

Dr Kamrul Hasan

# The London Circumcision Clinic

## Inspection report

324 Cann Hall Road  
Leytonstone  
London  
E11 3NW  
Tel: 020 7043 9747  
Website: [www.circumcision-clinic.com](http://www.circumcision-clinic.com)

Date of inspection visit: 2 August 2018  
Date of publication: 20/09/2018

### Overall summary

We carried out an announced comprehensive inspection on 2 August 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.

##### **Are services effective?**

We found that this service was not 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 not 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 London Circumcision Clinic is an independent health service based in East London where child and adult circumcisions are carried out.

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

- Systems to keep patients safe and safeguarded from abuse were not effective.
- Except for complaints, the service had no policies and procedures to govern activities.
- Emergency equipment and procedures did not keep patient safe for example, there were no emergency medicines, an out of date oxygen cylinder and no defibrillator. The practice had not carried out any risk assessments to mitigate the risks associated with this.
- The service had not carried out any risk assessments including fire and infection and prevention control.
- There was no programme of quality improvement.
- Systems to protect patient personal information needed improving,

# Summary of findings

- With the exception of the surgeon the only training staff members had received was safeguarding.
- 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.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Review with the system for storing patient records and prescription pads.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

# 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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- Systems to keep patients safe and safeguarded from abuse were not effective.
- With the exception of a policy for complaints the service did not have policies and procedures to govern activity including no significant event policy and procedures.
- The service did not have adequate arrangements to deal with medical emergencies and major incidents.
- Medicines management needed improving.
- The service did not have any comprehensive risk assessments to minimise risks to patients and staff members.

### **Are services effective?**

We found that this service was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- There was no programme of quality improvement.
- There were no formal systems to keep up-to-date with current evidence based guidance.
- There was a limited understanding of the training required to ensure staff were effective at their role.
- Consent was obtained and documented appropriately.
- Patients' clinical needs were fully assessed.

### **Are services caring?**

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

- The service provided opportunities to enable patients to be involved in decisions about their care.
- Staff understood their responsibility in terms of patients' privacy, dignity and respect.

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

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

- The premises were suitable for the service provided.
- Waiting times, delays and cancellations were minimal.
- Information about how to make a complaint was readily available.

### **Are services well-led?**

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- The service did not have a documented vision and strategy.
- No risk assessments had been carried out.
- Patient feedback was sought but not analysed so that changes could be made.

# The London Circumcision Clinic

## Detailed findings

### Background to this inspection

The London Circumcision Clinic operates under the provider Dr Kamrul Hasan. The provider is registered with the Care Quality Commission to carry out the regulated activity of surgical procedures.

Dr Kamrul Hasan 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 service consists of one surgeon, two clinical assistants and one reception staff member. The service provides child and adult circumcisions to approximately 1000 patients per year, 50 of which are adults.

The service opens on a Sunday and provides appointments from 9:30am when it opens with no end time. When demand for appointments are high the service carry out additional week day appointments. The service has a mobile telephone, which was manned seven days a week from 10am to 8pm for appointment booking, queries and concerns.

Patient records are all hand written and the service refers patients when necessary back to their GP.

Prior to the inspection, we reviewed information requested from the provider about the service they were providing. The inspection was undertaken on 2 August 2018 and the inspection team was led by a CQC inspector who was supported by a GP specialist advisor. During the inspection we spoke with the surgeon and staff members. We viewed a sample of patient records, made observations of the environment and infection and prevention control measures and 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.**

### Safety systems and processes

The service had inadequate systems and processes to keep patients safe and safeguarded from abuse.

- There were no comprehensive safeguarding policies, instead the service had a poster displayed in the patient waiting area and treatment room advising that if you had a concern about a child call 999 or the Waltham Forest safeguarding team.
- The service had access to some documentation for staff working at the practice, this included references and Disclosure and Barring Service (DBS) checks. 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. However, for one member of staff there was no evidence on file to assure that they were of good character; we were told that these were obtained verbally and not documented and for another member of staff there was only one personal reference in their file.
- All staff members had received up-to-date child safeguarding training appropriate to their roles, but other than the surgeon no other training had been completed.
- There had been no infection and prevention control audit or risk assessment carried out, including no legionella risk assessment. There was no cleaning schedule in place, we were told that staff members cleaned the premises after each clinic.

### Risks to patients

Systems to monitor and manage risks to patient safety was not effective.

- The service did not have adequate arrangements to deal with emergencies, there was no defibrillator or emergency medicines and there were no risk assessments to mitigate the risks of not having these in place. There was an oxygen cylinder but this had not been checked since 2011 and expired in 2016.

- Only the surgeon had completed life support training.
- The service had three electrical equipment items and these had not undergone portable appliance testing to ensure they were safe and in good working order. There was one electrical clinical item and this had not undergone calibration, however the provider told us that this item was less than one year old.
- We were told that if there were any changes to the service provided that staff members would be informed of this.
- The provider had professional indemnity cover.

### Information to deliver safe care and treatment

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

- Individual care records were recorded and managed in a way that kept patients safe.
- Referral letters contained all the necessary information.
- The service had no access to patient safety alerts.

### Safe and appropriate use of medicines

Medicines were not used in a safe way by the service.

- Prophylactic antibiotics were prescribed after every procedure, we were told that even though the medicine may not be indicated, it was a failsafe as the service was only opened one day a week. The service had not reviewed its antibiotic prescribing.
- The systems for managing and storing medicines could be improved. Anaesthetic was stored in an unlocked cupboard and records did not provide an effective audit trail.
- Pre-completed antibiotic private prescriptions were kept in an unlocked cupboard and these were not monitored.

### Track record on safety

The service did not have a good safety record.

- There were no comprehensive risk assessments in relation to safety issues. There was no infection and prevention control audit or risk assessment including legionella risk assessment and there was no fire safety risk assessment. Other than a smoke detector that had

# Are services safe?

never been checked there was no other fire safety equipment such as a fire extinguisher, there was no fire safety policy or procedure and staff had not been trained.

- The provider was a member of the association of circumcision practitioners which met on average every six months to discuss case studies and share learning, however only one out of four meetings had been attended.

The service did not have effective systems to learn and make improvements if things went wrong.

- The provider was aware of the Duty of Candour but did not have a policy to support them in doing this.
- There was no significant event policy or associated reporting or recording forms. However, we were told that there had been no significant events in the last two years.

## **Lessons learned and improvements made**

# Are services effective?

(for example, treatment is effective)

## Our findings

**We found that this service was not providing effective care in accordance with the relevant regulations.**

### Effective needs assessment, care and treatment

The provider had no formal systems to keep up-to-date with current evidence based practice. We were told that as a means of keeping up to date, the surgeon attended peer review type meetings which took place on average every six months, however we saw that only one in four of these had been attended.

- Patients' clinical needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- The surgeon reminded patients of the remit of the service and where to seek further help and support if required.

### Monitoring care and treatment

- The service did not have a programme of quality improvement activities and did not review the effectiveness and appropriateness of the care provided. A record was kept of all reported complications but this was not audited.

### Effective staffing

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

- The provider did not understand the learning needs of staff. We were told that staff were given on the job training.

- Other than the surgeon the only formal training that staff members received was child safeguarding level one.
- The surgeon had completed revalidation and an appraisal as part of his role in the NHS, but this did not consider any work carried out at the circumcision service.

### Coordinating patient care and information sharing

The service worked together with other health professionals 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.
- Patients received coordinated and person-centred health assessments.

### Consent to care and treatment

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

- The service understood the requirements of legislation and guidance when considering consent and decision making.
- Consent to care and treatment was appropriately obtained and documented in the patient record.
- The service had systems to ensure that parental consent was obtained from both parents before a procedure was carried out. We were told that procedures on children would not be carried out without the consent of both parents.
- The service ensured that it appropriately documented consent in the patient record.

# Are services caring?

## Our findings

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

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

- We observed that the consulting room door was kept closed during patient consultations to ensure confidentiality.
- The service timing of appointments reduced the likelihood of more than one patient being on the service premises at any one time to ensure patient confidentiality.

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

- We viewed a sample of patient records and patient information sheets which indicated that treatment options were discussed with patients and they were given the opportunity to input into the decisions about their care.

- We received 23 completed Care Quality Commission comment cards all of which were extremely complimentary about the standard of care received. There was a common theme of timely and attentive care with the surgeon providing extensive explanations about treatments.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity.

- Staff we spoke with recognised the importance of patients' dignity and respect.
- The service complied with the Data Protection Act 1998.
- The service told us they mitigated the requirements for chaperones as parents were always present during a circumcision of a child and a clinical assistant was always present during the circumcision of an adult.



# 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 patients' needs and preferences.

- The premises were suitable for the service provided.
- Patients could access information about the service through a variety of sources including a website and leaflets.
- Treatments were personalised to reflect individual patients' needs. Post-operative information sheets were given to all patients.

### **Timely access to the service**

The service was open on a Sunday and provided appointments from 9:30am when it opened with no specified end time as this was based on demand. When

demand for appointments were high the service carried out additional week day appointments. The service had a mobile telephone, which was manned seven days a week from 10am to 8pm for appointment bookings, queries and concerns.

- Patients had timely access to initial assessments and ongoing treatment.
- Waiting times, delays and cancellations were minimal and were managed appropriately.
- The appointment system was easy to use.

### **Listening and learning from concerns and complaints**

- There was a lead member of staff for managing complaints.
- The service had a complaints policy which was displayed on the wall in the patient waiting room.
- The service told us they had not received any complaints in the last two years but had systems and processes for acknowledging and dealing with these if the need arose.

# 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 not providing well-led services in accordance with the relevant regulation.**

### Leadership capacity and capability;

On the day of inspection, we saw that the leader of the service aspired to deliver sustainable care. However, the leader was unable to effectively demonstrate how he kept up to date with best practice and the service did not have a suite of processes and procedures to govern activities.

### Vision and strategy

The provider did not have a documented vision or strategy but told us they had plans to relocate the service and provide additional treatments to patients.

### Culture

There was a positive and professional working culture at the service. Staff 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, but did not have a protocol to support this.

### Governance arrangements

- There was a clear staffing structure but not all staff understood their roles and responsibilities including in relation to fire safety.
- There were no structures and systems to support good governance.
- Apart from complaints, there were no policies and procedures to govern activity.

### Managing risks, issues and performance

- There were no risk assessments including fire safety, infection and prevention control and health and safety.
- Processes to manage current and future risk were thought about but not documented.
- There were no processes to review the safety, quality or effectiveness of the service provided.

### Appropriate and accurate information

- Quality and operational information was not used to improve performance.
- Performance information was not combined with the views of patients.
- The service could not demonstrate that quality improvement was considered.
- The service could not demonstrate that they had arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data records and management systems. For example, all patient records were hand written and kept in an unlocked non- fire proof cupboard and older patient records were kept offsite and there was no risk assessment carried out to mitigate risks associated with this.

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

The service provided patients with satisfaction questionnaires, the results of which had not been analysed to see if there were improvements to the service that could be made.

### Continuous improvement and innovation

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