraisals from their main employer; however, we advised the practice manager that a local appraisal process should be introduced.

We checked the staff files of the doctors and we saw certificates of registration with the General Medical Council (GMC) and medicine and surgery qualifications. We checked their registration details with the GMC and found they were registered with a licence to practice at the time of the inspection.

We found that staff were appropriately qualified and registered and receiving professional development relevant to their roles. The clinical director undertook training and development sessions annually with all clinical staff.

### Working with other services

We were told that each patient or their family were given a letter explaining the procedure carried out, which they were advised to give to their registered GP, this letter contained information about the method used and the aftercare. The letter also asked their GP to feedback any observations on the service. We saw evidence of positive feedback from GP's.

### Consent to care and treatment

The parents we spoke with told us they had been given useful information, both by telephone when booking their children's appointments, in written form and verbally when seeing the doctors. This included a full explanation and advice on the procedure, treatment and aftercare. One parent recalled how the doctor had used pictures to assist her in understanding the procedure. They said any risks involved were fully explained before they provided consent to the procedure. This meant that people who use the service were given appropriate information and support regarding their care or treatment.



# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed members of staff were courteous and very helpful to patients and treated patients with dignity and respect.

The provider and staff explained to us how they ensured information about patients using the service was kept confidential. The service had electronic records for all patients which were held securely. The day to day operation of the service used computerised systems and the service had an external backup for this system. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality.

We were told that staff used gentle and effective methods to ensure that the patient was held comfortably still. There

was an additional member of trained staff present to assist and respond to the patients' needs if there was any distress. Patients and families were advised to remain at the clinic for 45 minutes following a procedure so that the doctor could check the wound.

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

During our visit we spoke with the parents of some of the children using the service. They said they received a very good explanation about their children's procedures from the doctor. This included being informed of the potential risks or complications before being asked to consent to the procedures. They told us the staff appeared competent and qualified and treated them and their children with respect. They said they had no complaints or concerns about their children's care at the service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We were told that if a doctor concluded that a procedure could not be carried out safely they would advise parents of this and would suggest alternative options. A detailed aftercare leaflet given to all patients and parents before consent was given and the procedure carried out. The information was clear and easy to understand what to expect following the procedure and what to do on specific days in terms of healing or contacting the service and what medicines to take. Patients or parents were advised to contact the service at any time either by text or telephone if they had any concerns.

### Tackling inequity and promoting equality

We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They could contact a telephone translation service when required and several of the clinicians spoke different languages. Information was available in a number of languages.

There was level access into the building and there were consulting and treatment rooms on the ground floor. The clinic had accessible facilities available for patients.

### Access to the service

The service offered appointments Monday to Friday from 9am to 5pm and had additional appointments available on Saturdays and during holiday times to make it as accessible as possible. All patients and parents were given a telephone number to be able to contact the service at any time 24 hours a day. The service had an on call system to ensure that patients or parents could be given advice or be seen at any time.

### Concerns & complaints

During our visit we saw the service had the complaints procedure displayed in the reception and waiting areas. The procedure detailed the full process for complaints management at the service including who would deal with any complaints made, and the timescales in which complaints would be dealt with. This meant that a process was in place for dealing with complaints and people had access to adequate information about that process.

We spoke with the practice manager who told us there had been one complaint made against the service in the past two years. We saw the complaint had been recorded in the services complaints log and details of all the complaint were kept on file. We looked in detail at the complaint which was ongoing. We saw the doctor concerned had responded with a full explanation of the circumstances, had a detailed log of the discussions with the patient and advice given.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

### **Governance arrangements**

The registered manager had responsibility for the day to day running of the service. They held regular meetings with the staff to discuss any issues and identify any actions needed. There was a clear leadership structure with named members of staff in lead roles. For example, there was a clinical director who oversaw the service and carried regular meetings were held and the minutes and actions were distributed electronically and available to all staff.

The governance arrangements of the service were evidence based and developed through a process of continual learning. The service had a number of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and the World Health Organisation (WHO) and the General Medical Council (GMC).

### **Leadership, openness and transparency**

The service was part of a national organisation which had an extensive governance and management system which provided the guidance and protocols as well as the hierarchy to run the service and ensure high quality care. There was a clear leadership structure in place and staff felt supported by management. Staff told us management were approachable and always took the time to listen to them.

We found the service held regular team meetings. Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings. Staff were involved in discussions about how to run and develop the service, and to identify opportunities to improve the service.

### **Learning and improvement**

Staff told us they were supported to maintain their clinical professional development through training and mentoring. The directors of the service focused on achieving high standards of clinical excellence and provided supervision and support for staff. The staff we spoke with told us the organisation was supportive of training and professional development, and we saw evidence to confirm this.

The clinical director carried out structured, supervised training for staff and offered this training to others.

A programme of audits ensured the service regularly monitored the quality of care and treatment provided and the results had been internationally reported by the clinical director. We saw examples of audits of complications and procedures.

### **Provider seeks and acts on feedback from its patients, the public and staff**

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patient's feedback post consultation about the delivery of the service. The service had also gathered feedback from staff through a staff survey, through staff meetings, appraisals and discussion.