

The London Circumcision Clinic

Inspection report


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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 Clinic as part of our inspection programme.

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 circumcisions are provided.

Our key findings were:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- 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 practice organised and delivered services to meet patients' needs.
- The way the service was managed promoted the delivery of high-quality, person-centred care.
- The provider had its own action and improvement plans in place that were implemented or in progress.

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

- Review and embed systems for clinical quality monitoring.
- Review arrangements to formalise staff induction and professional development.
- Review and improve systems for storing and retaining patient information and to ensure the provider's website remains up to date.

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Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to The London Circumcision Clinic

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 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 consists of one surgeon, two clinical assistants and one reception staff member.

The London Circumcision Clinic opens on Sundays when it provides appointments from 9:30am and closes in accordance with patients attending that day, sometimes into the early evening. When demand for appointments is high the service may carry out additional Saturday appointments. The service mobile telephone number 07947464530 is staffed 10am to 6pm every day for appointment booking, queries and concerns; outside these times patients can email surgery@circumcision-clinic.com for the service to reply.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider.
- Gathering information from staff through written feedback, interviews on site, and through video conferencing.
- Completing clinical records reviews and discussing findings with the provider.
- A site visit including observations of the environment and infection and prevention control measures.

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.

Safety systems and processes

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

- The provider conducted safety risk assessments including fire safety risk assessments. It had appropriate safety policies, which were communicated to staff and outlined clearly who to go to for further guidance.
- Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service had extensive systems in place to assure that an adult accompanying a child had parental authority including photographic identity checks. Parents were required to give written consent and be present during the circumcision procedure.
- 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 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role and knew how to identify and report concerns.
- The need for chaperones had not arisen because the majority of patients were children and parents were present at every stage of care and treatment; however, the provider had implemented relevant systems of training and DBS checks for chaperones, should the need arise.
- There was an effective system to manage infection prevention and control, this included legionella testing.
- 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 systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of emergency or urgent medical attention.
- There were medicines and equipment to deal with medical emergencies that were checked and fit for use. One child oxygen mask had expired, and the provider had ordered a replacement that we saw evidence was due for delivery the day after our inspection.
- There were appropriate indemnity arrangements in place.
- We saw evidence of completed training such as basic life support including the use of the defibrillator, and fire awareness training.

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 handwritten 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.

Are services safe?

- 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 the event the provider ceased trading.
- The doctor made appropriate and timely referrals when necessary, and 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 emergency medicines and equipment minimised risks.
- The service kept prescription stationery securely and monitored its use.
- The service kept appropriate records of the one medicine (Augmentin) that they prescribed, and gave related advice in line with legal requirements and current national guidance.
- The service did not prescribe controlled drugs.

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 monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses, the lead doctor supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons and identified themes, it took action to improve safety. For example, after a patient developed a post procedural complication, the provider apologised to the patient and undertook an investigation which was discussed with staff at a meeting to share learning. There were specific circumstances relating to the type of circumcision that entailed a specific risk. Staff told us the specific risk is very rare and had been described to the patient prior to the procedure taking place, and we saw evidence this was the case on a patient consent form. The provider changed its procedure to allow extra consultation time (30 minutes) for the specific procedure, to explain the rare risk in detail to the patient to consider in advance of the circumcision taking place.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.
- The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- Staff kept written records of verbal interactions as well as written correspondence.

Are services effective?

We rated effective as good.

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).

- The doctor attended peer review meetings with other doctors who carried out circumcisions where complex cases were discussed and learning was shared.
- Patients' immediate and ongoing needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The doctor reminded patients of the remit of the service and where to seek further help and support if required.

Monitoring care and treatment

Evidence that the service was involved in quality improvement activity was limited.

- The scope of the service was limited to circumcisions. The provider had undertaken a single cycle clinical audit of bleeding complications in the preceding year. Three cases were identified and care and treatment was reviewed for all three of those patients and no quality improvement to the procedure itself were identified. We noted bleeding can rarely occur after a procedure, including that is related to patient self-care at home. Patients were provided with verbal and written information for post procedure self-care.
- The provider had plans to improve arrangements for auditing and clinical peer review purposes; for example, to audit Augmentin prescribing before the end of the year and to re-audit post procedural complications again next year.
- There was evidence the provider was arranging clinical peer review to be reinstated before the end of the 2022 year, this was part of the providers improvement action plan that included an outcomes review on 15 January 2023.
- The providers action plan included recording the expiry date of anaesthetic creams at the point of use, and to audit the effectiveness of systems for recording expiry dates of all medicines and items by 15 January 2023.

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, but it was not documented. The lead doctor coached and supervised staff through daily one to one or team briefings.
- Relevant medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

Are services effective?

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. Before providing treatment, the doctor ensured they had adequate knowledge of the patient's health.
- Systems were in place to ensure appropriate organisations including GPs, and consultants (for second opinions) were kept informed and consulted if/ as necessary.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP, when sharing was deemed necessary.
- The provider had risk assessed the treatments they offered. Patients aged over three years were given a follow up appointment the week after their procedure as a safety measure, as this age group was most likely to have complications.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care, and follow up post operatively if required.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as good.

Kindness, respect and compassion

Staff treated did not treat patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received through feedback questionnaires. We saw 19 patient feedback forms the provider gathered during October 2022, these indicated patients were highly satisfied with their care and treatment.
- Feedback from patients was positive about the way staff treat people. For example, 171 (unverified) google reviews reflected a score of 4.8 out of five stars for patient satisfaction.
- 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 not available for patients who did not have English as a first language. However, staff told us the majority of patients spoke English and approximately 90% of patients babies or young children were accompanied by their parents that spoke English. We also saw that staff spoke Bengali that was reflected in the patient cohort, this meant staff were able to translate if required.
- Staff communicated with people in a way that they could understand; for example, information leaflets were available in easy read formats to help patients be involved in decisions about their care.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations and procedures were performed in private designated rooms with only necessary staff members present.
- 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.

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, the provider offered a stapling technique circumcision for adults which resulted in a simpler procedure and improved cosmetic outcome for those patients. Part of the reason the provider offered this was in response to an increasing percentage of adult patients since our previous 2019 inspection. Staff told us they were one of the few clinics in the country to offer this specific technique.
- 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. For example, the premises were wheelchair accessible. The provider did not have any deaf or hard of hearing patients and the lead doctor told us arrangements such as a hearing loop or other access requirements for patients would be considered, should the need arise.
- A private room for breastfeeding was available.

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 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 was high the service carried out additional Saturday appointments.
- The service mobile telephone was staffed 10am to 6pm every day for appointment bookings, queries and concerns. Outside these times patients could email surgery@circumcision-clinic.com for the service to reply.
- The lead doctor was available to patients directly by mobile for the whole day on the day of the circumcision procedure, in case of any complication or concern.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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 service had complaint policy and procedures in place.
- 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.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, after circumstances occurred prior to a circumcision that were unrelated to the circumcision procedure itself but affected the family dynamic. The family complained to staff and staff apologised

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and undertook a team discussion to reflect on the complaint, and to share learning. The service offered a resolution to the complainant and confirmed this was satisfactory for them. The provider changed its procedure to prevent recurrence by improving appointments scheduling and considering an option for an extended or rescheduled appointment, where required.

Are services well-led?

We rated well-led as good.

Leadership capacity and capability:

The lead doctor had the capacity and skills to deliver high-quality, sustainable care.

- The doctor was knowledgeable about issues and priorities relating to the quality and future of services. He was visible and approachable and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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.
- 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.
- The service focused on the needs of patients.
- The lead doctor acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to 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.
- There were processes for providing all staff with the development they need. Inductions and one to one staff development conversations were not formalised, but to document these was part of the providers action plan. The lead doctor met the requirements of professional revalidation and had received a formal appraisal. There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity and staff felt they were treated equally. There were positive relationships between staff and teams.

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 effective.
- Staff were clear on their roles and accountabilities.
- Policies, procedures and activities were in place to ensure safety.
- The information used to monitor performance and the delivery of quality care was accurate and useful and there were plans to address any identified weaknesses. For example, the provider had an action plan that it was in the process of

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delivering by the end of the 2022 year, with an outcomes review date of 15 January 2023 set. Areas covered included revamping the website (in progress), resuming clinical peer reviews that were paused due to the Covid-19 pandemic, auditing the pre-circumcision procedure information given to patients to improve (“two-stage”) informed consent, and formalising staff induction and annual appraisal.

- The service submitted data or notifications to external organisations as required.
- All patient records were paper based and kept securely on site. The provider was aware of the need to improve arrangements in line with data security standards. This was to ensure the availability, integrity and confidentiality of patient identifiable data, records and data management systems including to back up and retain records in the event the provider ceased trading. The provider’s action plan included initial backup of records commencing before the end of 2022, with a review of progress by 15 January 2023.

Managing risks, issues and performance

There were 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 including clinical audit. We reviewed systems for and patient records regarding prescribing and referral decisions and they were appropriate.
- The lead doctor had oversight of incidents and complaints. Only one medicine (an antibiotic, Augmentin) was rarely prescribed and the lead doctor received safety alerts through working as a consultant surgeon within the NHS.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners 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.
- The service sought patient feedback through gathering patient questionnaires.
- Staff could describe to us the systems in place to give feedback, for example one to one meetings and team briefings.
- We saw evidence of feedback opportunities that were acted on such as improvements to administration systems that were implemented.
- The service was transparent, collaborative and open with stakeholders about performance. There was evidence of the lead doctor liaising with a consultant colleague to restart clinical peer reviews.

Continuous improvement and innovation

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

- There was a focus on learning and improvement.
- The service made use of reviews of incidents and complaints. Learning was shared and used to make improvements.

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- There were systems to support improvement and innovation work. For example, the provider offered an innovative stapling circumcision procedure for its adult patient cohort, this was to simplify the procedure and deliver improved cosmetic outcomes. The provider told us it was one of only a few clinics offering this specific option for patients.