

London Circumcision Centre

Inspection report

142 George Lane
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at the London Circumcision Centre. This inspection was conducted as part of our inspection programme of independent health providers.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service had systems in place which kept patients safe. These included checks on patients attending the service and risk assessments conducted to ensure staff and patients were safe whilst attending the centre.
- Staff at the service had the skills and knowledge to provide effective care.
- Feedback on the provider and service revealed high levels of patient satisfaction.
- Provision of services at the clinic considered patient demand and included timely access appointments which included face-to-face, telephone and video consultations.
- There was a focus on innovative, learning and improvement.

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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. The team included a GP specialist adviser.

Background to London Circumcision Centre

The London Circumcision Centre operates as an independent circumcision delivering services from 142 George Lane, London, E18 1AY.

The fee-paying service provides circumcision to newborns, children and adults for therapeutic and non-therapeutic reasons under local anaesthetic. In addition, the service provides paediatric urology services.

The service is registered with the Care Quality Commission for the provision of surgical procedures and the treatment of disease, disorder or injury regulated activities.

The location where the service is located is in a rented multi-use ground floor building which is easily accessible for those bringing children to the clinic, or for those with mobility issues. The centre has level floor surfaces, automatic doors and has good public transport links. Public pay car parks are located a short distance from the location. The service has a specific room in this location from which it conducts its regulated activities.

The service is operated by Dr A Khan who is the named provider. Procedures are undertaken by the provider who is a qualified and registered paediatric urologist/surgeon alongside a further two consultant urologists and a paediatric surgeon.

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Appointments are available as follows: -

- Every 1st and 3rd Thursday of the month
- Every 2nd and 4th Saturday of the month
- Every 2nd Sunday of the month

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering 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.

During our inspection we:-

- Looked at the systems in place relating to safety and governance of the service.
- Viewed key policies and procedures
- Conducted remote interviews with staff
- Reviewed clinical records

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

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

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

Are services safe?

We rated safe as Good because

We found the service to have systems and procedures in place to keep patients and staff safe, there was evidence that the information to deliver safe care was available and appropriate use of medicines at the centre.

Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and on-going training.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies regarding safeguarding were regularly reviewed and were up to date. The provider had not needed to raise any recent safeguarding concerns to the appropriate authorities for incidents or concerns identified at this location, staff we spoke with were fully aware how to do so if required. Staff took steps to protect service users from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. All staff had received up-to-date safeguarding and safety training appropriate to their role. For example, the clinicians had received child safeguarding training to level three, and non-clinical staff had received training to a minimum of level two.
- The service had systems in place to assure that adults accompanying a child had parental authority. The provider (and other staff members we spoke with) told us that no procedure would be undertaken on a child under 18 without the written consent and attendance of both parents with one exception. We asked the provider, what would happen in the event of both parents not being able to attend the service prior to a procedure being undertaken, and was told that the procedure would not be done but that they would happily rebook the appointment for a time when both parents were present to sign the consent form.
- The service carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). We viewed three staff records and found current DBS checks attached to their record. DBS checks were undertaken for staff who had face-to-face contact with patients and a risk assessment conducted by the provider for the virtual member of staff.
- There was an effective system to manage infection prevention and control. We inspected the procedure room and found this to be in a clean and well-maintained condition. The lead clinician was able to show us that controls were in place such as IPC audits, fire risk assessments, and Legionella controls. Staff records we examined showed that staff had received required training in subjects such as fire safety and infection control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The service had procedures in place to access medicine and patient safety alerts and updates which were applicable to the safe operation of the centre.
- Records completed by the provider showed that clinicians and non-clinical staff were up to date with necessary training. This included basic life support.
- Staffing for the service was planned around the scheduled patient appointments. We were told that any issues which resulted in insufficient staffing numbers being available would lead to the cancellation of the clinic for that session.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider of services told us that there was a system in place where clinical staff could be contacted to provide cover for other colleagues if required at short notice.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The provider told us that the service provided a 24-hour contact service for patients who have who have post-procedural concerns or wanted additional advice. Patients are offered a follow-up call in the days following the procedure.
- When there were changes to services or staff, the service assessed and monitored the impact on safety and changes were discussed at the following team meeting.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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. All records were online and the system holding the records was backed-up to a remote server daily. Access to these records is by secure password and limited to specific members of staff.
- The service had a system in place to retain medical records in line with GDPR guidance. If the service ceased trading, this clinical database would securely export their patient records into encrypted files which would be retained by the Directors in line with their responsibilities, under the relevant legislation for retention of Medical Records.
- The service had systems for sharing information with staff and other healthcare providers (when applicable) to enable them to deliver safe care and treatment.
- 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 medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. Equipment such as the defibrillator and oxygen, were stored appropriately and checked regularly.
- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking and recording of medicines kept on site.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The service rented a room within an existing healthcare setting and we saw that risk assessments were in place to ensure the safety of staff and patients whilst in the building.

Are services safe?

- The service monitored and reviewed activity (such as incidents) within the service. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. Any activities that occurred at within the service were discussed at the following team meeting.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

There were adequate systems for reviewing and investigating when things went wrong. The service had been running for less than one year (at the time of inspection) and have not during this time had any incidents which required a review or investigation. The provider told us that if something went wrong within the service, the team would be informed and the incident and how it was handled by the service would be reviewed. All learning from the incident would be shared lessons and the service would take action to improve safety in the service.

- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty within the service. The service told us that they would give affected people reasonable support, truthful information and a verbal and written apology if something went wrong with the care they provided.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all clinical staff members.

Are services effective?

We rated effective as Good because:

We found the service to have systems and procedures in place to keep patients and staff safe, there was evidence that the information to deliver safe care was available and there was appropriate use of medicines at the centre.

Effective needs assessment, care and treatment

The provider had 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. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. This was achieved through discussion and a face-to-face consultation with patient.
- Staff followed guidance from the National Institute for Health and Care Excellence (NICE), the World Health Organisation (WHO), the British Medical Association (BMA) and the General Medical Council (GMC) to ensure that treatment was delivered according to current clinical pathways.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. For infants and children undergoing a procedure, the service encouraged one parent to stay with child during the procedure to reassure the child. All patients were given aftercare advice following a procedure.
- The service had a web based electronic patient record system which allowed the service to operate a paperless patient record system. The system allowed the service add alerts such as patient allergy information.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements using completed audits. Clinical audits were used to have a positive impact on quality of care and outcomes for patients. We viewed a one-cycle audit conducted by the service which retrospectively looked at the number of complications encountered during circumcision procedures conducted at the service. During the specified six-month period, the service conducted 196 procedures of which 177 procedures did not have any complications. Of the remaining 19 procedures, the audit identified 13 records where the patient record had not been completed to show if any complication had occurred and six records which identified that minor complications such as bruising and infection had occurred. The service told us that the second cycle of this audit would take place later this year.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. The provider was a fellow of the Royal College of Surgeons of Paediatric in Ireland and a fellow of the European Board of Paediatric surgery and Urology.
- Relevant professionals were registered with the General Medical Council (GMC).

Are services effective?

- The service understood the learning needs of staff and used team meetings to discuss new approaches or advancements in the field of circumcision and urology. In-house training was encouraged. Up to date records of skills, qualifications and training were maintained. We viewed two staff files which were computerised and found these files were complete with relevant information.

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Due to the way procedures were undertaken at the service, it was very rare for a patient to be referred to another service. The service had a 24 hours aftercare support line for patients who may have limited discomfort following a procedure. All patients received aftercare advice from the service so that they were able to self-care at home as well as the aftercare support line number.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health and their medicines history. For example, if a patient was taking bleeding thinning medication, the service would not conduct any circumcision procedure and would discuss alternative treatments with the patient.
- All patients were asked for consent to share details of their consultation and any medicines used as part of the procedure with their registered NHS GP on each occasion they used the service. If the patient refused, the service would record this on the patient record. A paper copy was also available for patients to give their GP if requested.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Where the service was approached to conduct a procedure on a child, the service required both parents to attend the service and sign the consent form. There was one exception to this, which was when it was a single parent attending the service. The service required the single parent to bring proof of their relationship status (i.e. child's birth certificate) before the service would agree to conduct the procedure.
- The service monitored the process for seeking consent appropriately. This was done through auditing of the electronic patient records to see whether consent was regularly recorded.

Are services caring?

We rated caring as Good because:

We found the service respected patient privacy and dignity. Patients were involved in decisions about their care and treatment and the service treated patients with kindness, respect and compassion.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. Due to the length of time the service had running, the provider had not yet conducted a patient satisfaction survey. We viewed 13 online reviews for the service on a specialist healthcare review website and all the reviews spoke of a positive experience whilst at the service. The provider had a further 60 positive reviews on another specialist healthcare review platform.
- Staff understood patients' personal, cultural, social and religious needs. They displayed a non-judgmental attitude to all patients.
- The service gave patients timely support and information. The service had compiled a sheet with aftercare details for patients after surgery.

Involvement in decisions about care and treatment

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

We were told by the provider that if a patient did not have English as their first language, they would ask for a member of the family to attend the initial discussion with the consultant so that the service were able to have a clear understanding of what procedure was required. If it was the case that a family member was not available, then interpretation services would be obtained for patient. The service had members of staff who spoke Arabic, Romanian, Bengali and Urdu.

- We were told by the provider that if a patient with learning disabilities or complex social needs contacted the service, family or carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

We found the service offered timely access to appointments, had systems in place to address patient complaints and concerns and made reasonable adjustments to allow all patients access to services.

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 would improve services in response to those needs (if required). This location had been registered for only one year. Due to the pandemic, the service had not yet run an in-house patient satisfaction survey, but it did tell us about plans to do so and shared the positive feedback it had received online.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. A hearing loop was available at the service and the service was located on the ground floor, allowing patients with mobility issues access to services provided.

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 appointments which included face-to-face, telephone and video consultations. Appointment times varied according to the procedure discussed/undertaken.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- We saw that the appointment system was easy to use. Appointments could be made through contacting the service by telephone, email or using the embedded information request questionnaire on the service website.
- The provider ran seven clinics per month on Thursdays, Saturdays and Sundays.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. This was highlighted on the practice website and on the service's information leaflet.
- The service had a complaints policy and procedures in place. Due the length of time that the service had been operating for, the provider did not have any individual concerns or complaints to share with us. The provider told us that his 20 years' experience has given him the skills to know what to do if a service user had an issue with the service and/or care provided. The provider also told us that any complaints received would be acknowledged immediately, followed by a written response. Complaints and feedback received was a standing agenda item for discussion at the service's monthly staff meeting.

Are services well-led?

We rated well-led as Good because:

The service had policies in place to enable the service to run effectively and the vision to deliver good quality care and outcomes for patients. There was a culture of learning and innovation.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant). The provider spoke with the inspection team about the vision and values of service, with regards to use and promotion of the innovative techniques used to when conducting circumcision.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service. Staff member we spoke with told us that they enjoyed their role and that the provider was visible and approachable.
- The service focused on the needs of patients. This was evidenced through the provision of a variety of procedures available at the service.
- The provider told us that they would act on behaviour and performance inconsistent with the vision and values.
- The provider did not have any complaints or incidents to share with us due to the length of time the service had been running. They told us that openness, honesty and transparency would be expected from all staff when responding to any future incidents and complaints. 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.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All clinical staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between all staff members.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. We saw evidence of this at the location which is shared with another service. We saw shared building protocols to ensure that the building was safe for services to conduct their business from.
- Staff were clear on their roles and accountabilities. For example, the service would not operate if there was not two clinical members on site to conduct a procedure.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We noted that the service had a variety of approximately service protocols which staff can refer to. These were available in both hard copy and on the service's shared computer system.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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. The service had a secure computer system which allowed them to operate a paperless service. The service was registered with the information commissioner's office (ICO).

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and patient notes. 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.

Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners (when required) to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. Feedback could be given through one of two independently verified healthcare review websites. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The provider continued to work on innovative ideas for painless circumcision for both adults and children such as the no needle method to apply anaesthesia, the use of glue instead of traditional suturing to close wounds after circumcision, the Circumplast device for child circumcision and the introduction of the CircCurer stapler are quicker and safer procedure in comparison to traditional methods of circumcision. We were told by the service that these are relatively new methods used exclusively by a small number of urologists across the country.