

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

LMCS Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	LMCS Limited
Registered Manager	Mr. Samir Al-Ali
Overview of the service	LMCS Limited is a private clinic, which carries out circumcisions on male babies, children, younger adults and adults. A qualified plastic surgeon Dr. Al-Ali carries out the procedure.
Type of services	Doctors consultation service Doctors treatment service
Regulated activity	Surgical procedures

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 February 2013, talked with carers and / or family members and received feedback from people using comment cards.

What people told us and what we found

We observed people were asked by the surgeon and surgery staff to consent to the procedure and side effects as well as complications were explained in detail. We viewed detailed evidence of the above and relatives spoken with told us that they had visited the surgery for three different procedures and on every occasion the surgeon followed this assessment and treatment plan. A relative told us, "we would not return and recommend the surgery if we would not be fully satisfied with the service." A comment made on the surgery website. "I was very worried and able to cancel surgery at any time while I am there, the clinic is a small place that worried me more, but I went for it. I was really happy the way it was handled, I will recommend it to everyone, very clean, and my son healed in 3 days."

Our first impression was the surgery was absolutely spotless. We asked a patient who visited the surgery before if that had been the case in the past. The patient told us, "the surgery is even cleaner than it was in the past."

Patients and relatives made positive comments about staffing. "The clinic was very neat and the staff were highly trained, helpful and had an excellent customer service with 5 star rating."

We found on the surgery's website extensive evidence of positive comments made by patients and their relatives about treatment and care received from LMCS Limited.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We were shown two different consent forms, one for adults and one for children, the consent forms conformed to legal requirements. Consent for children had to be given by both parents, prior to the procedure being carried out. We spoke to parents who advised us that they were asked to give consent for the procedure, had to sign the form and received a detailed explanation of side effects and complications. We also overheard a member of staff discussing consent with one parent.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Part of the consent form was a medical history questionnaire, which had to be filled out by patients or their relatives, this was the basis the surgeon carried out the assessment on the patient. Information obtained during the medical assessment would then be discussed with the patient or the relative and the type of procedure was agreed with the patient or their relative. The surgeon will at this point discuss any further complications based on the assessment carried out.

Any actions taken during surgery and local anaesthetic used is then recorded on the 'circumcision procedure sheet'. Following the surgery patients and relatives were provided with an after-care information sheet and were encouraged to view an after-care video, this was also accessible on the surgery's website. Patients and relatives were encouraged to attend a follow up appointment where the area of surgery was assessed by the surgeon. We viewed detailed evidence of the above and relatives spoken with told us that they had visited the surgery for three different procedures and on every occasion the surgeon followed this procedure. A relative told us, "we would not return and recommend the surgery if we would not be fully satisfied with the service."

A comment made on the company's website which summarised the service provided. "My son recently underwent circumcision. The procedure was thoroughly explained and well carried out. I am very happy with the result and would definitely recommend Dr Al-Ali. I want to take this opportunity to thank all the employees of the clinic for their professionalism and help."

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The surgeon told us that he had attended safeguarding adults and Level 3 child protection training he was able to clearly explain to us the procedure to be followed if allegations of abuse were made or the signs to look out for. A safeguarding procedure was in place and information of whom to report allegations of abuse was available. The surgeon told us that he had never had any safeguarding incidents since the surgery came into operation.

Other staff spoken was demonstrated equally good understanding of safeguarding procedures and we were advised by the surgeon, that patients will never be on their own when surgery was carried out.

A comment made on the surgery's website which summarised the above. "I was very worried and able to cancel it at any time while I am there, the clinic is a small place that worried me more, but i went for it. I was really happy the way it was handled, I will recommend it to everyone, very clean, and my son healed in 3 days."

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. Our first impression was the surgery was absolutely spotless. We asked a patient who visited the surgery before if that had been the case in the past. The patient told us, "the surgery is even cleaner than it was in the past."

The surgeon explained the cleaning and sterilisation procedure of surgical instruments. The service complied with The Medical Devices Regulations 2002, and ensured that all reusable equipment was cleaned and sterilised appropriately to minimise the infection risk to patients. The autoclave had been serviced in December 2012. A service contract was in place, which ensured regular servicing was carried out. The surgical area was cleaned after every patient using a suitable disinfectant and more thorough cleaning was undertaken at the end of the day. Records and information of what and how everything had to be cleaned was available.

Body fluids and sharps were disposed of appropriately and suitable protective clothing was available and worn by surgery staff and the surgeon.

Comments made on the surgery's website in regards to cleanliness was always positive. One comment to summarise our findings, "the clinic itself is very clean and the staff very friendly and organised."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke to surgical and reception staff during our inspection. Staff told us that the surgeon was very supportive and that they undertook relevant training to be able to work at the surgery and assist the surgeon in the operating room. One of the staff was a full time dental student and the other member of staff was a qualified general nurse in her country of origin.

Patients and relatives made positive comments. "The clinic was very neat and the staff were highly trained, helpful and had an excellent customer service with 5 star rating."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about the care and treatment and were acted on.

A suggestion box was in place, which was emptied daily. We found on the surgery's website extensive evidence of positive comments made by patients and their relatives about treatment and care received from LMCS Limited. We discussed with the surgeon of improvements made following comments made by patients and we were advised, that information sheets were produced to explain to patients concerns raised in the past.

The surgery received one complaint in the past year, this complaint has been investigated and was found to be not substantiated.

Regular equipment checks were carried out and evidence was seen during our inspection.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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