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# Thornley House Medical Centre

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection of the Thornley House Medical Centre (also known as Manchester Circumcision Clinic) on 8 April 2018 to ask the service provider 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 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?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this announced 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.

Thornley House Medical Centre (also known as Manchester Circumcision Clinic) is an independent circumcision service that provides circumcisions for patients from infancy through to adulthood for cultural and religious reasons under local anaesthetic. The service also provides post procedural reviews of patients who have undergone circumcision.

We received 49 Care Quality Commission comment cards. These were positive regarding the care delivered by the clinic and the caring attitude of staff. Many stated that the service was professional, and that staff took the time to explain the process to them. They found staff helpful and would recommend the service to others.

### Our key findings were:

# Summary of findings

- The service 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 service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There were systems, processes and practices in place to safeguard patients from abuse.
- Information for service users was comprehensive and accessible.
- Patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The clinic shared relevant information with others such as the patient's GP and when required, safeguarding bodies.
- There was a clear leadership structure, with governance frameworks which supported the delivery of quality care.
- The service encouraged and valued feedback from service users via in-house surveys and the website.
- Communication between staff was effective.

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

- Review and improve the process for checks to establish if children are known to be on the safeguarding register during the consent procedure.
- Review and improve the recording of who is present during the procedure, for instances where parents do not want to witness the procedure taking place and appoint a family member to do this on their behalf.

# 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 providing safe care in accordance with the relevant regulations.

- We found there was an effective system for reporting and recording significant events.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable young people relevant to their role.
- The practice had arrangements in place to respond to emergencies and major incidents.
- The provider did not have a process in place to establish if a child was known to be on the safeguarding register during the consent procedure.
- The provider did not have a system in place to record who was present during a procedure, for instances where parents appointed a family member to do this on their behalf.

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### **Are services effective?**

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

- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The service had a process in place to assure the organisation that professionally registered staff maintained and updated their registration. This also included assurance regarding revalidation, update training and personal development.
- The clinic had developed protocols and procedures to ensure that signed consent for the circumcision procedure was obtained.
- For procedures carried out on children and infants the clinic ensured consent had been given by both parents (unless it was proven that a parent had sole control and responsibility for the child). The consent form contained a statement which both parents had to sign to declare that they had the parental responsibility and the procedure was only carried out when there were no disagreements or disputes.
- The clinic also had a process to obtain consent from absent parents. For example; where a parent was overseas and unable to attend the clinic in person with their child.

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### **Are services caring?**

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

- Survey information and feedback we reviewed showed that patients said they were treated with compassion, dignity and respect and they were well informed with regard to the circumcision procedure and aftercare.
- Information for patients about the services available was accessible and available in a number of formats. For example, the clinic provided information sheets containing key information that patients and parents of children undergoing circumcision would find useful.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The service saw they had an important role in reducing parental and patient anxiety concerning the procedure. To achieve this they encouraged parents to be present during the procedure. The service would not carry out a procedure without a parent or relative being present.

# Summary of findings

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- All patients had access to an emergency 24 hour contact number during the aftercare period.
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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.

- The clinic had good facilities and was well equipped to treat patients and their families and to meet their respective needs.
  - Information about how to complain was available.
  - The service offered post-operative support via an emergency 24 hour contact number.
  - The clinic was able to meet the needs of specific population groups such as those with a disability.
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## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- An overarching governance framework supported the delivery of good quality care. This included arrangements to monitor and improve quality.
  - Staff attended regular monthly meetings and these were minuted.
  - The provider was aware of the requirements of the duty of candour.
  - The provider encouraged a culture of openness and honesty. The clinic had systems for being aware of notifiable safety incidents. Systems were in place to share the information with staff and ensure appropriate action was taken.
  - There was a focus on continuous learning and improvement at all levels.
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# Thornley House Medical Centre

## Detailed findings

### Background to this inspection

We carried out this inspection of Thornley House Medical Centre (also known as Manchester Circumcision Clinic) on 8 April 2018. The inspection team consisted of a lead CQC inspector, a second CQC inspector and GP Specialist Advisor.

As part of the preparation for the inspection, we reviewed information provided for us by the service and specific guidance in relation to circumcision. In addition; we reviewed the information we held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example we interviewed staff, observed staff interaction with patients and reviewed documents relating to the service.

Thornley House Medical Centre (also known as Manchester Circumcision Clinic) is an independent circumcision service that provides circumcisions for patients from infancy through to adulthood for cultural and religious reasons under local anaesthetic. The service also provides post procedural reviews of patients who have undergone circumcision.

The service operates from Thornley House Medical Centre, Thornley Street, Hyde, Cheshire, SK14 1JY. This is a two storey; purpose built GP practice which is easily accessible for any patient with mobility issues and those bringing children to the clinic. For example, it has level floor surfaces and car parking available. Thornley House Medical Centre

(also known as Manchester Circumcision Clinic) operates from a treatment room located on the ground floor for delivery of services. They also have access to a consultation room which is used to discuss the procedure with parents and patients and provide further information. In addition; the clinic also has access to an additional treatment room for patients to use during the recovery period. Patients and their parents can access other areas of the medical centre such as waiting areas and toilets.

The service is delivered by one male GP and one health care assistant who are both present during every procedure. The GP is trained and experienced in minor surgery and carries out the procedure on a regular basis. The clinic also employs a further three health care assistants to support parents and patients on arrival at the clinic, they also manage bookings for the clinic and records on a clinical system.

The clinic operates weekly from 9am on a Sunday and provides appointments to meet demand up to approximately 12 procedures per clinic.

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

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

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

# Are services safe?

## Our findings

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

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 the safeguarding register. In addition; the provider did not have a system in place to record who was present during a procedure, for instances where parents did not want to witness the procedure taking place and appointed a family member to do this on their behalf.

### **Safety systems and processes**

The clinic had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. Some of the records kept to support these systems could be improved.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, management of disclosure and referral. The policies clearly outlined processes to be adhered to.
- We saw evidence that clinicians were up to date with all professional training requirements. We saw that records of required training were kept and were informed that clinicians also undertook self-directed learning to support their own professional development.
- The service was planned around staffing levels and the clinic carried out between 10 and 12 procedures per session.
- We reviewed personnel files for the clinical staff who delivered the service. Files contained appropriate details and included CVs, details of training and evidence of indemnity insurance. We also saw that staff could evidence a Disclosure and Barring Service (DBS) check (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 persons who may be vulnerable).
- Whilst the clinic did not meet with health visitors or other safeguarding professionals on a formal basis, the clinic was aware of how to formally raise concerns with them.

- Clinicians and staff had received training on safeguarding children and vulnerable people relevant to their role. For example clinicians were trained to child protection or child safeguarding level three.
- The clinic had a process in place to confirm the identity of parents before performing a procedure on a child or infant. This was verified by photographic evidence such as a passport or driving licence.
- The consent form for children and infants contained a statement which both parents had to sign to declare that they had the parental responsibility and the procedure was only carried out when there was full agreement from both parties unless there was an evidenced reason to support this. However the consent form did not incorporate checks to establish if children were known to be on safeguarding register.
- The clinic policy was for parents or a relative to be present during the procedure to provide comfort to the child and ensure that the child remained safe whilst on the treatment couch. However at the time of our inspection there was no system in place to record which family member had been present during the procedure. In addition a health care assistant was present during every procedure.
- The clinic maintained appropriate standards of cleanliness and hygiene.
- The clinic had infection control procedures in place to reduce the risk and spread of infection. We fully inspected the treatment room where the procedure was undertaken. This room and other ancillary rooms such as the waiting area appeared to be clean and were in good overall condition.
- The provider was the infection prevention and control (IPC) lead and kept up to date with current IPC guidelines in relation to best practice. There was an IPC protocol in place and staff had received up to date training.
- The clinic utilised the services provided by the host GP practice for clinical waste disposal.
- We reviewed the legionella risk assessment for the premises and confirmed that the clinic was aware of the control measures in place (Legionella is a bacterium which can contaminate water systems in buildings).

### **Risks to patients**

The clinic had arrangements in place to respond to emergencies and major incidents.

# Are services safe?

- Clinicians had received basic life support training.
- The clinic had access to a defibrillator on the premises and oxygen with adult and children's masks. A first aid kit and accident book were also available on-site.
- The clinic operated an emergency 24 hour contact number, whereby a clinician was available for contact by parents of patients who had post procedural concerns or wanted additional advice.

The clinic adhered to the Thornley House Medical Centre health and safety protocol and in addition we saw evidence that:

- All electrical equipment was checked to ensure it was safe to use.
- Clinical equipment was checked regularly to ensure it was working properly.
- Clinical rooms storing medical gases were appropriately signed.
- The clinic worked closely with the host location Thornley House Medical Centre and was made aware of any issues which could adversely impact on health and safety. We were informed by the clinic, and saw documented evidence, that the host practice maintained firefighting systems and equipment and carried out regular alarm tests and evacuation drills. Staff from the clinic were aware of evacuation procedures and routes.

## Information to deliver safe 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 sent a letter to the patient's own GP which explained that a circumcision procedure had been carried out and gave their contact details should the GP wish to contact them for further information or advice.

If a procedure was unsuitable for a patient we were told by the service that this would be documented and the patient referred back to their own GP. Where necessary the GP could contact the clinic for further details.

The clinic had processes in place to share information with safeguarding bodies when required.

## Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency medicines in the clinic minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Emergency medicines were safely stored, and were accessible to staff in a secure area of the clinic. We saw that the emergency medicine stock included adrenaline. Adrenaline is a medicine used for the emergency treatment of allergic reactions.

The clinician we spoke to on the day of inspection knew of their location. Medicines were checked on a regular basis and all the medicines we checked were in date.

## Track record on safety

The service 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 that the significant event process was embedded in the organisation and staff were clear about how to record incidents and how these would be investigated.

We were able to review a completed significant event form relating to the formal identification of parents/carers. As a result of this the clinic had advised all staff that it is made clear at the time of booking that the procedure will not be able to go ahead without identification and that both parents need to attend the appointment.

## Lessons learned and improvements made

We were told that any significant events and complaints received by the clinic would be discussed by the clinicians involved in delivering the service. We were able to review evidence to support this.

The provider was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The provider encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

Patients who used the service had an initial consultation where a detailed medical history was taken from the patient or parents of the patient where the procedure was being performed on a child or infant. Parents of patients and others who used the service were able to access detailed information regarding the process and the different procedures which were delivered by the clinic. This included advice on post-operative care. If the initial assessment showed the patient was unsuitable for the procedure this would be documented and the patient referred back to their own GP. After the procedure clinicians also discussed after care treatment with parents and sought to inform them of what to expect over the recovery period. This was both to allay concern and anxiety from the parents and to prevent them unnecessarily attending other primary or secondary care services. The clinic contacted all patients four weeks following the procedure to ensure there were no issues and provided open access to the clinic until the full recovery period was complete.

### Monitoring care and treatment

There was evidence of quality improvement including clinical audit. We discussed two clinical audits that the clinical team had carried out. The subject areas of these audits included:

- Post circumcision bleeding.
- Post circumcision infection.

The results showed that 96% of patients did not have to contact their own GP following the procedure and 97% of patients did not experience any complications following the procedure.

In addition to the provision of the circumcision procedure, the clinic carried out reviews of patients. This gave an added opportunity for parents to discuss any concerns they had regarding their child's treatment.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

The clinical team who carried out the procedure was comprised of a GP and a health care assistant. Both staff members had a wide range of experience in delivering circumcision services.

We saw that the service had a process in place to assure the organisation that professionally registered staff maintained and updated their registration.

### Coordinating patient care and information sharing

Whilst the opportunity for working with other services was limited, the clinic did so when this was necessary and appropriate. For example the clinic sent a letter to the patient's own GP which explained that a circumcision procedure had been carried out and gave their contact details should the GP wish to contact them for further information or advice.

### Consent to care and treatment

We found that staff sought patients' 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 obtained and documented. Where the procedure was carried out on a child or infant, consent was required by both parents (unless it was proven that a single parent had sole control and responsibility for the child).
- In addition the provider had a process in place to obtain consent from absent parents. For example where a parent was overseas and unable to attend the clinic in person. As part of this process the absent parent was contacted by telephone and asked various questions about their child to verify their identity. Once the clinic were satisfied with the information provided, and consent was obtained, the procedure could be carried out. We noted that the absent parents process had been used on some occasions where a parent had been unable to attend the clinic on the day of the procedure due to childcare issues. We discussed this with the provider on the day of our inspection and the possibility of reviewing the parameters when the process could be used.
- We saw an example of when inappropriate consent had been attempted. This had been recognised by the service and the procedure was postponed.



# Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

# Are services caring?

## Our findings

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

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

During our inspection we observed that the clinician on duty was courteous, caring and helpful to both patients and parents and treated them with dignity and respect.

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

The clinic told us that they actively discussed the procedure with patients or their parents and we saw evidence of this on the day of inspection. The provision of information resources produced by the clinic for patients or parents of young children supported this approach.

The clinic made extensive use of parent (and if they were older, patient) feedback as a measure to improve services. They used a survey tool and results were analysed on a monthly basis. Results from 236 survey forms obtained by the clinic showed high overall satisfaction with the services provided.

We also received 49 Care Quality Commission comment cards. These were also positive regarding the care delivered by the clinic and the caring attitude of staff. Many stated that the service was professional, and that staff took the time to explain the process to them. They found staff helpful and would recommend the service to others.

### **Privacy and Dignity**

Doors were closed during consultations and conversations taking place in these rooms could not be overheard.

The clinic told us, and we observed, that they spent time with parents both pre and post procedure carefully explaining the circumcision and recovery process to reduce any anxieties they may have.

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

### Responding to and meeting people's needs

The clinic demonstrated to us on the day of inspection it understood its patients and had used this understanding to meet their needs:

- The clinic had developed a range of information and support resources which were available to patients.
- The website for the service was very clear and easily understood. In addition it contained valuable information regarding the procedure and aftercare.
- The clinic operated an emergency 24 hour contact number, whereby one of the clinicians was available for contact by parents of patients who had post procedural concerns or wanted additional advice.

The service was offered 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, by the service, that a potential patient was unsuitable for circumcision then this was formally recorded and was discussed with the patient or the parents of the child seeking circumcision.

### Timely access to the service

The service operated one session per clinic, and clinics were held on Sundays. Appointments could be made via a dedicated telephone booking line.

The clinic offered appointments to anyone who requested one and did not discriminate against any client group.

Thornley House Medical Centre from which the clinic operated was in a good condition and repair and was accessible to those with mobility difficulties, or those who used a wheelchair being entered via level surfaces. Patients received treatment on the ground floor.

Staff working at the service were able to speak a number of languages which they could use when they delivered services as well as accessing telephone interpreting services if required.

### Listening and learning from concerns and complaints

The clinic had a complaints process in place which was available from reception.

At the time of our inspection the clinic had not received any direct complaints within the previous 12 months; however we were able to review a detailed and thorough response to a complaint which had been raised via another stakeholder.

# 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 providing well-led care in accordance with the relevant regulations.**

### Leadership capacity and capability;

There was a clear leadership structure in place. The provider was responsible for the organisational direction and development of the service along with the day to day running of the clinic.

### Vision and strategy

The service had a clear vision to provide circumcision in a clinically-clean, safe and family friendly atmosphere.

### Culture

The provider was aware of, and complied with, the requirements of the Duty of Candour. When unexpected or unintended safety incidents occurred the service told us they would give affected patients reasonable support, truthful information and a verbal and written apology.

### Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure. Staff, both clinical and non-clinical, were aware of their own roles and responsibilities.
- Service specific policies and protocols had been developed and implemented and were accessible to staff in paper or electronic formats. These included policies and protocols with regard to:
  - Safeguarding
  - Consent
  - Infection prevention and control
  - Complaints

- All staff were engaged in the performance of the service.

### Managing risks, issues and performance

Arrangements were in place for identifying, recording and managing risks and issues. The service had clearly embedded processes in place to record and act on significant events or incidents.

The service also had risk assessments in place to manage any risks associated with the premises. For example; a legionella risk assessment for the premises and they confirmed that the clinic was aware of the control measures in place (Legionella is a bacterium which can contaminate water systems in buildings).

### Appropriate and accurate information

We saw evidence of meetings being held and were informed that these were held on a monthly basis. These meetings discussed topics which included key operational developments, infection control and quality assurance.

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

The service encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Online feedback and compliments and complaints.
- Verbal feedback post procedure and at reviews.
- Feedback at clinical meetings and post-sessional meetings.

### Continuous improvement and innovation

Staff were expected to, and supported to continually develop and update their skills. Staff employed to carry out the procedure had received appropriate training. For example the GP who carried out the procedure had received minor surgery training and attended updates every two years.