

AMS Clinic Ltd

# AMS Clinic Manchester

## Inspection report

Cheetham Hill Medical Centre  
244 Cheetham Hill  
Manchester  
Lancashire  
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### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

### Overall summary

#### **This service is rated as Good overall.**

The service had previously been inspected in September 2017 and was found to be providing services in accordance with relevant regulations. However, at that time independent providers of regulated activities were not rated by the Care Quality Commission.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at AMS Clinic Manchester on 29 July 2019 as part of our inspection programme.

# Summary of findings

The clinic provides circumcision to patients aged from two weeks up to two years of age for both cultural and religious reasons. Patients also have access to post-procedural reviews at the clinic and access to an aftercare helpline available 24 hours a day.

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

The clinic made use of patient feedback to monitor and improve the service. They produced their own surveys and regularly monitored feedback through google review.

## Our key findings were:

- The clinic was offered on a private, fee paying basis only and was accessible to people who chose to use it.
- Circumcision procedures were safely managed and there were effective levels of patient support and aftercare.
- The clinic had developed materials for parents which explained the procedure and outlined clearly the recovery process.
- Parents received daily text messages providing advice for 13 days following the procedure to outline what to expect and give advice about aftercare.

- The clinic had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members. However, at the time of our inspection there had been no incidents recorded at the Manchester clinic.
- There were systems, processes and practices in place to safeguard patients from abuse.
- The clinic always communicated with the GP service with which patients were registered via letters sent with the parents following the procedure.
- There was a clear leadership structure, with governance frameworks which supported the delivery of quality care.
- Communication between staff was effective with regular documented meetings across both sites.

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

- Review and improve the process for communicating with the patient's own GP following the procedure.
- Review and improve the process for the documentation of medical indemnity and staff immunity status.
- Review the systems in place for direct clinical observation to assess surgical technique.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# AMS Clinic Manchester

## Detailed findings

### Background to this inspection

AMS Clinic Limited is an independent circumcision provider which is registered in Bradford, West Yorkshire to operate from locations in Bradford and Manchester. The Manchester based service was established in April 2017 and operates from accommodation within Cheetham Hill Medical Centre, 244 Cheetham Hill Road, Manchester, Lancashire, M8 8UP. The website address for the clinic is [www.amsclinic.co.uk](http://www.amsclinic.co.uk).

The clinic provides circumcision to patients aged from two weeks up to two years of age for both cultural and religious reasons. Patients also have access to post-procedural reviews at the clinic and access to an aftercare helpline available 24 hours a day.

The clinic operates from Cheetham Hill Medical Centre, a modern two-storey purpose-built building which is easily accessible for those bringing children or young people to the clinic. For example, it has level floor surfaces, automated doors and onsite parking available. There is also dedicated parking for wheelchair users or those with limited mobility.

AMS Clinic Manchester have a service agreement in place with the GP practice who operate from Cheetham Hill Medical Centre and utilise two rooms located on the ground floor (minor surgery room and consultation room) for the delivery of services. They also have access to ancillary areas such as waiting areas and public toilets.

The clinic is led by three directors (male) who have each been identified a specific area to lead on. The registered manager is one of the directors who is the managing director. The second director leads on staffing and rotas and the third on clinical areas including staff shortages.

AMS Clinic Manchester provides one to two sessions per clinic. Clinics are currently held on alternate Saturdays.

#### How we inspected this service

- Looked at the systems in place relating to safety and governance of the service.
- Spoke with the GP host practice regarding safety processes within the building.
- Explored clinical oversight and how decisions were made.
- Spoke with staff.
- Reviewed feedback from patients via in-house surveys and online comments.

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

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

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

# Are services safe?

## Our findings

**We rated safe as Good.**

### Safety systems and processes

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

- The clinic had systems to safeguard children and vulnerable adults from abuse.
- Policies were regularly reviewed and were accessible to staff. They outlined clearly who to go to for further guidance.
- The provider had processes in place to confirm with parents prior to the procedure, if a child was on a child protection register, as well as confirming their parental authority to consent to the circumcision or any aftercare treatment. The form had a clear statement for both parents to sign to confirm they had parental authority.
- The clinic explained to us how, if required, they would work with other agencies to support patients and protect them from neglect and abuse.
- The clinic worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We inspected the procedure room where the circumcisions were undertaken and found this to be in a clean and well-maintained condition. We reviewed cleaning schedules which the provider completed following each clinic to ensure the room was kept to required levels of cleanliness.

- The clinic utilised the host GP practice for clinical waste disposal and management of issues in relation to Legionella. (Legionella is a bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Staffing for the service was planned around the scheduled patient appointments and the clinic provided a maximum of 20 procedures per clinic.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, such as sepsis.
- The clinic had access to emergency equipment and medication provided by the host GP practice as part of their service agreement. We looked at these on the day of our inspection and saw that regular checks were carried out to make sure that the equipment was in working order and that emergency medication was in date.
- Records held by the provider confirmed that all staff were up to date with necessary training. This included basic life support.
- Clinical staff had indemnity cover sufficient to meet the needs of the service. However, some of the healthcare assistant files that we reviewed only had a signed declaration from the employee to confirm this was in place. We discussed this with the provider on the day of our inspection and asked that they reviewed and improved this.
- Staff records and recruitment files contained some key information. However, it was noted that the service had only limited assurance with regards to the immunity status of staff in respect of measles, mumps, rubella and varicella.

### Information to deliver safe care and treatment

# Are services safe?

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The clinic carried out health checks on both the child and mother prior to the procedure. This was to check that there were no health issues with the mother that may affect the procedure. For example, if the mother was on anticoagulants and breast feeding, this had the potential to result in excessive bleeding for the child.
- The clinic had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw that the clinic provided parents with a letter to take to their GP following the procedure.

## **Safe and appropriate use of medicines**

### **The clinic had reliable systems for appropriate and safe handling of medicines.**

- Emergency medicines were within date and were stored safely and securely.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients including children.

## **Track record on safety and incidents**

### **The clinic had a good safety record.**

- There were comprehensive risk assessments and processes in place to manage safety issues. The clinic had access to risk assessments and health and safety documentation from the host GP practice.
- The clinic monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Lessons learned and improvements made**

### **The clinic learned and made improvements when things went wrong.**

- The clinic had clearly defined and embedded systems, processes and practices in place to identify, record, analyse and learn from incidents and complaints.
- There was a system in place for reporting and recording significant events. We saw a significant event process and all staff were clear about how to record incidents and how these would be investigated.
- We were told that any significant events and complaints received by the clinic would be discussed by the clinicians involved in delivering the service. However, at the time of our inspection there had been no complaints or significant events at the Manchester location.
- The clinic acted on and learned from external safety events as well as patient and medicines safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.
- 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 clinic had systems in place for knowing about notifiable safety incidents.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated effective as Good.**

### Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- Patients' immediate and ongoing needs were fully assessed. Parents using the clinic had an initial consultation where a detailed medical history was taken for both the patient and mother. If the initial assessment showed the patient as unsuitable for the procedure this would be documented, and the patient referred back to their own GP.
- Parents of the patient were able to access detailed information regarding the process and the procedure used by the clinic. The clinic provided a book containing post-operative pictures to assist the parents of patients in knowing what to expect following the procedure.
- After the procedure, parents were requested to stay in the consulting room with their child for an hour to ensure there was no initial bleeding or complications. Clinicians also discussed after care treatment with parents and sought to inform them of what to expect over the recovery period. In addition, the clinic sent daily text messages to parents for the 13 days after the procedure, advising them what to expect each day and how best to support recovery following the procedure. They told us that this had reduced the number of calls they received from anxious parents following the procedure.
- The clinic offered post-operative support via a 24-hour aftercare line when parents could contact a clinician via a mobile phone.
- We saw no evidence of discrimination when making care and treatment decisions.
- At the time of our inspection the clinic had introduced a WhatsApp booking application via the website to enable parents to communicate with the on-call clinician and book appointments.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- There was evidence of a commitment to quality improvement including accreditation by the 'Greater Manchester Safeguarding Infant Male Quality Assurance Services'. This was a self-assessment process and information submitted by the clinic was assessed against required standards and guidance such as The General Medical Council personal beliefs and medical practice guidance, in order to become quality assured. The clinic was required to submit audits and attend annual workshops. The provider told us they applied the same standards across both their Manchester and Bradford locations.
- The clinic made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, the clinic carried out regular audits to monitor post-procedural bleeding or infection. We found there to be a very low rate of complications. There was clear evidence of action to resolve concerns and improve quality.

### Effective staffing

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

- All staff were appropriately qualified. The clinical team who carried out the procedure composed of an acute nurse (who also worked in a secondary care accident and emergency department) and a healthcare assistant. All staff members had a wide range of experience in delivering circumcision services to children.
- Staff working at the clinic also had access to advice from a consultant urologist from secondary care, who had provided training for all staff employed by the clinic to carry out the procedure.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC) and were up to date with revalidation

### Coordinating patient care and information sharing

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

- Whilst the opportunity for working with other services was limited, the clinic did so when this was necessary and appropriate. For example, the clinic gave parents a letter which they were asked to give to their own GP. The

# Are services effective?

(for example, treatment is effective)

letter explained that a circumcision procedure had been carried out and gave the clinic contact details should the GP wish to contact them for further information or advice.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available, to ensure safe care and treatment.

## Supporting patients to live healthier lives

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

- Where appropriate, staff gave parents advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their

needs. Since the last inspection the clinic had made the decision to only provide circumcision to patients aged two years and under. This was because the consultant urologist no longer performed operations for the clinic. They told us how they signposted patients over two years of age to another provider.

## Consent to care and treatment

### The service obtained consent to care and treatment in line with legislation and guidance.

- The clinic had developed protocols and procedures to ensure that consent for the circumcision had been given by both parents (unless it was proven that the mother had sole parental responsibility for the child). The consent form had been updated following our inspection in September 2017 to include checks regarding whether the child was on the child protection register.
- The consent form had been shared with the Greater Manchester Safeguarding team and across the Manchester area as an example of good practice.



# Are services caring?

## Our findings

**We rated caring as Good.**

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- We reviewed surveys which had been undertaken by the provider and through online reviews. The feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### **Involvement in decisions about care and treatment**

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

- Telephone interpretation services were available for patients who did not have English as a first language.

- A pictorial information book had been produced by the clinic and was discussed with parents prior to the procedure.
- The clinic sent daily text messages to parents for 13 days following the procedure. This was to provide aftercare information and advise them what to expect each day and how best to support recovery following the procedure.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Parents were given a private recovery room to use with their child.
- The clinic had produced a range of information and advice resources for parents that they could take away with them to refer to at a later time.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated responsive as Good.**

### **Responding to and meeting people's needs**

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The clinic operated on a private, fee-paying basis only, and as such was accessible to people who chose to use it and who were deemed suitable to receive the procedure. If it was decided that a potential patient was unsuitable for circumcision, then this was formally recorded and was discussed with the parents of the child.
- The facilities and premises were appropriate for the services delivered.
- The clinic had developed a range of information and support resources which were available to service users.

### **Timely access to the service**

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

- The clinic operated over one to two sessions per clinic, and clinics were held on alternate Saturdays. At the time of our inspection the provider was in discussions with the host GP practice to increase the frequency of clinics due to patient demand.
- Following the procedure, parents had access to a 24-hour aftercare helpline should they have any concerns regarding the recovery process.
- Follow-up appointments were available as and when clinically necessary.

### **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and had systems in place to respond them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. At the time of our inspection the Manchester location had not received any complaints. Therefore, we were unable to review how these were handled. The service had a complaints policy and procedures in place.

# Are services well-led?

Good 

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

## Our findings

**We rated well-led as Good.**

### **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the clinic offered training opportunities for other clinicians who wanted to develop their knowledge and skills when carrying out circumcisions.
- There was a clear leadership structure in place. Directors were responsible for the organisational direction and development of the service and the day to day running of the clinic was the responsibility of experienced clinicians.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example; at the time of our inspection the clinic was in discussions with another operator to support the expansion of the Manchester location.

### **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against key priorities.

### **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The clinic focused on the needs of patients and their families.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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.
- Clinical staff, including nurses, were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity.
- There were positive relationships between staff and teams.

### **Governance arrangements**

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities. We saw that staff personnel records contained details of job roles and responsibilities. However, we noted that not all of these records contained copies of the medical indemnity documentation and updated immunity status.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### **Managing risks, issues and performance**

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

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

# Are services well-led?

Good 

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

- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. For example, the provider contacted all parents a month after their child's procedure to obtain feedback on the service they had received.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The provider attended an annual workshop led by 'Greater Manchester Safeguarding Infant Male Quality Assuring Service' where they could share ideas and learn best practice from other like-minded colleagues.
- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example; the provider proactively requested feedback following completion of the procedure and via the clinic's website. We reviewed these and found that all comments were positive about the service received.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement. For example, the clinic had made a number of improvements following our previous inspection in September 2017. This included updating the aftercare advice leaflet to advise parents of the correct dosage of paracetamol to give as pain relief following the procedure (dependent on the child's weight). The consent form had also been updated to discuss any child protection issues or social services involvement prior to the procedure taking place.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.