

LMCS Limited

# LMCS Limited

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 7 June 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 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 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.

LMCS Limited is located in Edgware in the London borough of Brent.

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

Eight people provided feedback about the service through Care Quality Commission comment cards. The feedback received was all positive.

#### **Our key findings were:**

- The clinic was clean and hygienic and staff had received training on infection prevention and control.
- The provider carried out recruitment checks for new staff.
- Staff treated service users with kindness, respect and compassion and their privacy and confidentiality was upheld.
- Feedback from patients was very positive in relation to the quality of service provided.
- Patients could access the service in a timely way.

# Summary of findings

- There was a complaints policy and the complaints procedure was accessible to patients.
- Governance arrangements were in place and staff felt supported, respected and valued by the provider.

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

- Review the equipment in place to respond to medical emergencies.
- Develop quality improvement activity particularly in relation to clinical audit.
- Review policy in relation to requesting proof of ID from patients on registering with the service.
- Review policy in relation to ensuring that adults accompanying child patients have the authority to do so and provide consent on their behalf.
- Review the vision and strategy for the service.

# 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.

- The clinic was equipped to respond to medical emergencies although there was no immediate access to a defibrillator or a risk assessment in place to mitigate the risks.
- We found the clinic to be clean and hygienic and staff had received training on infection prevention and control. Infection control audits had not been undertaken to monitor infection control standards. However, following the inspection the provider sent us evidence of a completed infection control audit.
- The provider carried out recruitment checks for new staff.
- There was a health and safety policy and the provider had undertaken risk assessments to monitor the safety of the premises.
- There was no system in place to receive and comply with national patient safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). However, the provider sent us evidence after the inspection that they had signed up to receive safety alerts.
- There was system in place for reporting, investigating and learning from significant events.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not request proof of ID from patients on registering with the service and did not ensure that adults accompanying child patients had the authority to do so and provide consent on their behalf. There was no defibrillator for use in the event of a medical emergency and no risk assessment to mitigate the risk.

### **Are services effective?**

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

- The provider had systems in place to gain consent.
- There was evidence that the practitioners kept up to date with developments in their field.
- There was some evidence of quality improvement however it was limited particularly in relation to improving clinical outcomes.
- There were no formal systems in place for staff induction and appraisal. However, following the inspection the provider sent us evidence to show that these systems had been put in place.

We found areas where improvements should be made relating to the effective provision of treatment. This was because there was limited evidence of quality improvement activity particularly in relation to clinical audit.

### **Are services caring?**

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

- Staff treated service users with kindness, respect and compassion.
- Privacy and confidentiality was upheld.
- Feedback from patients was very positive in relation to the caring aspects of the service provided.
- The provider involved patients and parents of patients in decisions about care and treatment.

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

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

- The service organised and delivered services to meet patients' needs.

# Summary of findings

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- Patients could access the service in a timely way.
  - There was a complaints policy and the complaints procedure was accessible to patients.
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## **Are services well-led?**

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

- There was an informal vision to continue to improve the service however there was no strategy or supporting business plans to deliver the vision.
  - Governance arrangements were in place.
  - On the day of the inspection we identified some shortfalls in relation to providing well-led care. However, following the inspection the provider sent us evidence to show that the shortfalls had been rectified.
  - There was a positive culture and staff felt supported by the provider.
  - The provider proactively sought feedback from patients.
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# LMCS Limited

## Detailed findings

### Background to this inspection

LMCS Limited is situated at 78 Beverley Drive, Edgware, HA8 5NE. It operates as a private circumcision clinic which carries out circumcisions on male babies, children and adults. The clinic carries out up to 50 circumcisions a month.

There are two male circumcision practitioners, a male assistant and five part-time reception staff. One of the practitioners is a doctor registered with the General Medical Council (GMC) who carries out therapeutic and non-therapeutic circumcisions and the second is a dentist registered with the General Dental Council (GDC) who carries out non-therapeutic circumcisions only which is not part of their scope of dental practice. The doctor is the Care Quality Commission registered manager.

Circumcisions are carried out using both Forceps Guided and Plastibell (ring) methods under local anaesthetic. Children and babies are circumcised with both parents consent and present during the procedure.

The clinic opening hours are Monday to Friday 9-5pm and Saturdays 10-3pm.

The service is registered with the Care Quality Commission for the regulated activity of surgical procedures.

The inspection comprised a lead CQC inspector, a nurse specialist advisor and a GP specialist advisor.

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

### Safety systems and processes

There were effective systems to safeguard children and vulnerable adults from abuse. One of the practitioners was the lead for safeguarding and there were policies in place covering adult and child safeguarding which included the contact details of the local safeguarding team. Staff had completed safeguarding training to the appropriate level. For example, the circumcision practitioners had completed training to level three, the assistant and reception staff to level two.

The provider carried out recruitment checks for all new staff members including proof of identity and evidence of satisfactory conduct in previous employments. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. (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).

The clinic sterilised circumcision equipment on-site. There was a process in place for decontamination including a dirty to clean flow. All staff had received training on infection control. The clinic used a sterilising machine which was maintained appropriately. At the inspection some shortfalls were identified including no infection control audits to monitor infection control standards, no body fluid spillage kit available and the provider could not evidence the immunity status of all clinical staff. Following the inspection, the provider sent us evidence to show they had purchased a spillage kit, checked that the immunity status of all clinical staff was satisfactory, and completed an infection control audit.

There was a health and safety policy and the provider had undertaken risk assessments to monitor the safety of the premises. This included risk assessments for the control of substances hazardous to health (COSHH), fire safety and legionella and water hygiene (Legionella is a term for a bacterium, which can contaminate water systems in buildings). Staff had completed training modules on COSHH and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

The provider had ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There was evidence of portable appliance test (PAT) and medical equipment calibration tests completed in the last 12 months.

The practitioner who was a registered doctor was up to date with appraisal and revalidation.

### Risks to patients

Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff had received annual basic life support training.

Appropriate emergency medicines were available and fit for use. There was a system in place to check expiry dates and all the medicines we checked were in date.

There was an oxygen cylinder available in the surgery room however there were no paediatric masks available. Following the inspection, the provider sent us evidence to show they had purchased a paediatric mask for use in an emergency.

The provider did not have a defibrillator on site and they had not carried out a risk assessment to mitigate the risks associated with not having immediate access to one. Following the inspection, the provider told us that they had purchased a defibrillator which can be verified at the next inspection of the service.

There was a business continuity plan for major incidents such as power failure or building damage.

The provider could not demonstrate that the practitioners had appropriate indemnity to cover undertaking circumcisions. The practitioner who was a registered doctor had indemnity policy that covered cosmetic surgery and the practitioner who was a registered dentist had indemnity policy that covered dentistry. After a conversation with us the provider agreed to stop undertaking circumcisions until appropriate indemnity cover was in place. Following the inspection, the provider sent us evidence to show they had purchased appropriate cover.

### Information to deliver safe care and treatment

# Are services safe?

There was no policy requiring patients to provide identification when registering with the service to verify the given name, address and date of birth provided and this had not been risk assessed.

There was no system in place to ensure that adults accompanying child patients had the authority to do so and provide consent on their behalf.

Individual care records were written and managed in a way that kept patients safe.

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

The provider did not prescribe any medicines. Local anaesthetic was stored in the surgery room. There were systems in place to check the expiry date of local anaesthetic and the batch number and expiry date were recorded in the patient notes.

## **Track record on safety**

We could not assess the providers track record on safety as no incidents had been reported.

## **Lessons learned and improvements made**

The practitioner we interviewed understood what constituted a serious incident or significant event. The system for reporting, investigating and learning from significant events was an accident book where work related injuries were also recorded. The accident book had sections to capture learning points and action taken to reduce the risk of recurrence. The practitioner told us that there had been no significant events to report.

There was no system in place to receive and comply with national patient safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). However, following the inspection the provider sent us evidence to show that they had signed up to receive safety alerts.

The practitioner we interviewed was aware of the legal requirements of a duty of candour.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

There was no system in place to ensure the practitioners were up to date with recognised guidance such as guidance from the General Medical Council, British Medical Association and The National Institute for Health and Care Excellence. However, the practitioner we interviewed told us they kept up to date on new developments by reading research papers and they provided an example of recent updates they had read on post-operative bleeding and how they had incorporated the learning into clinical practice.

Patients and parents of children and babies using the service had an initial consultation where a detailed medical history was taken. Parents of patients and others who used the service were able to access detailed and clear information regarding the process and the different procedures that were provided. 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 discussed after care treatment with parents and sought to inform them of what to expect over the recovery period. This was both to reduce concern and anxiety from the parents and to prevent them unnecessarily attending other primary or secondary care services.

### Monitoring care and treatment

There was limited evidence of quality improvement particularly in relation to clinical audit to monitor and improve outcomes for patients.

There had been one medical review completed which the practitioner had carried out as a mandatory requirement of revalidation. The review was carried out to check the standard of patient's records. The results of the review showed that no actions were necessary.

### Effective staffing

There was a certificate displayed in the reception area which showed that the practitioner, who was a registered dentist, had completed training to perform circumcisions in 2013. We were told the other practitioner, who was a registered doctor, had completed training abroad and they

had been the course tutor for the registered dentist. The registered dentist had been performing circumcisions independently since 2013 and prior to that was under the supervision of the registered doctor.

There was no documented evidence of what role specific training the assistant had received to perform their duties effectively. The practitioner told us that the assistants duties were limited to carrying out infection control procedures and providing appropriate restraint during the circumcision procedure.

There was no formal induction programme for staff and there was no system in place for formal appraisal. However, following the inspection the provider sent us evidence that formal induction and appraisal systems had been introduced.

Staff had received training on infection control, safeguarding children and adults, the Mental Capacity Act 2005, basic life support, information governance, violence and aggression and record keeping.

### Coordinating patient care and information sharing

The provider shared information with the patient's usual GP. If the patient had been referred by the GP, after the circumcision the patient or parent was given a form to give to the GP to update medical records and provide advice to the GP on post circumcision issue

### Consent to care and treatment

The provider did not have effective systems in place to ensure consent was sought appropriately as they did not ensure that adults accompanying child patients had the authority to so and provide consent on their behalf.

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

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Consent forms were available for both therapeutic and non-therapeutic circumcisions. Consent was required from both parents before carrying out circumcisions on children and babies.

# Are services caring?

## Our findings

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

There were no patients at the clinic on the inspection day however we heard staff speaking to service users over the phone in a respectful and compassionate way.

Staff told us 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 provider 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 and there was detailed information on the clinics website.

Parents were encouraged to be present during the procedure as this was felt by the provider to reduce anxiety both for the child and the parents. Parents could choose not to be present if they so wished.

We received eight completed Care Quality Commission comment cards which were all positive about the caring aspects of the service provided and 167 out of 172 online reviews were also positive in this regard.

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

Staff told us that they actively discussed the procedure with parents (and where possible patients), and this was corroborated to us by feedback received from comment cards. The provision of information resources produced by the clinic for parents and patients supported this approach.

### **Privacy and Dignity**

Staff told us that doors were closed during consultations and therefore conversations taking place in the surgery room could not be overheard.

Staff were aware of the importance of confidentiality and they had received training on information governance.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- 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, this included leaflets for pre and post procedure care as well as a full explanation of the procedures available.
- The website for the service was very clear and easy to understand, and contained detailed information regarding the procedure and aftercare.
- The service offered post-operative support from the practitioners who were contactable 24 hours a day.
- 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. The provider was open and transparent about fees which were displayed on the clinic website and available at the clinic.
- Follow-up appointments were available if required and available until the circumcision had healed.

- Staff spoke languages appropriate to meet the needs of the local community which they could use when they delivered services.
- The service had introduced a text message service to gain timely feedback from patients to improve their service.

### Timely access to the service

The opening hours of the clinic were 9am to 5pm Monday to Friday and 10am to 3pm Saturdays. Appointments for non-therapeutic circumcisions were available with the practitioner who was a registered dentist Tuesday to Saturday. Appointments for therapeutic circumcisions were available with the practitioner who was a registered doctor Monday to Saturday two weeks per month, the other two weeks of a month the doctor worked abroad. We were told that the majority of circumcisions were for non-therapeutic reasons.

### Listening and learning from concerns and complaints

The provider had a complaints policy in place and patients were made aware of the complaints procedure. There had been no complaints in the previous two years. Prior to this there was evidence of one complaint which had been dealt with appropriately. The provider had learnt from the complaint and led to a change of practice which was the implementation a circumcision procedure checklist.

# Are services well-led?

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

## Our findings

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

The practitioner, who was a registered dentist, had been delegated responsibility for the organisational direction and development of the service and the day to day running of the clinic.

### **Vision and strategy**

There was an informal vision to continue to improve the service however there was no strategy or supporting business plans to deliver the vision.

### **Culture**

Staff we spoke to felt supported, respected and valued by the provider.

Staff understood the legal requirements of the duty of candour and the culture was one of openness and transparency.

### **Governance arrangements**

The practitioner who was a registered dentist had been delegated responsibility for most aspects of governance including safeguarding, incident reporting, infection control, complaints and information governance. Clinical oversight was shared between the two practitioners with overall responsibility laying with the registered doctor.

Non-clinical staff were aware of their own roles and responsibilities, and the roles and responsibilities of others.

Service specific policies had been developed and implemented and they were available to staff in paper format. The policies we reviewed were not dated however the practitioner assured us they were up to date and relevant.

There was limited evidence of quality improvement particularly in relation to clinical audit to monitor and improve outcomes for patients.

Staff meetings were held on a regular basis and there was documented evidence of shared learning.

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

On the day of the inspection the systems for identifying, managing and reducing the risks to patients needed improving. There was no system to comply with national patient safety alerts, no monitoring of infection control standards and no formal induction and appraisal systems for staff. However, following the inspection the provider sent us evidence to show that these shortfalls had been rectified.

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

The provider proactively encouraged patients to provide feedback on the service through online reviews, a form on the clinic website and through text messaging. They had developed a guide for service users on how to write an online review. From 172 reviews received over a two year period, 167 were very positive about the service. The reviews demonstrated a high level of satisfaction with the service provided.

### **Continuous improvement and innovation**

The provider had audited service users feedback and responded to both positive and negative comments. The practitioner told us that any negative comments were used to continuously improve the service.