Dr Saleem Sabir

Newcastle Circumcision Services

Inspection report

Fenham Community Clinic
17 Nuns Moore Road
Newcastle-upon-Tyne
NE4 9AU
Tel: 07960 460045
Website: The provider does not have a website

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Ratings

Overall rating for this service

Overall summary

We carried out an announced comprehensive inspection on 16 November 2017 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 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?

Summary of findings

We found that this service was not providing well-led care in accordance with the relevant regulations.

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 always providing safe care in accordance with the relevant regulations.

- There was a system for reporting and recording significant events and lessons were learned to improve safety.
- The provider had arrangements in place to access safety alerts that are received by all providers of healthcare, including independent providers of health and social care. However, there was no documentary evidence of how they had responded to the safety alerts they had received for this service.
- The provider used a Circumstraint to help them safely hold babies in place during the circumcision procedure. However, they did not have a policy outlining in what circumstances this item of equipment would be used. The risks associated with its use had not been assessed as part of the provider's health and safety risk assessment.
- The provider demonstrated they understood their safeguarding responsibilities and they were able to clearly describe how they would work with local health and social care colleagues, to protect vulnerable children and adults.
- Some areas of risk to the health and safety of people using the service had not been identified, assessed and documented. For example, the provider had not ensured appropriate identity checks had been completed with respect to the child undergoing the circumcision procedure and those giving consent to it being carried out. Also, they had not always obtained the written consent of both parents (or those with parental authority), prior to a circumcision procedure taking place. Appropriate records were not being kept of the administration of local anaesthetic medicine.
- Arrangements for managing emergencies were not satisfactory. In particular, the provider did not have access to a supply of oxygen on the premises.

We found that this service was not always providing safe care in accordance with the relevant regulations. We have told the provider to take action in order to be compliant with regulations. (See full details of this action in the Requirement Notices section at the end of this report.)

Are services effective?

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

- The provider was aware of current evidence based guidance and had made use of circumcision guidance issued by the World Health Organisation, to help them set up their service.
- Clinical improvement activities were undertaken to help improve the safety of patient care.
- The provider had the skills and knowledge to deliver effective care and treatment.
- The provider was registered with the General Medical Council and was licenced to practice as a general practitioner. The provider had achieved revalidation during the previous five-year cycle, indicating that their skills and knowledge were up-to-date.
- The provider had a consent policy and procedures to help ensure they followed best practice. However, although they obtained verbal consent from the parents, or legal guardians, requesting the circumcision of a child, they only obtained written consent from one parent, usually the mother, prior to carrying out a circumcision procedure.

Are services caring?

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

Summary of findings

- The feedback we received from people who used the service showed they were satisfied with the quality of care their child received from the provider, and that they were suitably informed about the circumcision procedure and the recovery process.
- People who used the service were provided with appropriate information. This was in English and sent to them electronically. The provider was also able to speak with people who used the service in their own language to discuss such matters as the procedure, the risks and what to expect during the recovery period.
- The provider recognised that parents and patients may be anxious about the procedure. The provider encouraged parents to remain present throughout the procedure.

Are services responsive to people's needs?

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

- Parents we spoke with told us they were supported by the provider throughout the circumcision process.
- Where appropriate, the provider told us they offered parents post-operative advice and support.
- Overall, the premises in which the clinic operated were satisfactory and were suitably equipped to treat patients and meet their needs. However, the premises did not provide suitable access for people who required the use of a wheelchair.
- The provider had a complaints policy which explained how people who used the service could raise any concerns they had. However, the policy did not include advice on what to do if the complainant was not satisfied with the action taken by the provider. Also, people who use the service were not given a copy of the policy or any other written information about how to make a complaint should they want to.

Are services well-led?

We found that this service was not always providing well-led care in accordance with the relevant regulations.

- The provider had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, they had not taken effective action to mitigate risks relating to the health, safety and welfare of people using the service. For example, satisfactory processes were not in place for establishing the identities of a child, and their parents or legal guardians, before a circumcision procedure was carried out. Also, the arrangements for assessing, monitoring and improving the quality and safety of the services provided were not always effective. For example, the provider was not able to demonstrate what action they had taken in response to the safety alerts they had received for this service.
- The provider was aware of the requirements of the duty of candour.
- The provider operated a culture of openness and honesty. They had systems which helped ensured safety incidents were identified, investigated, and reported on.
- The provider encouraged parents to provide general feedback about whether they were satisfied with the care and treatment their child had received. However, they did not use other methods, such as an annual patient survey or a survey after each consultation, to obtain more detailed and informed feedback about all aspects of the service they provided.
- The provider demonstrated a commitment to learning and improvement through the quality improvement activities they carried out.

Newcastle Circumcision Services

Detailed findings

Background to this inspection

Background

Our inspection team was led by a CQC Lead Inspector. The team included a clinical specialist advisor and an expert by experience.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We also reviewed the pre-inspection information the provider supplied for the purposes of this inspection. We carried out an announced visit on 16 November 2017. During our visit we:

- Spoke with the provider.
- Spoke with the parents of three patients by telephone.
- Reviewed records and documents.
- Checked the premises used to carry out circumcision procedures.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where the parents of patients shared their views and experiences of the service.

We informed the local Healthwatch groups and NHS England that we were inspecting the service. We did not receive any information of concern from them.

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.

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.

Newcastle Circumcision Services is an independent healthcare provider located in Newcastle-upon-Tyne. The service operates from accommodation (a podiatry clinic room and a waiting room) based at the Fenham Community Clinic, 17 Nuns Moore Road, Newcastle-upon-Tyne, NE4 9AU.

The service is registered to provide circumcision to male children within the following age bands: 0 to 3 years; 4 to 12 years; 13 to 18 years and younger adults. Circumcisions were only carried out for cultural and religious reasons, under local anaesthetic, at the request of parents.

Fenham Community Clinic, which hosts the service, provides a satisfactory environment for carrying out circumcision procedures. The two rooms used by the provider are located on the ground floor. However, there is a step that leads directly from the pavement into the waiting room and, because of this, the premises were not accessible to people who require the use of a wheelchair. Disabled parking is not provided. The provider utilises the podiatry clinic room for the delivery of clinical services, and

Detailed findings

people who use the service have access to a waiting room. The provider made a decision shortly following the inspection, that patient access to toilet facilities would not be provided. Appointments are usually provided on alternate Sundays, in accordance with demand for the service.

Newcastle Circumcision Services is delivered by one doctor who is also the provider. (There is no registered manager as the provider is in day-to-day control of the service, when the regulated activity is delivered.) The provider has state registered qualifications, is registered with the General Medical Council and is on the National Performers List of recognised General Practitioners or Specialists.

During our visit to the service on 16 November 2017, there were no patients present. Our expert by experience spoke with the parents of three patients who had recently used the service, by telephone, on the day of the inspection. None of the parents raised any concerns regarding how they were treated. They told us the provider:

- Was helpful, friendly, informative and encouraged them to ask questions.
- Had explained the circumcision procedure, risks and the recovery process.
- Encouraged them to be present during the procedure.

As part of inspection, we also asked for CQC comment cards to be completed by people who used the service, prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Parents told us the provider had treated them well, had explained the treatment well and given them information about risks and the arrangements for aftercare.

Our key findings were:

- The service was offered on a private, fee-paying basis and, as such, was only used by people who chose to use it, providing their child was assessed as being suitable to undergo the procedure.
- The provider had not established effective systems and processes to ensure good governance, in accordance with the fundamental standards of care.
- Care and treatment was not always provided in a safe way and systems and processes for ensuring safety were not always reliable. The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of people using the service.
- The provider had a system in place to identify, investigate and learn from incidents relating to the safety of patients and patient outcomes were evaluated and analysed as part of quality improvement processes.
- The provider had shared information with other healthcare professionals when they judged this to be appropriate.
- People who used the service had access to sufficient information, to help them make informed decisions about whether to proceed with the procedure or not, and how to care for their child following the circumcision.
- The provider had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The provider encouraged and valued feedback from people who used the service. The feedback received showed they valued the care and treatment their child received.

We identified two regulations that were not being met. 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.

You can see full details of the regulations not being met and the requirements we have set at the end of this report.

There were also areas where the provider could make improvements. They should:

- Review their arrangements, and the risks associated with, carrying out circumcision procedures on children aged over 12 months, in a community setting.
- Review their complaints procedure to make sure it provides people who use the service with clear and accurate advice about what to do if they are dissatisfied with how their complaint has been handled.
- Review their approach to seeking feedback from people who use the service, so they have access to feedback about all aspects of the care and treatment they provide, to help improve the quality of the service.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider was aware of and complied with the requirements of the duty of candour, and they strove to be open and honest with people who used the service.

- The provider had a system for identifying, recording and learning from significant events, to help drive improvements. They had identified two significant events during the previous 12 months. The records of these events showed the provider had managed them appropriately, to help improve patient outcomes and the safety of the service. For example, the provider had been dissatisfied with the arrangements for the collection of clinical waste and had taken action to terminate the contract with the company concerned. They had agreed a contract with a more responsive service which met their needs.
- The provider demonstrated they understood the importance of being open and honest with people who used the service, if there were any unexpected or unintended safety incidents. They told us that if any safety incidents occurred, they would always aim to provide the people affected with reasonable support, truthful information and an apology when appropriate.

Reliable safety systems and processes (including safeguarding)

Care and treatment was not always provided in a safe way and systems and processes for ensuring safety were not always reliable. In particular:

- The provider had arrangements in place to access safety alerts that are received by all providers of healthcare, including independent providers of health and social care. However, they were unable to demonstrate what action they had taken in response to each of the safety alerts they had received for this service since registration, and were therefore unable to demonstrate they were doing everything practicable to mitigate risks to patients. The provider told us they monitored incoming safety alerts as part of their role as a GP partner in another registered organisation and also received safety alerts separately in their role of the provider of this service. They said they always checked to see whether any of these alerts related to the carrying out of circumcisions.
- The provider used a Circumstraint to help them safely hold babies in place during the circumcision procedure. They were able to explain the benefits of using this item of equipment and confirmed the parents were always made aware of the reasons for its use. However, the provider did not have a policy outlining in what circumstances this piece of equipment would be used. Also, the risks associated with its use had not been assessed, as part of the provider's health and safety risk assessment.
- Safeguarding policies and procedures were in place for children and vulnerable adults. Both policies included the relevant contact details for safeguarding professionals in the local authority in which the service was located. the provider's adult safeguarding policy and procedures contained information which indicated it had been prepared for a different type of registered service, and therefore required further review to help ensure its relevancy.
- The provider demonstrated they understood their safeguarding responsibilities and they were able to clearly describe how they would work with local health and social care colleagues, to protect vulnerable children and adults. They had received safeguardingaining relevant to their role. For example, they had completed level three child protection training.
- The provider did not take sufficient action to confirm the identity of a child, and that of their parents or guardians, before they carried out a circumcision procedure. The provider told us they knew the majority of the parents who used their service and they established the identity of a child as part of their telephone discussions with parents, prior to a circumcision taking place. They said they ensured one of the adults attending the clinic with the child signed the consent form to confirm they were the parent or legal guardian. Parents were also requested to bring the child's healthcare record, the 'Red Book', to the appointment, so it could be checked by the provider. (The child's healthcare record is only given to a child's parents or legal guardian.) However, the provider did not ask parents to bring appropriate identification with them to confirm their identity and

Are services safe?

that of the child undergoing the circumcision procedure. The provider told us they would carry out an additional identity check if, for example, the parents were separated.

Medical emergencies

The arrangements for managing emergencies were not satisfactory. This was because the provider did not have access to a supply of oxygen on the premises.

- The provider had medicines and equipment for use in an emergency. For example, the emergency medicines kit included adrenaline which can be used to treat anaphylaxis, a potentially life-threatening, severe allergic reaction. The provider had carried out a check in October 2017, to make sure equipment and medicines in the kit were within their expiry dates. Although we were told previous checks had been carried out, there was no documentary evidence available to confirm this.
- Records confirmed the provider had completed training in basic life support and emergency resuscitation. The provider demonstrated they knew how to respond if a patient suddenly became unwell.
- The provider did not have access to an automatic external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.) The provider told us they considered this unnecessary, given that the patients they treated were in good health and emergency services could be easily accessed if needed.

Staffing

- The number and frequency of procedures carried out reflected patient demand. The provider told us they only carried out as many procedures as they could comfortably and safely manage during a Sunday clinic session. The provider carried out the procedure in the presence of a child's parents, and was not supported by another healthcare professional. If the parents declined to be present, the provider told us they would delay the procedure until a suitable chaperone could be found.
- Information submitted by the provider indicated they had undergone a Disclosure and Barring Service check, were registered with their professional regulatory body and had completed medical qualifications to enable them to practice.

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient safety. However, there were some matters that the provider had not assessed and this meant there were associated risks to patients. The provider:

- Had completed a health and safety assessment which identified areas of risk and what measures they had put in place to manage them. However, the provider had not assessed the risks associated with using a Circumstraint to hold a baby in position during a circumcision procedure or their decision not to keep a supply of oxygen on the premises.
- Had obtained assurances from the owner of the premises that a fire risk assessment had been completed. There was a small fire extinguisher and a smoke detector in the minor surgery room and a smoke detector in the waiting room. The provider was clear about what action they would take to protect people who used the service and themselves, in the event of a fire.
- Was able to demonstrate that the owner of the premises had had appropriate checks carried out, to make sure all electrical equipment was safe to use. The provider had arranged for a cautery machine to be serviced and calibrated to make sure it was working properly. They told us the machine was rarely used.
- Used an electronic records system which protected patient confidentiality. All patient contacts were stored using an application on the provider's IPad. The application encrypted data to prevent unauthorised access. The provider backed-up their records onto another computer to help prevent the loss of important patient information.
- Told us that if a child's parents or legal guardians were concerned about how their child was recovering from a circumcision procedure, they sometimes chose to send him a photograph of the circumcised area, using a secure application on their mobile device. This was to enable him to provide advice about whether any further medical intervention was required. Following the inspection, the provider confirmed they did not store such images in patients' medical records and were now actively discouraging parents from sending him such images.

Are services safe?

- Reviewed and documented a child's medical history and any risks. In particular, they did this by screening the child's and their parents' backgrounds during an initial telephone call. This included asking questions about the age and health of the child and their religion, as well as the parents' reasons for requesting the child be circumcised. They also carried out a clinical assessment and physical examination at the clinic, to help determine each child's fitness to undergo the procedure. This assessment included asking the child's parents about any allergies and whether the child had undergone, or was due to undergo, any other medical treatment. The provider said their physical examination established whether the child had a heart murmur, or any significant abnormality that might make carrying out a circumcision unsafe.

Infection control

- The provider had a decontamination policy, which included a cleaning schedule. This specified what needed to be cleaned, by whom and how often. Cleaning services were provided by the owner of the building.
- Overall, the two rooms used by the provider were clean and hygienic. The provider told us they had made improvements to the minor surgery room prior to their registration with CQC. These included: fitting new worktops and wall and floor units; fitting new floor covering and an easy to clean wall covering above the bench tops. The provider also told us they used clinical wipes and gel to clean all worktop surfaces and the clinical couch at the start of each clinic, as well as in-between each procedure. However, we found the metal frame of the clinical couch was dusty. Also, the frame was rusty in places, which would make it difficult to clean. The metal trolley used by the provider during their clinic session was also dusty. The small toilet, located off the minor surgery room, had damp spots and the paintwork on the lower parts of the walls had peeled in places making it difficult to keep clean and well maintained. We shared these concerns with the provider. Following our visit, the provider told us they had reviewed the cleaning arrangements with the owner of the premises to ensure a suitable standard of cleanliness would be maintained.
- The provider's health and safety risk assessment, completed in 2014, contained a brief reference to their assessment of the risks posed by the spread of infection. Although a comprehensive infection control audit had not been completed prior to the inspection, the provider submitted one shortly after. This audit covered the environment, hand hygiene and the management of sharps.
- The provider had sought assurance that the owner of the building had completed an assessment of the risks posed by legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This legionella risk assessment was made available to us on the day of the inspection.
- The provider told us pre-packed, sterilised, single-use instruments were used for all circumcision procedures. We saw evidence to confirm this on the day of the inspection.
- The provider had an up-to-date waste disposal contract in place with a recognised provider.

Premises and equipment

- The service was located in a community foot care clinic. There was a small reception/waiting area and a second room which was used to carry out the circumcisions. The service did not provide baby changing or breast feeding facilities.
- The two rooms used by the provider were appropriate for the services they provided and were suitably equipped.Equipment included, for example, a clinical couch, a lamp, a stainless steel trolley and various types of seating. However, the small adjoining toilet had not been maintained in a suitable state of decoration.

Safe and effective use of medicines

The provider had arrangements in place for managing emergency medicines, including arrangements for their ordering, prescribing, handling and security, which helped keep patients safe. However, the arrangements for recording the administration of the local anaesthetic medicine used for each child were not satisfactory.

- The provider told us they assessed the level of local anaesthesia appropriate for each patient, using their skills and experience and taking into account the child's weight and anaesthesia guidance issued by the World Health Organisation.

Are services safe?

- Electronic records were kept of the local anaesthetic medicine used during circumcisions. The provider told us they kept a record of the medicine used, the batch number of the medicine and its expiry date. However, they did not record the name of the patient receiving the medicine, the amount administered and on what date.
- The provider gave parents advice about how to manage their child's pain relief.
- Local anaesthetic medicine was not stored on site. The provider assessed how much medicine would be required for each clinic. They then brought this to the premises using their own transport. (The local anaesthetic medicine used by the provider did not need to be refrigerated during transport.) No other medicines were prescribed.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The provider assessed need and delivered care in line with relevant and current evidence based guidance.

- The provider had access to alerts about new National Institute for Health and Care Excellence (NICE) guidance, in the role they carried out as a general practitioner. They demonstrated an awareness of recent NICE guidance relating to sepsis. In addition, they told us they were also aware of circumcision guidance issued by the World Health Organisation on Circumcision and consulted this when the service was initially set up.
- The provider carried out an initial consultation with each child and their parents, to obtain a detailed medical history.
- Satisfactory information regarding the circumcision process and procedure was made available to people who used the service.
- The provider told us if the initial assessment indicated the child was unsuitable for the circumcision procedure this would be documented in their medical record and they would be referred back to their own GP.
- Following completion of the circumcision procedure the provider informed the child's parents or guardians about what they could expect to happen during the recovery period.

There was evidence of quality improvement activity, including clinical audit. For example:

- Since the provider's registration in 2014, they had completed a single cycle of audit of complications arising from all of the circumcision procedures they had carried out. There was evidence of lessons learnt and of changes to practice. A follow up audit was planned for 2018.
- The provider said they had participated in a formal peer review exercise, sharing a sample of their cases with a local consultant urologist, to obtain an independent view of the quality and safety of the service they provided. We saw evidence confirming this. They also told us they consulted the same urologist on an informal basis, if they had any concerns they wanted to explore further.

Staff training and experience

The provider had the skills and knowledge to deliver effective care and treatment and was experienced in delivering circumcision services to babies and children. The provider was registered with the General Medical Council and licenced to practice as a general practitioner. They had achieved revalidation during the previous five-year cycle, indicating that their skills and knowledge were up-to-date.

Working with other services

While the opportunity for working with other services was limited, the provider told us they stamped a child's (red) healthcare book following the procedure and encouraged parents to make the child's GP aware that they had been circumcised. We were also told that, should they have any concerns about the child following the procedure, they would email the GP directly, with the parents' consent (or those with parental authority). The provider did not routinely contact a child's regular GP prior to carrying out a circumcision procedure, to find out whether they had any information or, concerns about the child's health or welfare, which may indicate they should not undergo the procedure.

Consent to care and treatment

The provider demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (2005). When providing care and treatment for children and young people, the provider told us they carried out assessments of capacity to consent in line with relevant guidance. However, the sample of records we looked at showed they had only obtained the written consent of one parent.

- The provider had developed a process which they used to obtain consent from a child's parents before the procedure was carried out. Following an initial telephone consultation with the parents during which consent was discussed, the provider sent them, via a text, a pre-circumcision information sheet and a consent form. The information sheet requested parents return the consent form, again by text, to confirm they were the child's legal guardian and agreed to the procedure going ahead.
- The provider told us, when a child and their parents attended the clinic, one of the adults, usually the mother, was then asked to sign the consent form, prior

Are services effective?

(for example, treatment is effective)

to the procedure being carried out. By doing this, the provider told us they were also confirming the parents had received information about the circumcision, possible complications and the recovery process. The provider said they preferred the mother to sign the consent form, but insisted both parents be present at the time the form was signed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

There were no patients, or parents of patients, present on the day of our inspection. We spoke with the parents of three patients who had recently used the service, by telephone, on the day of the inspection. None of the parents raised any concerns regarding how they were treated. They told us the provider:

- Was helpful, friendly, informative and encouraged them to ask questions.
- Had explained the circumcision procedure, risks and the recovery process.
- Encouraged them to be present during the procedure. (The provider told us parents could choose not to be present if they so wished, but that this would delay the procedure until a suitable chaperone was available.)

We also received nine Care Quality Commission comment cards. These were also positive regarding the care and treatment delivered by the provider.

The provider had also received positive feedback from the parents of patients who had undergone the procedure. For example, one parent had fed back they would recommend the service to other parents and another had described the service as excellent.

Involvement in decisions about care and treatment

- The provider's statement of purpose emphasised that people using the service would be given enough information to enable them to make an informed decision, before consenting to the procedure.
- The provider told us they actively discussed the circumcision procedure with parents and, where possible the child. This was corroborated by feedback from those who had recently used the service. Parents were provided with informed which supported this approach.

During the inspection we found the provider gave parents sufficient information about the circumcision procedure, risks associated with being circumcised, the consent process and how to provide aftercare for their child. This provided parents with the information they needed to help them decide whether to go ahead with their child's circumcision.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The provider demonstrated they understood the needs of the people who used their service, and had used this understanding to meet their needs. They had developed an approach which ensured parents received information about the procedure and how to care for their child following circumcision, both over the telephone and via electronic text messages. All the patients we spoke with told us their needs, and those of their child, had been met.

Tackling inequity and promoting equality

The service was offered on a private, fee-paying basis and, as such, was only used by people who chose to use it provided their child was assessed as being suitable to undergo the procedure. Apart from the latter, there were no restrictions on who could request an appointment. The service did not discriminate against any client group.

The two podiatry clinic rooms used by the provider were kept in a satisfactory condition. All care and treatment was provided on the ground floor. However, due to a step at the front of the premises leading from the main street into the waiting room, the premises were not easily accessible to people who required the use of a wheelchair.

The provider was multi-lingual and used their language skills to support children undergoing circumcision and their parents. They told us they had access to interpreting services should this be needed. A hearing loop to support people using the service, who have hearing difficulties, was not available. The provider told us that during the three years the service had operated, no one had required access to a hearing loop.

Access to the service

Depending on demand for the procedure, the provider could carry out up to ten circumcisions during each clinic session.

Concerns & complaints

- The provider had a complaints policy which provided details of how people who used the service could register their concerns. The policy described how complaints received would be handled. However, it did not provide guidance on what a complainant could do if they were not satisfied with the way in which the provider had dealt with the complaint or its outcome. For example, the policy did not refer to the Independent Doctors Federation (IDF), but instead informed patients they could notify the Care Quality Commission of their complaints. (The IDF has a three-stage complaints procedure which patients raising concerns can use to register a complaint about an independent doctor.)
- The provider told us any concerns raised by people who used the service would trigger their complaints procedure, and that, if requested, they would provide the complainant with a copy of their procedure. None of the information supplied to parents before, during or after the procedure, contained information about how to make a complaint.
- Information supplied by the provider indicated they had not received any complaints during the last 12 months.

Are services well-led?

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

Our findings

Governance arrangements

The provider had not established effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, they had not:

- Taken effective action to assess, monitor and improve the quality and safety of the services provided. For example: the provider was not able to demonstrate what action they had taken in response to the safety alerts they had received for this service; aspects of some of the provider's policies and procedures did not always relate specifically to this service.
- Carried out appropriate assessments of some of the risks relating to the health, safety and welfare of people using the service. Specifically, they had not assessed the risks associated with: using a Circumstraint to safely hold a baby in position during a circumcision procedure; not having access to a defibrillator.
- Taken appropriate action to mitigate risks relating to the health, safety and welfare of people using the service. Specifically, satisfactory processes were not in place for: establishing the identity of a child, and that of their parents (or legal guardian) before a circumcision procedure was carried out; obtaining the written consent of both parents before carrying out a circumcision procedure.

Other aspects of the provider's governance arrangements were found to be effective.

- The provider had taken action to identify, record and manage some risks to the safety of the children undergoing circumcision. For example, they provided parents with information about circumcision, the risks and recovery process, to help them care for their child following the procedure. They had sought assurances from the owner of the premises that risks associated with legionella and fire had been assessed. They had also confirmed that equipment at the clinic was safe to use.
- The provider participated in quality improvement activities. They had recently completed a clinical audit of all the circumcisions they had carried out since their registration. The outcome of this audit provided evidence of learning and improvement to practice.

Leadership, openness and transparency

The provider had sole responsibility for managing and delivering the service. They demonstrated they had the capacity, experience and skills needed to operate the service.

The provider was aware of, and complied with, the requirements of the duty of candour. They told us that if any safety incidents occurred, they would always aim to provide the people affected with reasonable support and truthful information.

Learning and improvement

- The provider took action to ensure they kept their learning up to date.
- There was evidence the provider had made changes and improvements to the service they provided as a result of the significant incidents they had reported on.

Provider seeks and acts on feedback from its patients, the public and staff

- The provider encouraged parents to provide feedback about whether they were satisfied with the care and treatment their child had received. They told us this feedback was kept in the child's electronic medical records. The examples of feedback we saw indicated parents were happy with the quality of the care and treatment their child had received. However, the provider did not use other methods, such as an annual patient survey or a survey after each consultation, to obtain more detailed and informed feedback about all aspects of the service.
- The provider had recently written to a local GP practice, where some of the children they had performed circumcisions on were registered. They told us they wanted to obtain feedback about whether there had been any issues or concerns raised, so they could use this to make improvements to the service they provided. Again, the feedback received was positive.

This section is primarily information for the provider

Requirement notices

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 Health & Social Care Act 2008 How the regulation was not being met: Care and treatment was not always provided in a safe way. The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, the provider had not: • Ensured appropriate identity checks, using reputable sources of identification, had been completed for the child undergoing the circumcision procedure and those giving consent to it being carried out, or that there was appropriate parental authority to provide consent. • Ensured that safe systems were in place to show that both parents, unless there were exceptional circumstances, had given signed consent for the procedure to be undertaken. • Ensured appropriate arrangements were in place for managing medical emergencies. • Undertaken a safety risk assessment associated with the use of the Circumstraint. • Established a system to assure themselves that there were no contraindications, or health or safeguarding issues with the child, that would preclude the procedure being carried out safely. • When administering local anaesthetic medicine kept a record of the name of the child receiving the medicine, the amount of medicine administered and on what date. This was in breach of Regulation 12 (2) (a) (b) (e) (h) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Health & Social Care Act 2008 How the regulation was not being met: The provider had not established effective systems and processes to ensure good governance, in accordance with the fundamental standards of care. The provider had not put effective arrangements in place to: • Assess, monitor and improve the quality and safety of the services provided. In particular: the provider was not able to demonstrate what action they had taken in response to the safety alerts they had received for this service; aspects of some of the provider's policies and procedures did not always relate specifically to this service; the provider did not have an effective system in place to assure themselves that the premises were maintained to a sufficiently high standard of cleanliness. • Assess the risks relating to the health, safety and welfare of people using the service. In particular, satisfactory processes were not in place to assess the risks associated with: using a Circumstraint to safely hold a baby in position during a circumcision procedure; not having access to a defibrillator. • Mitigate the risks relating to the health, safety and welfare of people using the service. In particular, satisfactory processes were not in place for: establishing the identity of a child, and that of their parents (or legal guardian) before a circumcision procedure was carried out; obtaining the written consent of both parents (or, in exceptional circumstances those with parental authority) before carrying out a circumcision procedure; obtaining information from a child's GP as to whether there were any concerns about their safety and welfare before carrying out a circumcision procedure. This was in breach of Regulation 17 (2) (a) (b) (e). Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.