Announced Inspection Report: Independent Healthcare

**Service:** Glasgow Circumcision Clinic, Glasgow

**Service Provider:** Balmore Clinic Limited

18 February 2020
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Glasgow Circumcision Clinic on Tuesday 18 February 2020. We spoke with the sole director during the inspection and we spoke with the doctor the following day. We received 19 responses to an online survey we had issued to share their experience of using the service. This was our first inspection to this service.

The inspection team was made up of two inspectors.

What we found and inspection grades awarded

For Glasgow Circumcision Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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</thead>
<tbody>
<tr>
<td><strong>Quality indicator</strong></td>
<td><strong>Summary findings</strong></td>
<td><strong>Grade awarded</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Care was provided in a dignified and respectful way. The service should develop its feedback-gathering methods. Information on how to make a complaint was not provided. A duty of candour policy was not in place.</td>
<td>✓ Satisfactory</td>
</tr>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Patients were cared for in a clean and safe environment. Suitable procedures were in place to deal with emergencies. Patients’ weight, and medicine batch numbers and expiry dates, were not recorded.</td>
<td>✓ Satisfactory</td>
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</table>
### Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<td>9.4 - Leadership of improvement and change</td>
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The following additional quality indicators were inspected against during this inspection:

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td><strong>Quality indicator</strong></td>
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<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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<tr>
<th>Domain 7 – Workforce management and support</th>
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<tbody>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
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</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Glasgow Circumcision Clinic to take after our inspection

This inspection resulted in three requirements and 11 recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:  
[www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx)

Glasgow Circumcision Clinic, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Glasgow Circumcision Clinic for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Care was provided in a dignified and respectful way. The service should develop its feedback-gathering methods. Information on how to make a complaint was not provided. A duty of candour policy was not in place.

The service’s website had information about the procedure, costs and a summary of the practitioner’s knowledge and skills. A price list was also available at reception. All 19 parents or carers who responded to our survey agreed they had been provided with information in a format they could understand.

Patients were required to have an initial consultation with the doctor to determine suitability for treatment. Information about the technique and risks and benefits of the procedure were discussed to help parents and carers make an informed decision before giving their consent to treatment. All 19 parents or carers who responded to our survey agreed they had been involved in decisions about the patient’s care and the risks had been explained to them before the treatment. Comments included:

- ‘All treatment options with alternative treatment choices fully discussed before decision was made to proceed with treatment.’
- ‘The doctor was very informative and helpful explaining the entire procedure and aftercare.’
- ‘Full discussion concerning risk and benefits for surgery including complications of surgery.’
The service had a patient participation policy, and parents and carers were encouraged to give feedback verbally during consultations and through a post-treatment electronic survey.

**What needs to improve**

We saw that the service had a low feedback return rate from the post treatment electronic survey and would benefit from a greater variety of methods to collect feedback (recommendation a).

The service’s complaints policy included contact details for Healthcare Improvement Scotland and information about how to make a complaint to us. The service had not received any formal complaints. Although parents and carers were encouraged to verbally discuss any complaints with the service, no clear information was provided on how to make a complaint. For example, there was no complaints leaflet or information provided on the service’s website or aftercare information about how to make a complaint (recommendation b).

The service did not have a duty of candour policy in place. Duty of candour is where healthcare organisation have a professional responsibility to be honest with patients when things go wrong (recommendation c).

- No requirements.

**Recommendation a**

- The service should develop the way it engages with its parents and carers and uses their feedback to drive improvement.

**Recommendation b**

- The service should provide information for parents and carers on how to make a complaint.

**Recommendation c**

- The service should develop and implement a duty of candour policy.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Patients were cared for in a clean and safe environment. Suitable procedures were in place to deal with emergencies. Patients’ weight, and medicine batch numbers and expiry dates, were not recorded.

Consultations and treatments were appointment only. Controlled access to the treatment room and screening of windows meant patients’ privacy and dignity was not compromised. All 19 parents or carers who responded to our survey agreed they been treated with dignity and respect.

We saw that all areas of the clinic were clean and equipment was in good working order. We saw good compliance with infection prevention and control procedures. This included the safe disposal of medical sharps, such as needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of personal protective equipment available, such as disposable gloves and aprons.

Feedback from our online survey showed that all 19 parents or carers were satisfied with the environment they were treated in and the cleanliness of the clinic.

The service had a safe system for prescribing, procuring, storing and administering medicines, in line with its medicine management policy. Medicines we looked at were in-date and stored securely in a locked cupboard. Arrangements in place to deal with medical emergencies included training for staff and first aid supplies. The service manager showed us emergency equipment, including an oxygen kit.
Circumcisions were carried out using Plastibell (ring) method under local anaesthetic. All equipment we saw was well maintained and in a good state of repair.

Maintenance contracts were in place for fire-fighting equipment and portable appliance testing had been carried out.

The service’s health and safety policy detailed the staff roles and responsibilities in health, safety and risk management. While the service had not had any incidents or accidents since registration, a log book was kept to record these. Policies, such as for the protection of vulnerable groups, were in place to help make sure patients were kept free from harm.

A risk register and risk assessments had recently been developed to manage risk.

**What needs to improve**

Medicines batch numbers and expiry dates were not recorded in any of the five patients care records we reviewed and patients’ weight was not documented in two of five patients care records. National guidance recommends that doctors providing non-therapeutic male circumcision (NTMC) document details of the pre-operative clinical assessment of the child, pain relief and anaesthesia. This is central to good clinical practice to support patient care (recommendation d).

We found no evidence of audits carried out to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records and medicine management. An audit programme would help the service structure its audit process, and record its findings and improvements made (recommendation e).

- No requirements.

**Recommendation d**

- The service should document in patient care records the batch numbers and expiry dates of all medicines and patients’ weight in line with the British Medical Association *Non-Therapeutic Male Circumcision of Children - Practical Guidance for Doctors* (2019).

**Recommendation e**

- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.
Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive assessments and aftercare were carried out for all patients. Consent for sharing information with other medical staff was not recorded. An information management policy should be developed.

The five patient care records we reviewed showed assessments and consultations were carried out before treatment started. These included taking a full medical history, with details of any health conditions, medications and allergies and previous treatments. Records included sketches of the treated area to help inform parents or carers of the plan of care. Treatments were not carried out if clinical risk was indicated. Patient care records were also up to date, legible and signed.

There were appropriate systems to obtain parental consent from both parents. All patient care records we reviewed had a signed consent-to-treatment form included.

If a parent or carer’s language was not English, the service would arrange for a registered translator to be present at the consultation to explain the treatment process.

Parents or carers were given verbal and written aftercare advice which detailed post-operative care and procedures to contact the service for any post-operative issues. The service told us that a post-operative letter would be provided for patients’ GPs.

Patient care records were kept in paper and electronic formats and appropriate procedures were in place to make sure that information was held securely and to prevent unauthorised access.

What needs to improve
The service did not record patient consent for sharing information with their GP and other medical staff in an emergency, if required (recommendation f).
The service did not have an information management policy that detailed:

- capture and storage of information
- document creation
- retention and disposal arrangements, and
- security arrangements (recommendation g).

- No requirements.

**Recommendation f**

- The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required.

**Recommendation g**

- The service should develop an information management policy.

**Domain 7 – Workforce management and support**

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

**Quality indicator 7.1 - Staff recruitment, training and development**

A recruitment and training policy was in place. However, improvements must be made to support safe, robust staff recruitment. Protecting Vulnerable Groups (PVG) checks must be completed for staff. Induction and training packages should be developed for staff.

The service told us that it did not advertise any positions or vacancies as only nursing staff that had worked with the paediatric surgeon in the NHS were employed.

**What needs to improve**

Whilst a recruitment policy was in place, it was not being followed. We found multiple gaps in the four clinical staff files we reviewed. This included no evidence of application forms and interview notes, identity checks, professional registration checks, qualifications and employment references (requirement 1).
Staff with practicing privileges are not employed directly by the provider but given permission to work in the service. The clinic engaged the services of a registered doctor, two nurses and a healthcare assistant through a practicing privileges arrangement. However, a documented practicing privileges arrangement was not in place between the service and these staff (requirement 2).

We saw no evidence of appropriate Disclosure Scotland background checks completed for any staff (requirement 3).

Training documented in staff training records was carried out in staff members’ NHS roles. The staff training files did not detail whether any induction or further training was carried out in the service (recommendation h).

**Requirement 1 – Timescale: immediate**
- The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place.

**Requirement 2 – Timescale: immediate**
- The provider must ensure that practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified.

**Requirement 3 – Timescale: immediate**
- The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ or children’s list in the Protection of Vulnerable Groups (Scotland) Act 2007 before commencing employment in the service.

**Recommendation h**
- The service should develop and implement an induction and ongoing training programme for staff.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

An experienced paediatric surgeon provides the service. A quality improvement plan would help measure the impact of service change and demonstrate a culture of continuous improvement. Staff meetings were not recorded and shared with staff.

An experienced paediatric surgeon registered with the General Medical Council and two nurse practitioners registered with Nursing & Midwifery Council provided the service. The doctor was a member of national groups, such as the British Medical Association and is a Fellow of the Royal College of Surgeons in Ireland and the Royal College of Surgeons of Edinburgh.

What needs to improve

There was no quality improvement plan in place and we saw no evidence of lessons being learned from incidents or audits in order to improve service delivery. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation i).

The service manager told us that minuted staff meetings were held with themselves and the doctor. However, minutes from the meetings were not available at the time of inspection (recommendation j).

Minutes from the staff meetings between the service manager and doctor were not shared with staff (recommendation k).
No requirements.

**Recommendation i**
- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

**Recommendation j**
- The service should formally record the minutes of staff meetings. These should include any actions taken and those responsible for the actions.

**Recommendation k**
- The service should share minutes of team meetings with all staff.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
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#### Recommendations

- **a** The service should develop the way it engages with its parents and carers and uses their feedback to drive improvement (see page 8).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

- **b** The service should provide information for parents and carers on how to make a complaint (see page 8).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20

- **c** The service should develop and implement a duty of candour policy (see page 8).

  Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.4
## Domain 5 – Delivery of safe, effective, compassionate and person-centred care

### Requirements

None

### Recommendations

<table>
<thead>
<tr>
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<th>Description</th>
<th>Reference</th>
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<tbody>
<tr>
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<td>The service should document in patient care records the batch numbers and expiry dates of all medicines and patients’ weight in line with the British Medical Association <em>Non-Therapeutic Male Circumcision of Children - Practical Guidance for Doctors</em> (2019) (see page 10).</td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</td>
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<td>e</td>
<td>The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 10).</td>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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<tr>
<td>f</td>
<td>The service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required (see page 12).</td>
<td>Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14</td>
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<td>g</td>
<td>The service should develop an information management policy (see page 12).</td>
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### Domain 7 – Workforce management and support

#### Requirements

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<tr>
<th></th>
<th>The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place (see page 13).</th>
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<tr>
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<td>Timescale – immediate</td>
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</table>
| 1 | Regulation 8  
   The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
| 2 | The provider must ensure that practicing privilege contracts are introduced to ensure safe delivery of care with individual responsibility and accountability clearly identified (see page 13). |
|   | Timescale – immediate                                                                                                                                                                       |
| 2 | Regulation 12(d)  
   The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
| 3 | The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ or children’s list in the Protection of Vulnerable Groups (Scotland) Act 2007 before commencing employment in the service (see page 13). |
|   | Timescale – immediate                                                                                                                                                                       |
| 3 | Regulation 9(1)(2)  
   The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |

#### Recommendation

| h | The service should develop and implement an induction and ongoing training programme for staff (see page 13). |
|   | Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14 |
### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
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<td>The service should share minutes of team meetings with all staff (see page 15).</td>
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Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.
We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

During inspections

We use inspection tools to help us assess the service.
Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.
We give feedback to the service at the end of the inspection.

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org
We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.
We check progress against the improvement action plan.

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net

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