

Community Health Centre

Inspection report

Melbourne Centre
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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 well-led?

Good 

Overall summary

At our inspection on 22 July 2021, we rated the service as good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Choose a rating

Are services responsive? – Choose a rating

Are services well-led? – Good

We carried out an announced focused inspection at Community Health Centre on 22 July 2021. This was because the practice had previously been rated as requires improvement in the safe and well-led domains, and therefore rated requires improvement overall, at our last inspection on 28 November 2019. The caring and responsive key questions were rated as good at the previous inspection and as we had no information indicating any concerns relating to these two key questions, their previous ratings of good are carried forward from the previous inspection.

Following our inspection in November 2019, we asked the provider to make improvements regarding compliance with Regulation 17 Good Governance. We checked these areas as part of this focused inspection in July 2021 and found that these had been resolved.

Community Health Clinic is registered with the Care Quality Commission (CQC) as an independent health service providing non-therapeutic circumcisions. It is a service provided within the GP practice at Community Health Centre on Melbourne Road. The GP practice had previously been separately registered with the CQC, but was in the process of updating their practice's CQC registration at the time of our inspection.

One of the partners at the GP practice is the registered manager for the circumcision service. 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.

Our key findings were:

- The process for obtaining parental consent and verifying parents and the child's identity had been strengthened since our previous inspection. Records we reviewed demonstrated this, although we identified one occasion where a child had been circumcised without evidence of an identity check being completed prior to the procedure.
- The system for recording details of the local anaesthetic administered during the procedure in the patient's record had been addressed since our previous inspection.
- The practice had implemented a process to communicate with the patient's own GP practice following the circumcision procedure.
- There was evidence of how patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes. The service had introduced a process of ongoing audit to demonstrate that patient records reflected key outcome indicators. However, there was no formalised written audit available.

Overall summary

- The circumcision clinic was incorporated into the wider practice schedule of health and safety checks including infection control. In addition, the circumcision clinic adhered to the practice policies, although there was no specific reference to the service in relevant policies.
- Staff delivering the service were experienced and up to date with mandatory and other relevant training.
- There was no formal assurance process to audit the discussions the healthcare assistant had with parents and patients post procedure. However, we were assured that the oversight from the surgeon and GP partners ensured this was managed safely.
- Patient satisfaction was overwhelmingly positive about their experience of the service and their interaction with the team.
- The service had developed information leaflets to give to parents/patients post procedure and a frequently asked questions section on their website, which explained the procedure and clearly outlined the recovery process.

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

- Provide ongoing assurance via audit and staff training that all appropriate identity documents are in place prior to the circumcision procedure taking place.
- Implement a review of relevant practice policies to ensure they are inclusive of the circumcision clinic. This should incorporate policies on consent, infection control, and safeguarding.
- Undertake an audit of the healthcare assistant's out-of-hours discussions with parents to demonstrate assurance that these are accurately recorded and completed within the scope of the role.
- Develop a more formal audit process to demonstrate the annual outcomes achieved by the service. For example, adherence to standards on consent, record-keeping, and post procedure complications.
- Document that the parent and healthcare assistant were in attendance during the circumcision procedure for infants and young children in the patient's record.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist adviser.

Background to Community Health Centre

Community Health Centre is an independent circumcision service established in 2012 which is registered at Melbourne Community Health Centre, Melbourne Road, Leicester, LE2 0GU. The service operates from accommodation within the GP practice run from the same premises. It is registered with the Care Quality Commission for the regulated activity of surgical procedures.

The service provides circumcision to male children and adults for non-therapeutic reasons, but the majority of patients are children under one year of age. The service is available to any patient and does not require a clinical referral. Whilst most patients will be from the Leicester area, the service sees patients from other parts of the country.

Community Health Centre, where the service is hosted, is a GP practice located close to Leicester city centre and is easily accessible for those bringing infants to the clinic. The Community Health Centre utilises a dedicated minor surgery room within the practice for the delivery of the circumcision service.

The service is delivered by one male surgeon assisted in the procedure by a male healthcare assistant. Management is provided by two GP partners at the GP practice, one of whom is the registered manager of the service, whilst the other leads on clinical governance oversight and compliance. Operational management is provided by the practice manager. Other staff working to support the clinic included practice administrative and reception staff who booked patients into the clinic and processed their paperwork.

The clinics are usually held two evenings a week but can be increased or rearranged depending on patient demand, or to accommodate religious events such as Ramadan. The service has a website at www.leicestercircumcision.co.uk

How we inspected this service

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

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting interviews using video conferencing.
- Requesting evidence from the provider to be submitted electronically.
- A short site visit which included a review of patients' notes and adherence to infection control standards, and observing one of the circumcision clinics taking place.

To get to the heart of patients' experiences of care and treatment, we usually 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?

However, as we had no concerns relating to the caring and responsive questions, these were not included at our inspection in July 2021. The previous rating of good for both these questions is therefore rolled forward for this inspection

Are services safe?

We rated safe as Good

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable persons from abuse. There were policies available for child and adult safeguarding which were easily accessible to staff. These were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The policies were produced for the GP practice incorporating the circumcision clinic, although there was no specific information within the safeguarding policies pertaining to the circumcision clinic.
- The service had systems in place to assure that an adult accompanying a child had parental authority. At our previous inspection in November 2019, we found that whilst the service had a process to check the identity of parents, the identification documents were not always recorded as having been checked. At this inspection in July 2021, we observed that the system had been strengthened with both parents being required to provide photographic identity documents which were photocopied and scanned into the patient's record. The child's identity was confirmed via either the birth certificate or red book (a personal child health record). We reviewed 14 records to check that parental and child identity checks had been undertaken. All of them contained appropriate parental checks, including in one case a death certificate to verify a deceased parent.
- One record of the 14 we reviewed did not include a copy of the child's birth certificate or red book. There was reference to the parents sending this into the service via email but there was nothing on the record to demonstrate that this had happened. We raised this with the provider who took immediate action by contacting the parents and asking for the information to be sent into them. The practice recorded a significant event in relation to this issue and made a strict ruling that if this information was not brought in for review on the day of the procedure, it would not go ahead.
- The provider sought to confirm if a child was on the child protection register or had active safeguarding concerns, and would not undertake the procedure if this was the case. Patients were temporarily registered at the practice for the procedure. The service was able to check for active safeguarding alerts if their registered GP practice used the same electronic health record as them. However, if a child's registered practice used an alternative system, this was not possible meaning that the service had to rely on the parents to confirm this, and also any relevant medical history. However, we observed that the questioning of the parents was thorough and incorporated questions on safeguarding and relevant medical histories for the child and patient.
- Staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The healthcare assistant who worked with the surgeon acted as a chaperone and was trained for the role and had received a DBS check. One parent attended with the child and held them throughout the procedure, but the chaperone role was still required in order to be able to directly observe the procedure. Prior to the covid pandemic, both parents were allowed to accompany the child throughout the circumcision procedure, but at the time of our inspection in July 2021, due to social distancing requirements, the service allowed one parent to attend the clinical room with the child throughout the circumcision procedure. Our records review showed that the attendance of the parent and healthcare assistant during the procedure was not documented in the patient record. When we raised this with the provider, they told us they would ensure this was documented for all future procedures.
- The service told us that they would work with other agencies to support patients and protect them from neglect and abuse, should this arise. Staff took steps to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.

Are services safe?

- We reviewed personnel files for the two staff working at the circumcision clinic. The provider had carried out the required pre-employment checks at the time of recruitment, including the surgeon who was not directly employed by them. Disclosure and Barring Service (DBS) checks were undertaken where required, and updated every five years (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).
- There was an effective system to manage infection prevention and control. The service was included in the wider practice infection control audit undertaken by the practice infection control lead. Handwashing and donning and doffing audits (the putting on and taking off of personal protective equipment) were also in place to uphold infection control compliance. At our inspection, we inspected the clinical room where circumcisions were undertaken and found that this was clean and tidy. There were systems for safely managing healthcare waste.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. All equipment used for circumcisions was single use. Surgical packs and other items used for the procedure were regularly checked to ensure they were in date, and we were able to confirm this on the day of the inspection.
- The provider carried out appropriate environmental and safety risk assessments, including fire, health and safety and Legionella. We saw that identified actions were followed up and systems to control risk, such as the logging of water temperatures to control Legionella, were in place.

Risks to patients

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

- The service had developed clear exclusion criteria to identify those children who could not receive the circumcision. For example, weight below 2.5kg, bleeding disorders, anatomical deformities, and active safeguarding cases.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Training records showed that both the surgeon and healthcare assistant were up to date with basic life support training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly by the host practice. We checked these on the day of our inspection and found appropriate stocks of medicines were in date, and all equipment was observed to be secure, fully maintained, and subject to regular checks. Defibrillator pads for children, child ventilation masks, and a paediatric pulse oximeter were all available with the emergency equipment.
- There were appropriate indemnity arrangements in place for the surgeon who performed the circumcision procedures. The healthcare assistant was covered by the group indemnity of the partners in the practice.
- The circumcision service was delivered by the surgeon, supported by the healthcare assistant. Both had provided the service since it had been introduced. No other staff worked in the service and locums were never used. If either of the two staff were absent, the clinic would be cancelled and rescheduled. The managers of the service were aware that they needed to succession plan for the longer-term to ensure continuity for the future.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with the patient's own GP to enable them to deliver safe care and treatment. Records were made on a template on the practice computer which generated a letter to the patient's GP

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following the procedure, and a copy was also given to the parents. A GP partner reviewed five records from each clinic to ensure that records were accurate and the template had been used to ensure the letter was sent to the GP practice. Our own records review on the day of the inspection provided assurance that 100% of the records that we looked at included evidence that a GP letter had been sent when a procedure had been undertaken.

- Parents were provided with a leaflet following the procedure which clearly outlined potential risks and what they might expect to observe. The same information was also available on the service website. Both the leaflet and website provided advice (for example, how to wash the area, and pain control management) and reassurance, as well as providing contact details if the parents wished to speak with someone directly. The service operated a 24-hour contact line whereby the healthcare assistant or surgeon were available to answer any queries or provide advice post-procedure. The healthcare assistant dealt with general queries but any clinical issues were referred onto the surgeon. The healthcare assistant would document the details of any calls they dealt with in the patient record, but this had not been formally audited for assurance purposes, and to make sure that all advice had been given within the scope of the employee's role.
- In addition to the service's own out of hours contact, patients could access their own GP (or the on call GP at the Community Health Clinic if they were registered at the host practice), or contact their own local out of hours service. Parents were made aware of this.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example, when a circumcision was not feasible due to anatomical reasons.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing emergency medicines and equipment minimised risks.
- The circumcision service did not prescribe any medicines for patients post-procedure.
- The anaesthetic medicine used for the procedure was stored appropriately and stock was regularly audited to ensure it had not reached its expiry date.
- At our previous inspection in November 2019, we identified that the service was not documenting the batch number, the volume of local anaesthetic administered to the patient, or the expiry date in the patient's record for each procedure undertaken. At our inspection in July 2021, we reviewed ten random sets of patient records and found that all of them contained these details in full. A GP partner who provided governance oversight for the service undertook ongoing reviews to ensure this was being upheld.

Track record on safety and incidents

The service had a good safety record.

- There were 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 ensured safe arrangements were upheld.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a process for recording and acting on significant events, which was incorporated into the wider practice system. The practice learned and shared lessons, identified themes, and took action to improve safety in the service. The surgeon and healthcare assistant understood their duty to raise concerns and report incidents and near misses. Partners and managers supported them when they did so.
- There had only been one significant event reported in the last 12 months. This related to the cancellation of the clinic as one of the two staff was unavailable at short notice. The provider had identified this as a learning point with regards to future succession planning.
- We were assured that there were adequate systems for reviewing and investigating if things went wrong, although this happened rarely due to the nature of the service.
- 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 provider acted on patient and medicine safety alerts, but there had been nothing applicable to the circumcision service since the service had been introduced.

Are services effective?

We rated effective as Good

Effective needs assessment, care and treatment

- There were systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.
- Patients' immediate and ongoing needs were fully assessed. A full medical history was taken in advance of the procedure. Detailed information was available on the service website prior to them accessing the service, and advice on post-operative care was provided in a leaflet provided on the day of their attendance.
- Arrangements were in place to deal with patients who required any follow up. This could be a telephone consultation, or if they needed to be seen, they were given an appointment at the next scheduled clinic.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made sustained improvements through the use of regular audit. We saw that this was predominantly focused on record searches to identify key data such as post-operative bleeds or infections, consent, and expiry dates of medicines and consumables, rather than a measurement against clinical standards, to drive patient outcomes.
- There was no specific clinical audit available to demonstrate a positive impact on quality of care and outcomes for patients, although the scope for this was limited. The provider told us they would consider a more formalised annual audit to encompass all the individual audit checks to give a more comprehensive review of the service.
- The service closely monitored patient feedback. In-house patient feedback mechanisms had not been undertaken since the start of the covid pandemic. There were many patient reviews available on the internet; one contained 66 reviews over the last two years and we saw these comments were overwhelmingly positive with regards to the procedure and the interactions with staff. The website for the service included patient testimonials describing a positive experience of the service.

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 newly appointed staff. However, the two people who worked in the service had done so since it was introduced and there had been no new staff, but we saw both existing staff had received an induction.
- The surgeon also worked as a cosmetic surgeon in secondary care, and the healthcare assistant also worked for the host GP practice. This ensured they were not isolated in their role in the circumcision service and had access to other support, training and collaborative working.
- The surgeon was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Are services effective?

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff communicated effectively with other services when appropriate, for example, if the circumcision procedure was deemed unsuitable and a referral was required to another service.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- All patients were asked for consent to share details of their consultation and procedure with their registered GP. This was a requirement of the parents using the service.

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. We saw that the surgeon had up to date training in consent, and the Mental Capacity Act.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. There was a full understanding and adherence to the principles of Gillick competencies. Gillick competence is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to their own medical treatment, without the need for parental permission or knowledge.
- The service monitored the process for seeking consent appropriately. Our own records review demonstrated that all patients had appropriately documented consent, supported by signed consent forms from both parents (unless proven that one parent had sole responsibility for the child).

Are services well-led?

We rated well-led as Good

Leadership capacity and capability;

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

- Partners and managers were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The provider had been invited to set up the service some years ago by their Clinical Commissioning Group (CCG) to address a local need for the community, and ensure the provision of a safe service with oversight of governance processes. They had planned the service in collaboration with paediatric surgeons and other primary care providers.
- Two GP partners from the host practice provided oversight for the service. One acted as the governance lead and the other as the registered manager for the service. They were actively engaged in reviewing the service on an ongoing basis and undertook monthly meetings with the surgeon to discuss the service. In addition, the practice manager provided operational oversight and worked with their administrative team to provide reception and administrative support to the service.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- We found that action had been taken promptly to address the issues raised by the previous CQC inspection in November 2019.

Vision and strategy

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

- There was a clear vision and set of values. The service was run on a non-profit basis as part of a wider ethos to serve the needs of the community.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The emphasis was a focus towards achieving a high quality service and continual improvement.
- The service monitored progress against delivery of the strategy, and looked at the future to consider how they may need to adapt or review the service.

Culture

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

- The service focused on the needs of their patients and their families.
- Staff felt supported and valued. They were proud to work for the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they needed. Both staff had received an appraisal in the last year. The surgeon also had an appraisal at the local hospital as part of their wider role but incorporating circumcision, and had also engaged in a peer review process with a locally based urology consultant.
- There was a strong emphasis on the safety and well-being of staff.
- Staff had received equality and diversity training.

Are services well-led?

- There were positive relationships between the service and the practice team.

Governance arrangements

There were 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.
- Staff were clear on their roles and accountabilities.
- Managers had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The policies covered both the GP practice and the circumcision clinic, however there was no specific reference to the circumcision clinic, and there were no separate policies/protocols that only applied to the circumcision clinic. We highlighted that the child safeguarding, infection control and consent policies as policies which needed some adaptation to incorporate the specific requirements in relation to the circumcision clinic. The provider told us they would ensure this review was completed promptly.
- Audit processes had a positive impact on quality of care and outcomes for patients.
- 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.

Managing risks, issues and performance

There were mostly clear and effective processes for managing risks, issues and performance.

- There was mostly an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- During the covid pandemic, the service had temporarily been halted in line with national guidance. When the service restarted, this was redesigned to accommodate social distancing and comply with infection control recommendations. For example, the numbers of patients at each clinic were reduced by approximately half to incorporate enhanced cleaning requirements; only one parent was allowed to attend for the surgical procedure with the child instead of both; and appropriate personal protective equipment was made available to the parent as well as staff.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.

- Quality and operational information was used to ensure and improve performance.
- Performance information was combined with the views of patients.

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.

Are services well-led?

- 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 clinic made extensive use of parental (and if they were older, patient) feedback to identify issues and improve services. Whilst their own in-house surveys had not taken place throughout the pandemic, the service hoped to reintroduce this in the near future. There was extensive feedback on the internet and all of the patient feedback we looked at was complimentary about the service delivered.
- We saw that the service was highly responsive to patients' needs. The waiting times were usually maintained to within a two-week turnaround. There was flexibility to add additional clinics subject to demand or to accommodate events such as Ramadan.
- The service did not advertise. It built on its reputation and word of mouth. This had evolved and the service received many of their patients from outside of the Leicester area.
- We did not see any examples of information being available in different languages. However, the service told us this had never created any difficulties. When patients attended the service, staff were able to communicate easily with the practice team who spoke nineteen different languages between them. There was access to the interpreter service if this was required, but staff told us that this had not been needed.

Continuous improvement and innovation

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

- There was a focus on learning and improvement.
- The service told us that they would make use of internal and external reviews of incidents and complaints, although incidents rarely arose and there had been no complaints. We were told that learning was shared and used to make improvements whenever this was applicable to the service.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.