

Dr Adil Ali-Khan

# Luton Circumcision Clinic

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 18 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was not providing safe care in accordance with the relevant regulations. However the impact of our concerns is minor for patients using the service, in terms of quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have asked the provider to take action.

##### **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.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Luton Circumcision Clinic is an independent health service based in Luton where circumcisions on children up to and including the age of 18 years are carried out.

#### **Our key findings were:**

- There was a system in place for reporting and recording significant events.
- There was insufficient evidence to demonstrate risks to patient safety had been assessed, in particular those relating to infection control and health and safety.
- The doctor had adopted policies and procedures to govern activity. Although not all of these had been formally documented, we were advised by the doctor that he was in the process of expanding the formal documentation of policies and processes, in light of the expansion of the service.
- The doctor assessed patients' needs and delivered care appropriately.
- There was an effective system for seeking consent.
- There was a system to update external bodies such as GPs where necessary of care and treatment being provided.
- Information about services and how to complain was available and easy to understand.

# Summary of findings

- The service proactively sought feedback patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

- Monitor recently established systems for undertaking risk assessments including completion of any identified actions for improvement.

- Follow up on any actions identified in the Legionella risk assessment.
- Develop a system for monitoring staff immunity status for particular viruses in line with Public Health England guidance.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief  
Inspector of General Practice

# Luton Circumcision Clinic

## Detailed findings

### Background to this inspection

The Luton Circumcision Clinic operates under the provider Dr Adil Ali-Khan. The provider is registered with the Care Quality Commission to carry out the regulated activity of surgical procedures.

Dr Adil Ali-Khan is the responsible individual, 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 Luton Circumcision Clinic operates from a two-storey rented property on Westbourne Road in Luton. The service operates from the ground floor only. The service provides circumcisions to children up to the age of 18 years. At the time of our inspection the team consisted of one doctor, one clinical assistant, one qualified nurse training to be a practice nurse and two reception staff. All staff were employed on a part-time basis.

The service operates on Tuesdays and Wednesdays from 1pm until 6.30pm and on Saturdays from 10am until 5pm. Patient records are all hand written and the service refers patients when necessary back to their registered GP.

The inspection was undertaken on 18 October 2018 and the inspection team was led by a CQC inspector who was supported by a GP specialist adviser. Before inspecting, we reviewed a range of information we hold about the service, any notifications received, and the information given by the provider at our request prior to the inspection.

During the inspection we:

- Spoke with the doctor and clinical assistant.
- We viewed a sample of patient records.
- Made observations of the environment and infection and prevention control measures.
- Reviewed completed CQC patient comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

**We found the service was not providing safe care in accordance with the relevant regulations. However, the impact of our concerns is minor for patients using the service, in terms of quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have asked the provider to take action.**

The provider was unable to demonstrate that all risks in relation to health and safety, Legionella and infection prevention and control (IPC) had been assessed at the time of our inspection.

### Safety systems and processes

- The service had systems to safeguard children from abuse. There was a policy that had been developed and a date for review was recorded. The policy was accessible to all staff. Additional information regarding appropriate channels for safeguarding referrals was displayed in clinical rooms.
- 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. For example, we were told the doctor and staff ensured treatments were not undertaken without appropriate consent.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff, in line with the providers own safety protocols. (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).
- Staff had received up-to-date training to appropriate level in safeguarding children and the doctor had undertaken training in safeguarding both children and vulnerable adults. Staff we spoke with were aware of their responsibilities in relation to safeguarding and knew how to identify and report concerns.
- We were told that staff who acted as chaperones had received informal training from the doctor to support the role. On the day of inspection records of training were not available however staff we spoke with were

able to clearly articulate their role when chaperoning. At the time of our inspection, the practice had not ensured that information was displayed to inform patients that chaperones were available if requested. However, immediately following our inspection we were sent assurance that posters were displayed. We were advised that the doctor only undertook circumcisions in the presence of parents and with the support of the clinical assistant or trainee nurse.

- We saw that systems had been developed to manage infection prevention and control (IPC). For example, there was an IPC policy and appropriate systems in place for the safe disposal of sharps and clinical waste. All clinical staff had undertaken up to date IPC training. The practice used single-use, disposable items for undertaking procedures. The treatment room, consultation room and waiting room appeared visibly clean and tidy. However, the provider had not undertaken an IPC audit or risk assessment to ensure compliance with IPC standards. There was a cleaning contractor employed to undertake general cleaning twice a week. We saw that there was a system in place to ensure that the treatment area was cleaned in-between treatments and that appropriate personal protective equipment was available. Following our inspection, we were sent evidence that an IPC audit had been undertaken on 23 October 2018.
- The provider had not taken steps to provide assurance on water safety through a Legionella risk assessment and regular water checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). On the day of our inspection, the provider arranged for a Legionella risk assessment to be undertaken on 14 November 2018.
- The provider was unable to demonstrate that sufficient assurance had been sought in regard to staff immunity status. Following our inspection, we were sent assurance of the doctors' hepatitis B immunity status. The provider recorded in their infection control audit, undertaken after our inspection, that a system for monitoring staff immunity was to be developed.
- 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

# Are services safe?

We reviewed systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. We saw that three members of staff had been recruited in response to increased demand for the service.
- We were told there had been an informal verbal induction for recently recruited staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The doctor knew how to identify and manage patients with severe infections, for example sepsis.
- The clinic was equipped to deal with medical emergencies and the doctor and trainee nurse were suitably trained in emergency procedures. The clinical assistant and reception staff had undertaken training in paediatric first aid. We saw that the provider had appropriate emergency medicines available at the clinic which were stored and maintained appropriately.
- We saw that there was oxygen available in the clinic and that weekly checks were undertaken to ensure it was fit for use. The provider informed us that they had assessed the level of risk at the service and decided that a defibrillator was not needed onsite. Immediately following our inspection, we were sent a risk assessment of the absence of a defibrillator, detailing the action the practice would take if need arose.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## 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 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 DHSC (department of Health and Social Care) guidance.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing and storing medicines, including emergency medicines minimised risks. The service kept prescription stationery securely and monitored its use.
- The clinic stocked appropriate emergency medicines.
- Staff prescribed or administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients received appropriate aftercare advice regarding pain relief.

## Track record on safety

We reviewed records in relation to safety.

- There were comprehensive risk assessments in relation to some health and safety issues, including information security, COSHH and Fire safety. We saw there were plans to complete any identified actions. For example, a fire risk assessment had identified the need to replace a door which we were told would be completed within three months.
- There was a health and safety policy and all staff had undertaken health and safety training. However, the provider had not undertaken a health and safety risk assessment of the premises. Following our inspection, we were sent evidence that a health and safety risk assessment of the premises had been undertaken on 20 October 2018.

## Lessons learned and improvements made

We reviewed processes established for learning and improvement when things went wrong.

- There was a system for recording and acting on significant events. There was an accident book available and the doctor was aware of the criteria for reporting serious incidents.
- There had been no significant events or formal complaints since the service started.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service had systems in place for knowing about notifiable safety incidents. We were told there had been no safety incidents since the service had started.

## Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The doctor informed us that he received safety alerts directly and that there had been none relevant to the service provided.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

### Monitoring care and treatment

We reviewed evidence of quality improvement activity.

- We saw the doctor had undertaken an audit in August 2018 to review post-operative complications. Of the 1,065 cases reviewed during the audit there were no post-operative infections requiring antibiotics or hospital admission. The doctor had noted in the audit that this demonstrated no need for changes or improvements to be made at the time of the audit.

### Effective staffing

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

- The doctor had the skills, knowledge and experience to deliver effective care and treatment. He worked in the NHS as a GP and had completed appropriate training to undertake circumcisions.
- The doctor had completed revalidation and an appraisal as part of his role in the NHS.
- We were told that the provider was developing an appraisal system to ensure all staff received an appraisal annually.
- There was a schedule of mandatory training which was monitored. This included training in child safeguarding, dignity in care, health and safety and infection control.

### Coordinating patient care and information sharing

The service worked together with other organisations to deliver effective care and treatment.

- We saw evidence that showed that all appropriate organisations including GPs and consultants (for second opinions) were kept informed and consulted where necessary post treatment given to patients.
- Before providing treatment, the doctor ensured he had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we saw appropriate consultation with social services was sought for children identified as at risk.
- There were clear and effective arrangements for following up on people who reported concerns following treatment. The doctor was available on his personal mobile throughout the week. Patients were advised to attend A & E or seek advice from their GP if their child became unwell or if the doctor did not respond to their telephone call in a timely manner.

### Supporting patients to live healthier lives

- All children attending the service and their parents were offered a detailed consultation prior to any procedure being undertaken.
- Risk factors were identified, highlighted to patients and where necessary assurance was sought from other health services to ensure patient safety. If the procedure was deemed unsuitable this was recorded in the patients' records.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- The doctor understood the relevant consent and decision-making requirements of legislation and guidance, including Gillick competency and the Mental Capacity Act 2005. A protocol had been developed to ensure that consent for the circumcision had been given by both parents.
- We were informed it was policy for patient identification to be provided prior to treatment. Parents were required to provide photographic evidence of their own identity

# Are services effective?

(for example, treatment is effective)

and the birth certificate and child health record book of the child. Parents were required to be present during the treatment. Where a parent was unable to attend the clinic in person the provider sought further assurance that consent was appropriately provided. This included a telephone interview where required.

- On the day of inspection there was no formally documented consent policy. However, the doctor was

able to demonstrate the process for seeking consent. Immediately following our inspection, we were sent a copy of the service's consent policy which reflected the systems demonstrated to us on the day of inspection.

- The doctor used formal consent forms to record that appropriate consent had been sought and these were maintained appropriately.
- We were informed that if children or parents demonstrated reluctance or signs of coercion the procedure would not be undertaken.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- There were no patients to speak with on the day of our inspection but through discussions with the doctor and clinical assistant we concluded that they were aware of the need to treat people with kindness, dignity and respect.
- The doctor informed us that he prided himself on his ability to put his patients and their parents at ease.
- We received 19 comments cards which were all positive about the conduct and care received by the doctor.
- The doctor had started to collect his own patient feedback in September 2018 using a text message system. We saw that of the 50 surveys sent out, 22 patients had replied of which 20 responses had been positive. The two negative comments related to the attitude of the receptionist and the fees for the service.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

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

- Interpretation services were available for patients who did not have English as a first language. The doctor and staff were conversant in multiple languages including Urdu, Punjabi and Arabic.
- Information about fees was provided to patients prior to any appointments being booked. The doctor told us that they actively discussed the procedure with parents.
- Post-operative information about after care after the procedure was given to parents to refer to.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the procedure.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- We saw that visual aids were available to help parents and patients understand the procedure.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The doctor demonstrated a clear understanding of the requirements of the Data Protection Act 1998 and although a confidentiality policy was not available at the time of our inspection it was submitted to us immediately following the inspection.
- Staff ensured doors were closed during consultations and conversations taking place in these rooms could not be overheard.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, we saw that the provider had employed additional staff to ensure the service remained accessible to those requesting it.
- The doctor offered post-operative support and could be contacted via a mobile phone. The doctor would visit patients at home if needed to offer post-operative support.
- The service offered longer appointments for those patients that needed them.
- Baby-changing and breast-feeding facilities were available.

### Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service operated on Tuesday and Wednesday afternoons from 1pm until 6.30pm and from 10am until 5pm on Saturdays.
- Appointments were booked through a dedicated telephone line.

### 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.

- The clinic had a system in place for handling complaints and concerns.
- Its complaints policy and procedures were in line with recognised guidance for independent doctors in England.
- The doctor was the designated responsible person who handled all complaints in the clinic. A complaints policy was available to help patients understand the complaints system and information. The doctor informed us that he actively sought feedback following treatment. We saw evidence in the treatment room encouraging patients to raise any complaints or concerns. In response to feedback on the day of inspection the provider informed us that the complaints procedure would be available in the waiting room.
- The clinic had not received any formal complaints since its establishment.

# Are services well-led?

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

## Our findings

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

### Leadership capacity and capability

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

- The provider had the experience, capacity and capability to run the clinic and ensure high quality care.
- The doctor informed us that he spoke to support staff at the end of each treatment session to discuss any issues.
- On the day of inspection, the provider demonstrated a commitment to learning and improvement to provide assurance for patient and staff safety.

### Vision and strategy

The provider did not have a documented vision or strategy but reflected on their mission statement which was to provide a safe, efficient service to the community which was efficacious and accessible, particularly for those requiring the service for cultural or religious reasons.

### Culture

There was a positive and professional working culture at the service. Staff we spoke with told us they would be comfortable to raise any concerns and make suggestions on how to improve the service. The provider was aware of their responsibility in relation to the duty of candour and had developed a policy to support this.

### Governance arrangements

We reviewed responsibilities, roles and systems of accountability to support good governance and management.

- There was a clear staffing structure and staff we spoke with were clear on their roles and accountabilities.
- The provider had developed policies and procedures to govern activity, however these were not all formally documented at the time of our inspection. For example, those relating to consent and confidentiality. Immediately following our inspection, we were sent assurance that policies for consent and confidentiality had been formally documented.

### Managing risks, issues and performance

We reviewed processes for managing risks, issues and performance.

- The provider was aware of clinical risks and had taken appropriate action to safeguard patients.
- However, the provider was unable to demonstrate that all risks in relation to health and safety, Legionella and infection prevention and control (IPC) had been assessed at the time of our inspection. Following our inspection, we were sent evidence that the provider had undertaken a health and safety and IPC risk assessment. The provider also advised that a Legionella risk assessment was to be undertaken on 14 November 2018.
- The doctor had undertaken a clinical audit to ensure the safety and efficacy of the treatment provided.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- The clinic acted on appropriate and accurate information.
- The clinic submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data and records.

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

The clinic encouraged feedback from patients which it valued to ensure delivery of the service met patient expectation. Patients feedback forms were available in the waiting room and the doctor contacted parents of patients two weeks after the circumcision to request feedback.

### Continuous improvement and innovation

There was some evidence of learning, continuous improvement and innovation.

- The provider advised they intended to expand the service in the future and were planning to undertake refurbishment work by the end of December 2018.