

Modality Medical Services Limited

# Modality Medical Services & Birmingham Circumcision Clinic

## Inspection report

Birmingham Circumcision Clinic

Laurie Pike Health Centre

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## Ratings

### Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

## Overall summary

We carried out an announced comprehensive inspection on 26 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### Our findings were:

#### Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

#### Are services effective?

# Summary of findings

We found that this service was not providing effective care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

## **Are services caring?**

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

## **Are services responsive?**

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

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

We found that this service was not providing well-led care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service was previously inspected by CQC on 13 February 2014 and found to be meeting the regulations that were inspected.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment for minor surgical procedures including circumcision to NHS and private (fee paying) patients.

The service had a registered manager since April 2012. 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.

We received 87 Care Quality Commission comment cards, of which 84 were positive. Feedback from people using the service included that the service was very good, staff had explained everything really well, staff were professional and caring.

During the inspection, we spoke with parents of children using the service. Parents commented positively about the service and expressed no concerns. They felt they had received sufficient information before and after the procedure.

## **Our key findings were:**

- The clinic had policies and processes to keep patients safe. However, there were examples where policies and processes were not well embedded, for example the safeguarding, infection, prevention and control and significant event policy.
- The clinic checked patient's and parent's identification (where appropriate) before the procedure. However, the clinic did not record the legal status of children or ask if the child was on a safeguarding risk register.
- Staff told us they always gained consent from the child's mother, and would try to get consent from the father, but they did not contact the father in every case, only if they suspected the father may not agree.
- The clinic audited post-operative complications. However, the process was not effective and did not give an accurate picture of post-operative complications.
- The provider did not give us evidence to show they obtained sufficient medical information prior to the procedure to avoid unnecessary cancellations.
- The clinic collected feedback from people using the service on the day of the procedure, from the data provided we saw all people that responded were satisfied with the service. The provider did not routinely contact people to obtain feedback about experience of aftercare or postoperative complications.
- Service users were sent an information pack before the procedure that informed them about the consent process, the procedure itself, the cancellation policy and the restraint policy (if applicable). Staff also gave patients appropriate aftercare advice.
- The lead clinician was experienced in circumcision and continued to access clinical support and supervision as needed.

# Summary of findings

- Data we viewed showed the clinic was mostly meeting its own targets for treatment times.
- The clinic had a clear leadership structure and staff were aware of their own roles and responsibilities.

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

- Ensure that care and treatment of patients is only provided with the consent of the relevant person.
- 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 at the end of this report.

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

- Review and improve safeguarding processes to ensure they are service specific and that staff are following them as intended.
- Review and improve processes for collecting pre-operative information.
- Review processes for obtaining feedback from patients in relation to aftercare services, to allow them to continue to make improvements to the service.
- Review processes for recording verbal complaints, to give management oversight of all complaints.
- Consider communication processes to explain to patients that if the procedure was cancelled for medical reasons the impact on fees and deposit.
- Review their provision of written information to support patients whose first language is not English.
- Consider processes for appropriate liaison with the patients GP before the procedure to share any relevant information such as safeguarding concerns.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was not providing safe care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

We found some areas where improvements must be made relating to the safe provision of treatment. This was because the providers policies and processes for managing significant events, and infection prevention and control (IPC) were not well embedded.

The service checked the patient's identification before every procedure. However, we found some areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have a process to establish if children were known to be on a safeguarding register, and processes for checking parental responsibility were not always effective.

The service always ensured there was a healthcare assistant present for every procedure.

The provider carried out relevant staff checks on recruitment and on an ongoing basis.

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### **Are services effective?**

We found that this service was not providing effective care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

We found some areas where improvements must be made relating to the effective provision of care. In particular, the clinic were unable to provide accurate data regarding post-operative complications and the clinics processes for obtaining consent were not effective.

We found some areas where improvements should be made relating to effective provision of care. In particular, the providers processes for assessing patient's suitability for surgery pre-operatively and for obtaining feedback from patients regarding aftercare services were not effective.

We found staff gave patients appropriate aftercare advice.

Feedback from people using the service was positive about the service.

The service had a restraint policy, this was fully explained to people using the service before the procedure.

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### **Are services caring?**

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

Staff understood patients cultural and religious needs.

Staff treated patients with kindness and respect.

People we spoke with during the inspection and CQC comment cards we reviewed were positive about the way staff treated them.

People using the service told us staff explained the procedure and aftercare well.

# Summary of findings

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

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

Patients told us they were able to make an appointment that suited them.

The clinic was open Monday to Friday 9am to 5pm.

The clinic had access to interpreters however all written information was available in English only.

All appointments were on the ground floor and therefore accessible to those with a physical disability or mobility issues.

Data we viewed showed the clinic was mostly meeting its own targets for treatment times.

The clinic had received one formal complaint in the past year. The clinic told us they had not received any verbal complaints.

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

We found that this service was not providing well-led care in accordance with the relevant regulations. The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

We found areas where the provider Must make improvements. In particular, the provider must ensure appropriate governance arrangements are in place in relation to policies and procedures. For example, in regards to obtaining consent, the management of staff training, significant events, infection prevention and control and monitoring post-operative complications

The service had a clear leadership structure and the clinic manager and registered manager met regularly to discuss issues concerning the service.

Staff told us they felt supported by management.

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# Modality Medical Services & Birmingham Circumcision Clinic

## Detailed findings

### Background to this inspection

Modality Medical Services Limited is the registered provider of Modality Medical Services & Birmingham Circumcision Clinic. The clinic also known as Birmingham Circumcision Clinic is an independent healthcare provider located in Birmingham. The service operates from accommodation based at Laurie Pike Health Centre, 2 Fentham Road, Aston, Birmingham B6 6BB.

The clinic provides circumcision to NHS and private fee-paying patients. The service provides circumcision to children and adults for medical, cultural and religious reasons under local anaesthetic. The NHS service is commissioned by a local CCG to provide the service to NHS patients that are under the age of 12 weeks and registered with a GP practice within a particular geographical area.

During January and December 2017, the clinic had carried out 1634 circumcisions. 95% of these procedures were for private fee-paying patients and 5% through the NHS.

The majority of circumcisions carried out by the clinic were on children under one year of age.

Laurie Pike Health Centre is a purpose-built building, with free parking. The circumcision clinic has access to a minor operations room, waiting area and a private recovery room within the health centre.

The service is registered with CQC to provide the following regulated activities:

- Diagnostic and screening procedures Registered

- Surgical procedures Registered
- Treatment of disease, disorder or injury

The clinic is open Monday to Friday 9am to 5pm. The provider employs two doctors (one male and one female) and two healthcare assistants to cover this clinic as well as other services under the provider. The clinic uses the health centre's reception staff to greet patients.

The clinic manager is based at the provider's head office and is the manager for all of the provider's community services. Administration staff are based centrally and cover all community services. Administration staff book appointments and manage aftercare calls.

The clinic does not provide out of hours cover. The clinic explains to people when aftercare information is given, they can call the service between 9am and 5pm and a doctor will call them back. After 5pm, they will need to contact the service back on the next working day or if it is an emergency they need to attend A&E.

We carried out a comprehensive inspection on 26 July 2018. The inspection was led by a CQC inspector and supported by a GP specialist advisor and a second CQC inspector.

Before the inspection we reviewed any existing information we held on the service and the information the provider returned to us.

We also reviewed information we had received from Healthwatch, and found no concerns had been raised about this service

# Detailed findings

During the inspection, we spoke with people using the service, interviewed staff, made observations and reviewed documents.

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

- Is it safe?

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

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

# Are services safe?

## Our findings

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

We found some areas where improvements must be made relating to the safe provision of treatment. This was because the providers policies and processes for managing significant events, and infection prevention and control (IPC) were not well embedded.

We found some areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have a process to establish if children were known to be on a safeguarding register, there was confusion amongst staff who the safeguarding lead was and processes for checking parental responsibility were not always effective.

### **Safety systems and processes**

- The clinic had a range of safety policies including adult and child safeguarding policies which were regularly reviewed and were accessible to all staff. Staff received safety information for the clinic as part of their induction and refresher training. Policies outlined clearly who to go to for further guidance within the clinic.
- Whilst the clinic did not meet with health visitors or other safeguarding professionals on a formal basis the clinic was aware how to formally raise concerns regarding people accessing the service locally. However, the children's safeguarding policy did not contain information that was specific to the circumcision clinic and as a result some staff were less clear on what action they would take if they had concerns about someone accessing the service from outside the local area.
- The clinic told us all staff received up-to-date safeguarding training appropriate to their role. However, the clinic was unable to provide evidence for all clinic staff during the inspection. This was however, provided following the inspection.
- There was confusion amongst staff who the safeguarding lead for the clinic was.
- Staff told us they checked parent and children's identity before the procedure. They did not however collect information from parents regarding the legal status of a child, if they were under a child protection order, or if they were on a safeguarding register. However, following a recent significant event, the clinic had learned they needed to improve their system for this and were in the process of developing a proforma to collect this information and improve their safeguarding processes.
- On the day of the inspection, we saw the clinic obtained consent from both parents. Staff told us they would always gain consent from the child's mother. However, if the father was not present, the clinic only contacted the father by telephone or asked for written confirmation of consent by letter from the father if they suspected the father may be unaware or may not agree. They did not contact the absent father in every case.
- Staff told us there was always a healthcare assistant present during the procedure, parents were offered the choice of whether they would like to be in the room or they could wait in another private area.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We saw both clinicians had been revalidated. The service recruitment policy requested staff to carry out Disclosure and Barring Service checks (DBS). We saw that all staff including staff who acted as chaperones, had received a DBS check or a risk assessment had been carried out where DBS checks had not been undertaken. (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).
- There was a system to manage infection prevention and control however, it was not fully embedded. Healthcare assistants monitored IPC standards and cleaning of the areas they utilised within the health centre and completed daily checklists. The provider sent us evidence of checklists between 25 June 2018 and 27 July 2018. We saw the checklist had not been completed after each clinical session during these dates.
- Staff told us the practice nurse was the lead for IPC at the clinic, we did not speak with the practice nurse during this inspection and the clinic were unable to demonstrate appropriate oversight of the daily checklists.
- We observed the minor surgery room where the procedure was undertaken. This room, the recovery room and the waiting area appeared to be clean and were in good overall condition.
- All staff had received IPC training in line with the providers mandatory training policy.



# Are services safe?

- The clinic utilised the services provided by the health centre for clinical waste disposal.
- The staff 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 clinic had a policy for the management, testing and investigation of legionella (Legionella is a bacterium which can contaminate water systems in buildings). We saw the clinic had access to an up to date risk assessment that had been carried out by an external company.
- The clinic provided records to show facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The clinic had access to the health centre's latest fire risk assessment and policy. We saw all the actions had been completed, however not in the agreed timescale.
- We saw the health centre carried out weekly fire alarm tests and had held a fire drill in January 2018. The drill had raised concerns with how staff responded. During the inspection the clinic were unable to provide evidence of any subsequent fire drills to provide assurance concerns had been resolved. The provider sent us evidence of this after the inspection.
- All clinic staff except one had received up to date fire safety training. The one staff member had not repeated training since September 2016 which was not in line with their policy.

## Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences. Staffing for the service was planned around the scheduled patient appointments. We were told that any issues which resulted in insufficient staffing numbers being available would lead to the cancellation of the clinic for that session.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

- Clinicians had suitable professional indemnity arrangements.
- The clinic did not provide home visits and all appointments were pre-booked.

## Information to deliver safe care and treatment

- Individual care records were written and managed in a way that that did not keep patients safe.
- The clinic checked if an interpreter was needed prior to the appointment.
- However, at the time of booking an appointment, the clinic did not take a medical history from patients including if the patient had any allergies. The clinic did not have access to patient's medical records. Where appropriate the clinic requested that parents bring in the child's red book to help confirm patient identity.
- The clinicians did not directly communicate with patients GPs. They gave patients a letter, and requested the patient hand it in to their own GP.

## Safe and appropriate use of medicines

- The systems for managing and storing medicines, including medical gases, and emergency medicines and equipment minimised risks. The clinic stocked appropriate emergency medicines. The clinic kept prescription stationery securely and monitored its use.
- Staff prescribed or administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients received appropriate aftercare advice regarding pain relief.

## Track record on safety

- The clinic had access to health and safety risk assessments that had been completed by the health centre and provided evidence during the inspection of risk assessments that were specific to the clinic. For example, to ensure the children remained safe during the procedure and movement post procedure into the recovery room.
- We saw evidence of regular meetings between management to discuss risk, however no evidence of all clinic staff meeting to discuss the service.

## Lessons learned and improvements made

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The

## Are services safe?

service had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents staff told us they would give affected people reasonable support, truthful information and a verbal and written apology.

- There was a system and policy for recording and acting on significant events and incidents. However, the policy was not fully embedded. We found not all significant events had been reported in line with the policy. This resulted in delays of investigations of incidents.
- The clinic provided some evidence to show they had learnt from a recent significant event, which identified a gap in their safeguarding process. The clinic told us they were taking action to improve safety in the clinic. However, not all clinical staff were aware of the incident or subsequent learning which was relevant to their role.
- There was a system for receiving and acting on safety alerts. The clinic learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

We found some areas where improvements must be made relating to the effective provision of treatment. In particular, the clinic were unable to provide accurate data regarding post-operative complications.

We found some areas where improvements should be made relating to effective provision of care. In particular, the providers processes for assessing patients suitability pre-operatively and for obtaining feedback from patients regarding aftercare services were not effective.

### **Effective needs assessment, care and treatment**

- The clinic had systems to keep clinicians up to date with current evidence-based practice.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. However, the clinic's process for collecting medical information pre-operatively was not effective. The clinic did not take a detailed medical history at the time of booking an appointment. Patients had the choice of booking an initial consultation before making an appointment for the procedure, however this was not mandatory or well advertised. Staff told us many patients chose to make an appointment without an initial consultation. The clinic gave us evidence that showed during May to December 2017 10 procedures were cancelled by the clinic on the day of the operation because medically it was inappropriate. The clinic's cancellation policy did explain that if the procedure was cancelled for medical reasons the patient would lose their deposit, as it would be treated as a consultation fee.
- We saw no evidence of discrimination when making care and treatment decisions.
- The clinics website contained useful information about the service, however the service had not updated it to reflect changes to their aftercare process.
- Staff gave appropriate advice to patients on pain management and advised patients what to do if their condition got worse and where to seek further help and support.

- Feedback from parents we spoke with during the inspection and from comments cards we reviewed, was positive about information they received before and after the procedure. People commented that staff explained everything really well.

### **Monitoring care and treatment**

- The clinics programme of quality improvement activity did not provide the clinic with a clear picture of how effective their service was.
- The clinic did not routinely contact private fee-paying patients after their procedure to enquire about post-operative complications. They did however contact NHS patients ten days post operation.
- For private patients the lead clinician reviewed patient records to monitor if they had contacted the service for advice on post-operative complications such as post-operative bleeding or infection.
- The clinic provided data that showed between May 2017 and December 2017, (1085 NHS and private) procedures were carried out. The provider was aware of 20 (2%) of these patients who had experienced post-operative bleeding or infection. However, the clinic was unable to tell us how many patients sought advice from primary or secondary care services following the procedure such as their own GP or how many had attended A&E.
- The clinic manager told us the lead clinician would share information regarding post-operative complications if a trend was noticed during the audit
- The clinic did not routinely contact patients for feedback on their aftercare service. However, staff told us after the clinic had made changes to its aftercare provision they selected 20 patients who had attended the clinic for the procedure, to ask how they found the aftercare service and if they had experienced any post-operative complications. The clinic were able to speak with 14 of the selected 20 patients/parents, all 14 people they spoke with were happy with the service they had received and had not experienced any post-operative complications. Previously the lead clinician had given patients his personal mobile number for 24-hour aftercare. However, the clinic had discussed this and felt it would be safer for patients to contact a central number for support.
- Patients were informed they could contact the clinic between 9am and 5pm Monday to Friday for aftercare advice. Outside of these hours, if it was an emergency, patients were advised to attend A&E.

# Are services effective?

(for example, treatment is effective)

- During clinic hours, the community services administration team would contact whichever clinician was available that day, and the clinician would respond to the patient. Staff told us they would usually respond within the hour, the clinic's policy was to respond within 24 hours.
- After the inspection, the provider told us they had a process for monitoring how quickly they responded to aftercare requests; they were monitored by the administration team and escalated to the director of community services or registered manager if there was a delay in responding.

## Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The clinic provided staff with ongoing support. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The lead GP was experienced in circumcision and continued to receive clinical support from a urologist at a local NHS trust.

## Coordinating patient care and information sharing

The clinic did not contact the patient's GP directly. However, provided all patients with a letter after the procedure, and asked the patient to deliver it to their GP.

Parents were asked to bring in the child's red book to confirm the patient's identity, however the clinic did not document in the red book.

## Consent to care and treatment

- The clinic had developed policies and processes to obtain consent from patients and parents of children. However, we found there were areas that needed improvement.
- Parents were sent the consent forms before the appointment and asked to sign the forms in front of the clinician. Staff told us they always obtained consent from the child's mother, and would obtain consent from both parents where possible. If they could not determine the parent was a lone parent, they always requested consent in writing from the other parent. They would contact the absent parent by telephone if they suspected the parent would not agree to the procedure. They did not contact the absent parent in every case.
- The clinic had a process for checking parental identity to ensure they were gaining consent from the correct people. However, staff informed us of an incident where staff had checked and recorded identity of parents, but had failed to recognise that the parents were not the biological parents and staff did not make further checks to ensure they had the legal right to consent. The clinic informed us they were reviewing their processes for safeguarding following this incident.
- We saw the clinic had risk assessed the use of restraint in children under two years of age and had an appropriate restraint policy. Parents were sent the restraint policy before the procedure. Staff told us if children were distressed, the procedure would be abandoned.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- During the inspection, we saw staff treated patients with kindness, dignity and respect.
- We received 87 patient Care Quality Commission comment cards. Most of these cards were positive about the way staff treated them and people commented they felt comfortable and made to feel at ease.
- The clinic invited all patients to complete a patient survey after their procedure. During January and December 2017, the clinic had issued approximately 1600 surveys and received 53 responses (3% response rate). The results showed all patients felt the quality of the doctor was excellent, and many patients found the reception and administration service to be excellent (89%) or good (11%).

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language.
- The clinic sent each patient an information pack before their appointment. The pack contained detailed information about the procedure and the consent process. Staff told us the pack was available in English only.
- Staff told us they discussed in detail the procedure, any possible side effects and aftercare advice with patients/parents on the day of the procedure. Parents we spoke with during the inspection, and CQC comments cards we received confirmed this.

### Privacy and Dignity

- Staff recognised the importance of patients' dignity and respect.
- Staff ensured doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Patients could recover in a dedicated private area.
- The clinic had baby changing and breast-feeding facilities.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

- The facilities and premises were appropriate for the services delivered.
- Laurie Pike Health Centre from which the clinic operated was accessible to those with mobility difficulties, or those who used a wheelchair. Patients received treatment on the ground floor.
- Interpreters were available for those patients that needed them. Administration staff checked with patients at the time of booking an appointment if an interpreter was required. However, staff told us written information including consent forms and the restraint policy were only available in English.
- Patients could make enquiries using a contact form on the clinics website as well as calling the administration team.
- The service offered longer appointments for those patients that needed them.
- The majority (95%) of the circumcisions provided by this service were offered on a private, fee-paying basis. The service was accessible to any person who chose to use it, if they were deemed suitable to receive the procedure.
- The clinic had recently changed its provision of aftercare. Previously the lead clinician gave patients his mobile number and patients could contact him 24 hours a day. The clinic had discussed this and decided it was unmanageable and unsafe for one clinician to be taking all calls. The clinic now offered aftercare advice between 9am and 5pm Monday to Friday.
- Staff told us they made all patients/parents aware of the new arrangements. However, we found the clinic had not updated their website to reflect these changes, which may have been confusing to patients.
- The clinic offered use of a prayer room to any parents who wished not to be present during the procedure.

### Timely access to the service

- Patients had timely access to appointments.
- The clinic had a target of seeing private patients within four weeks of first contact and two weeks for NHS patients. Staff told us patients generally received an

appointment within two weeks. Data the clinic provided showed between July 2017 and May 2018, the clinic had met their target for NHS patients eight months out of 11, with the longest waiting time being two weeks and one day. For private patients, during this same time period, the clinic had met their own target each month, with majority of patients being seen within two to three weeks.

- Patients booked an appointment through a dedicated appointment line.
- The clinic was open Monday to Friday 9am to 5pm and operated eight sessions per week.
- Patients we spoke with during the inspection told us they had been able to access an appointment that suited their needs.
- The clinic gave us data that showed between May and December 2017 they had not cancelled any appointments unless for medical reasons.

### Listening and learning from concerns and complaints

The clinic took complaints and concerns seriously and responded to them appropriately to improve the quality of care. However, not all staff were aware of the formal complaint the clinic had received.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The clinic had received one written complaint in the last year. We reviewed the one complaint and found it had been handled in a timely way. However, it had not been fully explored and no learning identified. Staff told us the complaint had not been responded to by the appropriate person and so not handled in line with their guidance. We also found not all clinic staff were aware of the complaint.
- The clinic manager met with the registered manager for the service to discuss complaints and any associated learning. We saw action points from these meetings were shared with the clinical lead.
- It was the providers policy that staff did not have to record all verbal complaints if they were dealt with at the time. This meant staff were not recording details of verbal complaints and the clinic manager did not have oversight of all complaints. This also meant the clinic could miss possible learning and service improvement opportunities.



# Are services well-led?

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

## Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations. We found areas where the provider must make improvements. In particular, the provider must ensure appropriate governance arrangements are in place in relation to policies and procedures. For example, in regards to obtaining consent, the management of staff training, significant events, infection prevention and control and monitoring post-operative complications.

### Leadership capacity and capability

- The clinic had a clear leadership structure in place. The clinic manager and lead clinician had the experience, capability and integrity to deliver and address risks to the service.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the clinic had identified they needed another clinician to meet increased demand, and had trained and supported another clinician working within the organisation to fill this need.

### Vision and strategy

This clinic was part of a Modality Medical Services Limited, a single GP organisation that operates nationally. They have GP practices in Birmingham, Sandwell, Walsall, Hull, Airedale, Wharfedale, and Craven and East Surrey. Modality Medical Services & Birmingham Circumcision Clinic operated from one of the Modality GP practices based at Laurie Pike Health Centre, Birmingham. The provider had overall responsibility for ensuring the clinic was operating in line with their policies and strategy.

### Culture

- Clinic leaders told us they encouraged staff to be open and honest. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Healthcare assistants were considered valued members of the clinical team.
- Staff told us they felt supported by management.

### Governance arrangements

- There was a clear staff structure and staff knew their individual roles and responsibilities.
- The clinic's policy for safeguarding, although comprehensive, was not specific to this specialist service and there was confusion on who the lead for safeguarding was.
- The clinic had a lead member of staff for managing complaints and significant events. The clinic used the providers policies for managing significant events and complaints. We found these policies were not well embedded and staff were not always following them as intended. For example, a significant event was reported five months after it occurred. This was not in line with the policy.
- The clinic manager told us they discussed all complaints and significant events with the registered manager. We saw that actions from meetings were shared with the clinical lead. We did not see evidence that learning was shared with all relevant staff.
- The clinic had developed policies for consent and restraint. However, the processes for obtaining consent were not effective.
- The clinic had a lead member of staff for infection prevention and control, however we found gaps in the management of daily IPC tasks.
- The arrangements for managing staff training were not effective. The provider was unable to provide evidence for all staff training on the day of the inspection. They were able to provide it after the inspection except evidence of fire training for one staff member.

### Managing risks, issues and performance

- The clinic manager informed us they were in the process of moving all data regarding this service onto a new clinical database that would give clearer oversight of all issues.
- The clinic monitored waiting times, DNA (did not attend) rates, how many appointments were cancelled and how many patient surveys had been returned.
- We saw some evidence that leaders had learnt from significant events and had formed plans to improve

# Are services well-led?

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

quality. However, we found the clinic did not routinely meet as a team and missed opportunities to share information including learning from significant events and complaints.

- The clinic had access to health and safety risk assessments that had been completed by the provider. However, had not formally documented risk assessments for specific risks related to this service, for example parents carrying children post procedure or to ensure children remained safe during the procedure. The clinic provided us with these before the end of the inspection.

## **Appropriate and accurate information**

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The lead clinician audited all patient records retrospectively to monitor how many patients contacted the clinic post procedure with concerns about bleeding or infection, this however did not give the clinic an

accurate picture of post-operative complications. The clinic were unable to provide data for how many patients had sought advice from primary or secondary care services following the procedure.

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

- Staff told us they felt listened to by management.
- The clinic invited all patients/parents to complete a patient survey post procedure to assess how satisfied patients were with the service. The response rate for 2017 was 3%.
- Staff told us they did not routinely contact patients post procedure to gain feedback on their aftercare service. However, they did contact a small number of patients after they had made changes to their aftercare service to assess what impact the changes had on the service.

## **Continuous improvement and innovation**

- The service provided some evidence to show they had learnt following a significant event and were in the process of improving safeguarding processes.
- The lead clinician had regular supervision and access to clinical advice from a urologist at a local NHS trust.



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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Care and treatment of service users must only be provided with the consent of the relevant person.</p> <p><b>How the regulation was not being met</b></p> <p>The clinics processes for obtaining consent were not effective. The clinic did not contact every absent parent to gain consent. The clinic had failed to recognise they had taken consent from people that may not have had the proper authority to give it.</p> <p><b>This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met:</b></p>

## Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

The significant event policy was not well embedded. We found not all significant events were reported as they occurred, and learning was not shared with all relevant staff.

The clinics process for monitoring post-operative complications was not effective and did not give an accurate picture of post-operative complications.

The clinics management team had poor oversight of staff training and were unable to provide up to date records for all staff at the time of the inspection.

The clinics management team had poor oversight of infection prevention and control processes that were specific to the clinic.

**This was in breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**