

Dr Ahmed Elgaddal

Brixton Clinic

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out this announced comprehensive inspection at Brixton Clinic on 6 April 2019. We had previously carried out an announced comprehensive inspection on 24 January 2018. At that time the service was judged to be meeting the standards for providing effective, caring, responsive and well led care and treatment and not providing a safe service..

The area where we said that the provider must make improvement was:

- Retain a copy of the operative notes that are given to patients, and ensure that the operative note is also forwarded by the service to the NHS GP where known.

Summary of findings

The area where we said the provider should make improvements was:

- Review infection control procedures including those in relation to risk assessments and the provision of guidance and cleaning procedures available for domestic staff.

At this inspection we found that the practice had addressed all of the issued from the previous inspection. However, we noted that there were other breaches in the safe and effective domains.

We found that:

- The service provided care in a way that kept patients safe and protected them from avoidable harm in most areas. However, the service did not have systems in place to ensure that all risks to patients were mitigated, and did not report safeguarding concerns in line with guidance.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We identified a regulation that was not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.

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

- Develop a quality improvement program.
- Undertake proactive patient surveys.
- Provide further safety netting information in post-operative checklists that are given to patients.
- Implement more regular reviews of policies.

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Chief Inspector of Primary Medical Services and Integrated Care

Brixton Clinic

Detailed findings

Background to this inspection

Brixton Clinic was inspected on 6 April 2019. The inspection team comprised a lead CQC inspector and a GP Specialist Advisor.

The Brixton Clinic is a clinic which provides circumcisions only, and is based in clinical rooms which are part of a pharmacy, based at 290 Brixton Road, London, SW9 6AG. It is located in the London Borough of Lambeth and provides solely private health services. The services offered were faith and non-faith based cultural circumcision services for all age groups. However, 99% of the patients of the service were under one year old. The patients seen at the practice are often seen for single treatments and as such the clinic does not keep a patient list. The service is open on Saturday mornings only, and approximately 100-120 patients utilise the service each year.

The services doctor 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. The service had no employees other than the registered manager.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received. Patients said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we asked people using the service to record their views on comment cards, interviewed staff, and reviewed documents relating to the service/clinic.

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 rated safe as Requires improvement because:

We carried out this announced comprehensive inspection on 6 April 2019. We had previously carried out an announced comprehensive inspection on 24 January 2018. At that time the service was not providing safe services. We found the following:

- The service did not retain a copy of the operative notes that were given to patients, and ensure that the operative note was also forwarded by the service to the NHS GP where known.

These areas were found to have been addressed at the inspection of 6 April 2019. However, we also found the following breaches of regulation:

- The service undertook ID checks for patients when they attended clinics. Mobile telephone numbers were recorded, but not the patients address. As a consequence of this when the service needed to make a safeguarding referral following what appeared to be a previous circumcision attempt, the service was not able to make the referral. The doctor also did not consider this within the threshold of a safeguarding referral being required.
- The doctor told us that he requested NHS GP details, but this was not recorded in the majority of the records that we saw.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate policies, although we noted that some had not been reviewed since the service had commenced. However, information was in line with best practice, and they outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse. However, the practice did not record relevant information from identification checks such as the address. They were therefore unable to report an incident where a patient had come in having apparently already having had an attempted circumcision which had not been performed appropriately. The doctor did also not consider this within the scope required for a safeguarding referral.

- The sole member of staff had an enhanced Disclosure and Barring Service check in place. (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).
- The sole member of staff received up-to-date safeguarding and safety training appropriate to their role. The doctor knew how to identify and report concerns, but did not make a referral in one case where it ought to have been made. In that instance it appeared that someone else had attempted to circumcise the patient, but that it had not been done correctly.
- There was an effective system to manage infection prevention and 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.

Risks to patients

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, consent (including parental consent) and parental and child identification. The policies clearly outlined processes to be adhered to, and detailed whom the lead clinician should contact in the event of a safeguarding concern. The clinic did not formally meet with health visitors or other safeguarding professionals but was aware of the process to formally raise concerns. The lead clinician told us that although he only saw male patients, he passed leaflets to the parents of patients regarding female genital mutilation (FGM). These leaflets detailed that this was illegal, that it could be significantly detrimental to the health of women and contained details of who might be contacted if patients suspected incidents of FGM.
- If a procedure was unsuitable for a patient we were told by the clinic that this would be documented and the patient referred back to their own GP. Where necessary the GP could contact the clinic for further details.
- Emergency medicines were safely stored, and were accessible to staff in a secure area of the clinic. We saw that the emergency medicine stock included adrenalin.

Are services safe?

Adrenalin is a medicine used for the emergency treatment of allergic reactions. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use.

- Parents were provided with post-operative check sheets. The doctor explained under what circumstances the parent should contact the doctor, but this safety netting information was not included within this form.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available for sharing information with NHS general practitioners if this information was provided by the patient

Safe and appropriate use of medicines

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

- The service used Lidocaine Hydrochloride as the local anaesthetic in all cases. Where patients were older this could be supplemented with Marcain Polyamp. All medicines were securely stored and were in date.

Track record on safety and incidents

The service had a good safety record.

- The clinic had a health and safety protocol in place and in addition:
- The clinic used one use clinician packs for circumcisions which contained all equipment that would be required for the procedure.
- The table on which the procedure took place when necessary could be tilted and moved.

Lessons learned and improvements made

The service learned and made when things went wrong.

- There was a system for recording and acting on significant events.
- Although there had been no instances of it happening, there were adequate systems for reviewing and investigating when things went wrong.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

We found the following breaches of regulation:

- The service had a protocol that both parents would need to sign consent. However, in one case we noted that only a single parent had signed the consent form.
- The doctor had not undertaken requisite training in paediatric life support.

Effective needs assessment, care and treatment

The clinician was 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.
- The clinic assessed needs and delivered care in line with relevant and current evidence based guidance.
- Patients and parents of those using the service had an initial consultation where a detailed medical history was taken. Parents of patients and others who used the service were able to access detailed information regarding the process and the different procedures which were delivered by the clinic. This included advice on post-operative care. This was both to reduce concern and anxiety from the parents and to prevent them unnecessarily attending other primary or secondary care services.
- We saw no evidence of discrimination when making care and treatment decisions.
- The clinic had produced an aftercare leaflet to reassure parents and held follow up sessions if required after the procedures. However, the aftercare leaflet did not contain details of if and when the parents of the patients should contact the doctor again.

Monitoring care and treatment

- The service had undertaken reviews of the care provided, but had not fully audited patient outcomes.

Effective staffing

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

- The service only had one member of staff, the lead clinician, who had the skills, knowledge and experience to deliver effective care and treatment.
- The clinical lead maintained a training log and had details of his professional registration and revalidation. The clinical lead was aware of how to manage paediatric emergencies, but did not have any relevant training specific to paediatric patients.
- The lead clinician said that his private work was included as part of his NHS appraisal

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 referred to, and communicated effectively with, other services when appropriate.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered.

Consent to care and treatment

The service did not always consent to care and treatment in line with legislation and guidance.

- The lead clinician understood the requirements of legislation and guidance when considering consent and decision making. However, we noted that in one case consent from only one parent was recorded.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service had systems in place to assure that an adult accompanying a child had parental authority. However, in one record that we looked at, the consent form had only been signed by one parent. The doctor said that he had contacted the other parent to confirm consent but had not recorded this.

Are services caring?

Our findings

We rated caring as good.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- The treatment room was separate from the consulting room in order that patient's dignity was respected.
- The clinician spent time with parents both pre and post procedure carefully explaining the circumcision and recovery process to reduce any anxieties they may have.
- 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.
- Parents held patients during the procedure to reduce anxiety both for the child and the parent themselves. The clinician clearly explained that this would be a requirement prior to scheduling the procedure

We received four Care Quality Commission comment cards. These were positive regarding the care delivered by the

clinic and the caring attitude of staff. Three stated that the service was professional, and that staff took the time to explain the process to them. They found staff helpful and would recommend the service to others.

The service did not proactively seek feedback from patients, although there was a comments box in place.

Involvement in decisions about care and treatment

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

- The lead clinician spoke English and Arabic, and said that he would consult in both languages.
- 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 choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, clear post-operative care leaflets were provided.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as good.

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 clinic had developed a range of information and support resources which were available to service users, this included leaflets for pre and post procedure care as well as a full explanation of the procedures available.
- The website for the clinic was very clear and easy to understand. In addition, it contained valuable information regarding the procedure and aftercare.
- The clinic offered post-operative support from the lead clinician at the patients request.

Timely access to the service

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

- The service operated from 11am to 2pm on Saturdays depending on patient demand. In total the service provided services for between 100-120 patients per year.

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 had complaint policy and procedures in place. In the previous 12 months there had been only one complaint which related to waiting times.

Are services well-led?

Good 

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

Our findings

We rated well-led as good.

Leadership capacity and capability;

The lead clinician was responsible for the organisational direction and development of the service and the day to day running of the clinic.

There were no meetings in place at the clinic as there was only one member of staff. The lead clinician said that he discussed his private work within his appraisal as a general surgeon to ensure that he had peer feedback.

The clinic was aware of, and complied with, the requirements of the Duty of Candour. When unexpected or unintended safety incidents occurred, the service told us they gave affected patients reasonable support, truthful information and a verbal and written apology. Their policy regarding dignity and openness detailed their approach to candour.

Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

Governance arrangements and managing risks, issues and performance

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. However, some policies had not been reviewed since the service commenced.
- Arrangements were in place for identifying, recording and managing risks and issues.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service submitted data or notifications to external organisations as required.
- 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.

Engagement with patients, the public, staff and external partners

The provider encouraged and valued feedback from patients, but feedback was not sought proactively.

Continuous improvement and innovation

We saw evidence that the service made changes and improvements to services as a result of adverse results and complaints. The practice had addressed performance issues identified at the prior CQC inspection.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The service undertook ID checks for patients when they attended clinics. Mobile telephone numbers were recorded, but not the patients address. As a consequence of this when the service needed to make a safeguarding referral where it appeared that a circumcision had been badly attempted previously, the service was not able to make the referral. The doctor did not also consider that such a referral was required.</p> <ul style="list-style-type: none">• The service had a protocol that both parents would need to sign consent. However, in one case we noted that only a single parent had signed the consent form.• The doctor had not undertaken the requisite training in paediatric life support. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>