

Care Quality Commission

Inspection Evidence Table

Mount Pleasant Medical Centre (1-542719632)

Inspection date: 2 December 2021

Overall rating: Inspected but not rated

Safe

Rating: Inspected but not rated

Safety systems and processes

The service had systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed and implemented.	Yes
Staff were trained to appropriate levels for their role.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The service had systems in place to safeguard children from abuse. The doctor gave an example of discussions with social workers regarding a child in foster care.We saw that safeguarding children and adult policies were in place by the host GP practice which the service relied on. These clearly outlined who to go to for further guidance. However, they did not make reference to the non-therapeutic male circumcision activity undertaken at the practice. The circumcision service did have a policy which outlined processes to confirm identity, parental authority and consent.The doctor who undertook the circumcision service had up-to-date safeguarding children level three training. A non-clinical staff member who acted as a receptionist for the service had undertaken safeguarding children level two training.The service had systems in place to confirm the identity of the infant and that the adults accompanying the infant had parental authority. This was verified by birth certificate, valid passport or red book of the infant. For the parents/guardians, this was verified by a passport or driving licence. The documents seen were recorded on the consent form. The consent form included a section for both parents/guardians to sign to declare that they had the parental responsibility. The procedure was only carried out when there was full agreement from both parties. The service also carried out appropriate checks where a parent/guardian stated they had sole parental responsibility.A chaperone was not used by the service. The doctor explained that the procedure was usually carried out in the presence of the parents/guardians.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We reviewed the doctor's recruitment file and saw current information relating to proof of professional registration with the General Medical Council (GMC), details of surgical training and professional indemnity insurance to cover the circumcision service. 	

Safety systems and records	Y/N/Partial
Fire and health and safety risk assessments had been carried out and appropriate actions taken.	Yes
There was a fire procedure.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The circumcision service operated from an NHS GP practice who were responsible for premises and facilities management. We saw evidence of premises risk assessments and maintenance records, for example fire alarm and extinguisher checks. We saw that the doctor and the receptionist had undertaken fire awareness training. Equipment was safe and maintained according to manufacturers' instructions. We saw evidence that medical calibration and portable appliance testing (PAT) testing had been undertaken. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: March 2021	Yes
The provider had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The circumcision service was provided from a minor surgical suite at the host GP practice. We observed that appropriate standards of cleanliness and hygiene were followed. The doctor told us that he decontaminated surfaces and equipment between patients. For example, we asked to see the provider's infant immobiliser board (a piece of equipment used to restrain an infant during circumcision). We saw that it was in good condition and clean. The practice had waste management arrangements in place with a contracted company. All waste generated from this service was disposed of through the practice's waste contract. The service did not have a separate clinical waste contract. 	

Risks to patients

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

	Y/N/Partial
The provider was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">On the day of the inspection we saw there was a defibrillator, oxygen and emergency medicines in the surgical suite where the service was carried out. We saw that appropriate maintenance and checks were carried out on these. In addition, the service kept an additional stock of child oxygen masks and adrenalin (a medicine used for the emergency treatment of allergic reactions).Training records showed that the doctor and receptionist were up-to-date with basic life support training.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">We found that Individual care records of infants who had attended for circumcision were written and managed in a way that kept patients safe. However, we found that the outcome of an initial pre-assessment telephone assessment undertaken by the doctor to ascertain if an infant was suitable for the procedure was not documented. The doctor told us that if an infant was suitable and the parents/guardians wished to go ahead with the procedure then an appointment date and time would be sent by text. When the infant attended for the procedure, the pre-assessment information would be asked again and recorded on the care record.We found that all patient care records were handwritten, and no information was entered on the practice's clinical system, even if the infant was a patient at the host GP practice.At the inspection we reviewed 34 care records from patients seen in 2021. The care records included information needed to deliver safe care and treatment. For example, the notes included documentation of the pre-procedure assessment, consent, details of the circumcision procedure, including anaesthesia, and the post-operative consultation.The doctor told us they gave a discharge summary letter to the parents/guardians to give to the infant's GP. The service had no mechanism in place to assure themselves that the infant's GP had received the discharge summary.	

Appropriate and safe use of medicines

The service had systems for the appropriate and safe use of medicines

Medicines management	Y/N/Partial
The provider ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
The provider held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The service had access to the host GP practice's emergency medicines. We saw that these were within date and stored safely and securely. The service also had its own supply of medicines specific to the circumcision service. For example, we saw lignocaine (a local anaesthetic) and adrenaline was available and within date. During the inspection we reviewed 34 care records and found that the batch number and expiry date of the anaesthetic had been recorded in all the notes. 	

Track record on safety and lessons learned and improvements made

The service learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The service monitored and reviewed safety using information from a variety of sources.	Yes
There was a system for recording and acting on significant events.	Yes
Number of events recorded in last 12 months:	1
Number of events that required action:	1
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The service monitored and reviewed activity that led to safety improvements. There was a system in place for recording and acting on significant events and complaints. We saw evidence that significant events and complaints had been investigated and parents/guardians received an apology when they felt the service had not met the required standard of care. We saw that the service learned from significant events and took action to improve safety and patient experience. For example, we saw that the service had reduced the age of patients seen in the service to under one-year-old following an incident. 	

Effective

Rating: Inspected but not rated

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance relevant to the service.

	Y/N/Partial	
The service had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes	
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes	
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The doctor assessed needs and delivered care in line with relevant evidence-based guidance. The doctor had worked in the NHS as a surgeon and had Fellowship of the Royal College of Surgeons (FRCS).• The service undertook non-therapeutic male circumcision using the Plastibell technique on infants under the age of one year old. Details of the service were outlined in a policy which included the booking process, procedures to confirm the identity of the infant and parental authority, consent, the circumcision procedure and after care.• The service offered post-procedure support with the doctor via a dedicated mobile telephone number.• The clinic had produced an aftercare leaflet which gave information and advice. However, this was only available in the English language.• The clinic did not routinely contact parents/guardians following the circumcision procedure to ensure there were no issues. However, we were told that parents/guardians could contact the doctor by telephone if further care or advice was needed. In addition, post-procedure feedback was captured through a patient questionnaire. As there was no routine contact post-procedure, the service had no mechanism to capture if an infant had been taken to their GP or unscheduled care as a result of any post-procedure complications.		

Monitoring care and treatment

The service reviewed the effectiveness and appropriateness of the care provided.

	Y/N/Partial	
The service used information about care and treatment to make improvements.	Yes	
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The service used information about care and treatment to make improvements. For example, the service examined significant events and complaints and used this to refine and improve services. We saw that a recent significant event had changed policy and the service only undertook circumcisions on infants under the age of one year old.• The service audited the outcomes of circumcisions undertaken from post-procedural complications reported by parents/guardians. We saw that the doctor had undertaken an audit of circumcisions undertaken between January and December 2020. We saw that a total of 72		

patients had attended for circumcision and 59 circumcisions had been performed. The audit outlined the reasons why circumcision had not been performed and included information on post-procedure infections and minor bleeding. However, we found that the audit was limited as there was no formal follow-up of all patients post-procedure and only captured information from parents/guardians who chose to feedback any post-procedure complications.

Effective staffing

The provider was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The doctor had the skills, knowledge and experience to deliver effective care and treatment. They had worked in the NHS as a surgeon and had Fellowship of the Royal College of Surgeons. The doctor was registered with the General Medical Council (GMC). Staff had completed a range of mandatory training, including safeguarding children and adults, infection prevention and control, basic life support and fire safety awareness. 	

Coordinating care and treatment

Staff worked with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Whilst the opportunity for working with other services was limited, the service did so when this was necessary and appropriate. The clinic gave a discharge summary letter to the parents/guardians to give to the infant's GP. However, there was no mechanism in place to assure themselves that the infant's GP had received the discharge summary. 	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
Patients had access to appropriate pre-assessment checks.	Yes
Explanation of any answers and additional evidence:	

- All children attending the service and their parents/guardians were offered a pre-assessment consultation prior to any procedure being undertaken. If the procedure was deemed unsuitable this was recorded in the care record. We saw evidence of this in an audit undertaken by the service.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The clinic had developed a protocol and procedure to ensure that consent for the circumcision had been obtained and documented. Where the procedure was carried out on an infant, consent was required by both parents/guardians (unless it was proven that the parent had sole control and responsibility for the child). At the inspection we reviewed 32 care records and found all records contained the signed consent of both parents/guardians, except two, although it was noted that both parents/guardians had been present. One record had the mother's consent only recorded. However, the notes indicated that the mother had sole parental responsibility. • The doctor 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. 	

Caring

Rating: Inspected but not rated

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There were no patients at the service on the day of our inspection. However, based on our conversation with the doctor we concluded that they were aware of the need to treat people with kindness, respect and compassion. • The doctor told us they spent time with parents/guardians both pre- and post-procedure explaining the circumcision and recovery process. To supplement this, we saw that the service had produced an information and advice sheet for parents/guardians to take away and refer to later. However, this was only available in the English language. • The clinic sought patient feedback through a questionnaire, which included questions on experience of making an appointment, waiting time, the consent procedure, and post-operative care. 	

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Information about fees was provided to patients/guardians prior to any appointment being booked. The doctor told us that they actively discussed the procedure with parents/guardians at a pre-assessment telephone consultation and on the day of the procedure.Parents/guardians could be present during the procedure to reduce anxiety for both the patient and parents/guardians.	

Privacy and dignity

The service respected privacy and dignity.

	Y/N/Partial
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Staff understood the cultural significance of the procedure to patients and their families.The room that was used for pre-procedure consultations and where the procedure took place were suitable and provided privacy.	

Responsive

Rating: Inspected but not rated

Responding to and meeting people's needs

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

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Yes
There were arrangements in place for people who need translation services.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The service was offered on a private, fee-paying basis only. All parents/guardians who used the service to carry out a circumcision of their infant referred themselves for treatment. The doctor told us that most parents/guardians found out about the service through word of mouth.The doctor spoke other languages in addition to English. For example, Punjabi and Urdu. The doctor told us that families who spoke other languages were encouraged to bring a relative or friend who would be able to interpret, where necessary. We found all pre- and post-consultation information was only in the English language.The doctor offered post-operative support and could be contacted via a dedicated mobile phone.	

Access to the service

People were able to access care and treatment in a timely way.

	Y/N/Partial
Patients were able to make appointments in a way which met their needs	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The service operated mainly on Friday afternoon and at the weekend, using the host GP practice premises, facilities and equipment. The doctor was supported by a receptionist. The doctor told us that approximately two to three circumcisions were undertaken each week at 30-minute intervals.	

Listening and learning from concerns and complaints

The provider responded to and used complaints to improve the quality of care.

Complaints	
Number of complaints received in the last year.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The service had systems in place for handling complaints and concerns. However, there was no formal complaint policy or information on how to complain. For example, this information was not included in the aftercare leaflet.The service had received one complaint in the last 12 months, and we saw that a comprehensive written reply had been sent to the parents/guardians.	

Well-led

Rating: Inspected but not rated

Leadership capacity and capability

The doctor had the experience, training and capability to run the service and ensure good care and treatment.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
Explanation of any answers and additional evidence:	

- The doctor had the experience, training and capability to run the clinic and ensure good care and treatment.
- The practice provided a Statement of Purpose (SoP) at the inspection, but this did not include reference to the private circumcision service which was carried out under the practice's Care Quality Commission (CQC) registration for the Regulated Activity surgical procedures. After the inspection the practice sent an updated SoP, which included the circumcision service.
- Prior to the on-site inspection, we found that the practice's registered manager had left the practice in July 2020. The registered manager had not been removed from the provider's registration or another registered manager application submitted. At this inspection the practice demonstrated that a registered manager application had been submitted. It was proposed that the lead GP partner would be the registered manager.

Vision and strategy

The service had a clear vision to provide high quality sustainable care.

	Y/N/Partial
There was a vision to provide high quality care.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There was a vision to offer high-quality service and patient satisfaction. This was measured through a patient questionnaire, significant events analysis, complaints and quality improvement audits. 	

Culture

The service had a culture which drove high quality sustainable care.

	Y/N/Partial
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes

Governance arrangements

There were systems and processes in place to support good governance and management.

	Y/N/Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The service had a policy in place which outlined all aspects of the service. For example, the booking process, procedures to confirm the identity of the infant and parental authority, consent, the circumcision procedure and after care. 	

- Recruitment and training files were maintained.
- The service operated from a GP practice. We found appropriate risk assessments and maintenance records in place with regards the premises, facilities and equipment.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

	Y/N/Partial
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were arrangements in place for identifying, managing and mitigating risks.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There were processes in place to identify, monitor and address current and future risk, including risk to patient safety. We saw evidence that the outcome of a significant event had changed procedure. • The service had clear policies on identification of the infant and appropriate parental authority and consent. • There was some quality improvement activity undertaken in relation to patient outcomes. However, this was limited as the service did not routinely undertake post-procedure follow-up. 	

Engagement with patients, the public, staff and external partners

The service involved patient feedback to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The clinic sought patient feedback through a questionnaire, which included questions on experience of making an appointment, waiting time, the consent procedure, and post-operative care. At the time of the inspection the provider had not reviewed and formed an outcome of the feedback received in 2021. However, we reviewed a sample of completed questionnaires and found positive feedback about the service. 	