

# **Independent Healthcare Inspection (Unannounced)**

Transcend Circumcision Clinic,  
Cardiff

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2019

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## Contents

1.	What we did .....	5
2.	Summary of our inspection.....	6
3.	What we found .....	8
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	12
	Quality of management and leadership .....	16
4.	What next? .....	18
5.	How we inspect independent services .....	19
	Appendix A – Summary of concerns resolved during the inspection .....	20
	Appendix B – Improvement plan .....	21

**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Transcend Circumcision Clinic, 98 Wentloog Road, Rumney, Cardiff, CF3 3XE on the 5 November 2019.

Our team, for the inspection comprised of one HIW inspection manager and one clinical peer reviewer.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

The service provides ritual (non-medical) circumcision, it is well regarded by its users and has excellent feedback reports.

Standardised operative techniques are used with appropriate analgesia and local anaesthetic. Consent is obtained from both parents, if either parent is not present a waiver is signed by the single attending parent. It was advised that the reason for a parent's absence should be recorded.

The clinic provides a service that meets a demand from parents who prefer to have their male children circumcised for social, cultural or religious reasons. Communication with parents is good, there is also a good video shown to parents which sets out the whole procedure.

The patient records and documentation maintained by the clinic should be more comprehensive and clearer, it was difficult, without speaking to the manager, to determine what actions had been taken. The clinic was clearly very busy and would benefit from the appointment of an administrator to improve record keeping.

The need for restraint and its potential adverse effects must be determined so that they can be included in a more balanced description of the advantages and disadvantages of this elective procedure.

This is what we found the service did well:

- Patient feedback for the services provided was positive
- The clinic was well maintained and clean and tidy
- The complication rates are reviewed annually and are well within those expected.
- Communication with parents is good.

This is what we recommend the service could improve:

- Reason for a parent's absence to be recorded
- More details patient records
- Administrative support for the registered manager
- Clearly describe the use, risks and benefits of restraint during the procedure.

There were no areas of non-compliance identified at this inspection.

## 3. What we found

### **Background of the service**

Transcend Circumcision Clinic is registered to provide male circumcisions for religious reasons and on persons who have been assessed as mentally and physically fit at 98 Wentloog Road, Rumney, Cardiff, CF3 3XE.

The service only provides day care services.

The service was first registered on 12 November 2014.

The service comprises of the Registered Manager, who provides the service, a further doctor and a receptionist.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

The consulting rooms were well maintained and provided the necessary dignity and confidentiality to service users. Although it was noted that crying could be heard while in the waiting room, which could be unsettling for patients.

The service is well regarded by its patients and has excellent feedback reports.

### Dignity and respect

The service had a privacy, dignity and confidentiality policy that aimed to ensure that all service users and their carers were treated in accordance with the principals of dignity and respect.

### Patient information and consent

There was a statement of purpose and separate patients' guide as required by the regulations. These were available in the reception area and set out information about the services offered, how they could be accessed and the arrangements for consent to treatment. There was also an up to date written policy on obtaining valid patient consent.

The requirements relating to informed consent were discussed with the registered manager. The registered manager stated that consent from both parents would be obtained whenever possible. If either parent is not present, a waiver is signed by the single attending parent. The reason for one parent's absence was not being recorded on the patient record.

Whilst the complications of ritual circumcision are well explained, and the possible hygiene advantages alluded to, the potential disadvantages of the procedure are not referred to. This should be included in the process of consent and a period for reflection offered to the parents.

### **Improvement needed**

The reason for a parent's absence should be recorded

The process of consent must include the potential disadvantages of the procedure and a period of reflection must be offered to the parents before final consent is given.

### **Communicating effectively**

We found that the procedure is explained to the parents and a bespoke video is shown to explain the procedure in full. However, there was no information for any parents who did not speak English. Given the patient demographic, it was suggested that literature should be available for these parents.

A letter was given to the patient's parents so that they could give this to their GP; parents were advised to inform their general practitioner about the operation as soon as possible.

The registered manager was available on his mobile should there be any queries or emergency complications following the procedure. The team believed that an alternative to this should be available in case this route for urgent advice fails.

### **Improvement needed**

The registered manager needs to provide additional guidance on what action parents should take in the event of queries or emergency complications developing after the procedure.

### **Care planning and provision**

The team observed the receptionist checking the identity of parents when they arrived at the clinic.

The procedures were performed by the registered manager, with one other practitioner present during the procedure.

### **Equality, diversity and human rights**

There were written policies in place that were due for review in December 2019 relating to privacy, dignity and confidentiality as described above. Additionally, there was a written complaints procedure available. This set out the timescales

for acknowledging and responding to complaints and in accordance with the regulations; the contact details of HIW were also included.

Facilities were on one level allowing easy access to the reception, waiting room, consultation rooms and disabled toilet facilities.

The setting was easy to find and there was clear signage on the outside of the building. There was adequate signage to the fire exits.

### ***Citizen engagement and feedback***

The service used patient questionnaires to obtain feedback from patients and their carers. The sample of completed questionnaires we saw included positive comments about the care provided at the service. The service conducted annual reviews of feedback received however, a summary of the feedback obtained was not included in the patients' guide as required by the regulations.

#### **Improvement needed**

A summary of patient feedback must be included in the patients' guide

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

*The clinic was clean and tidy and an up to date infection control policy was in place. However we identified that it would be difficult to clean certain aspects of the equipment used for restraint and recommend that the registered manager review this.*

*There were a range of policies, procedures and risk assessments in place to ensure that safe and effective care could be provide.*

### Managing risk and health and safety

An assessment of the facilities was carried out by the clinical reviewer. The clinical reviewer was the National Urology Lead for the Royal College of Surgeons, Invited Review Mechanism<sup>1</sup>.

We found that the service had taken steps to identify hazards and reduce the risk of harm. We saw that written risk assessments had been completed and actions identified to manage and mitigate risks. These included environmental and procedural risk assessments.

We saw that fire safety equipment was placed around the service and fire exits were clearly signposted. This meant that equipment and information was available for staff and patients and they could exit the building safely in the event of a fire.

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<sup>1</sup> <https://www.rcseng.ac.uk/standards-and-research/support-for-surgeons-and-services/irm/>

## Infection prevention and control (IPC) and decontamination

During a tour of the service we found all areas to be very clean and tidy. The service had an up to date infection control policy. This provided a general overview of the arrangements to reduce cross infection at the service.

The restraint equipment viewed did not appear to be suitable for effective cleaning and disinfection between patients. The registered manager needs to ensure that the restraint equipment can be safely cleaned and disinfected after every procedure.

### Improvement needed

Restraint equipment must be reviewed to ensure that it can be fully cleaned and disinfected after every procedure.

## Medicines management

Medicines were kept in a locked cupboard in a small room in the reception area, the registered manager had the key. The reception area was accessible to anyone within the clinic therefore we recommend the reception door remains closed and locked when the reception area is not occupied by staff.

Paracetamol for children was available for parents to purchase for a small charge.

### Improvement needed

Reception door to remain locked when the reception area is not occupied by staff.

## Safeguarding children and safeguarding vulnerable adults

The service had written policies on protection of vulnerable adults and safeguarding children and young people. These included actions that needed to be taken around safeguarding and included details on the action that should be taken if abuse was suspected. The registered manager confirmed that he has received Level 3 Safeguarding training, it was stated to the manager that all staff involved in the clinical care of children must have completed Level 3 Safeguarding Training.

## Safe and clinically effective care

Standardised operative techniques are used with appropriate analgesia and local anaesthetic. The child's parents are encouraged to be present throughout.

The registered manager confirmed that patients are often restrained for the procedure using leg straps. Although it was acknowledged by the inspection team there may not be another method, other than the procedure being performed under general anaesthetic, the registered manager should nevertheless explore alternative methods of distraction. The registered manager must also ensure that the potential need for restraint is discussed with the parents as part of the consent procedure. As outlined earlier this ensures that a balanced presentation of the advantages and disadvantages of the procedure are communicated to parents before providing their consent.

### Improvement needed

The registered manager must ensure that all possible alternatives to leg restraint are available for patients.

The registered manager must ensure that the potential for needing to restrain patients is discussed fully with the parents as part of the consent process.

The registered manager, taking the above comments into account, must prepare a written policy on the permitted measures of restraint and the circumstances in which they may be used.

## Records management

We reviewed a sample of patient records and found that the method of record keeping at the clinic lacked sufficient clarity. Records were sparse and lacked the detail required to provide clarity on what treatment had been provided. There was no audit trail of entries and no dates which meant that the inspection team were unable to identify when something was done. The indications for operation and operative findings are not recorded.

The administration as well as the doses and timing of analgesic drugs is not effectively recorded.

### Improvement needed

Comprehensive notes of the procedure need to be taken, including operative indications, the reasons for only one parent's signature (if this is the case) and the dose and timing of analgesics.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.*

The registered manager was responsible for the management of the service and demonstrated a commitment to providing a safe and high quality service to patients.

Although it was confirmed by the manager that clinical governance meetings took place, there were no notes of these meetings, including any learning points or actions, recorded on file.

### Governance and accountability framework

The services being provided at the clinic at the time of our inspection were in accordance with the conditions of registration with HIW. The certificates of registration were displayed prominently as required by the regulations.

An up to date statement of purpose and patients' guide were available, as referenced above, these set out information about the service as required by the regulations.

As described earlier in the report there were a range of policies available for the management of the service, it was noted that there were a number of policies that were due to be reviewed.

The topics and cases discussed at the monthly clinical governance sessions were not being recorded, so were not available for the inspection team to review. These should be recorded and any learning points should be identified and acted upon.

#### **Improvement needed**

Records to be maintained of clinical governance reviews and audits.

### **Dealing with concerns and managing incidents**

When we spoke with the registered manager he stated that there had not been any concerns or incidents at the service. We reviewed a sample of patient feedback forms which were all positive.

### **Workforce planning, training and organisational development**

At the time of the inspection there was one member of reception staff directly employed by the service. The member of staff had a valid DBS and had undertaken all relevant training for their role.

### **Workforce recruitment and employment practices**

Following a review of employment records, all relevant processes had been undertaken when recruiting the receptionist, we saw an application form, references and record of an interview had been maintained to evidence appropriate recruitment.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non-compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

## Appendix B – Improvement plan

**Service:** Transcend Circumcision Clinic

**Date of inspection:** 5 November 2019

No areas for improvement were identified during this inspection. The service is not required to produce an improvement plan.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
<p><b>Consent</b></p> <ul style="list-style-type: none"> <li>The reason for a parent's absence should be recorded</li> <li>The process of consent must include the potential disadvantages of the procedure and a period of reflection must be offered to the parents before final consent is given.</li> </ul>	<p>Regulation 39 (1) (d)</p> <p>Regulation 40 (2)</p>			
<p><b>Patient Information</b></p> <ul style="list-style-type: none"> <li>The registered manager needs to provide additional guidance on what action parents should take in the event of queries or emergency complications developing after the procedure</li> </ul>	<p>Regulation 9 (1) (g)</p>			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p><b>Patients' Guide</b></p> <ul style="list-style-type: none"> <li>A summary of patient feedback must be included in the patients' guide</li> </ul>	Regulation 7 (1) (e)			
<b>Delivery of safe and effective care</b>				
<p><b>Infection Prevention and Control</b></p> <ul style="list-style-type: none"> <li>Restraint equipment must be reviewed to ensure that it can be fully cleaned and disinfected after every procedure.</li> </ul>	Regulation 15 (8) (c)			
<p><b>Medicines Management</b></p> <ul style="list-style-type: none"> <li>Reception door to remain closed and locked when the reception area is not occupied by staff.</li> </ul>	Regulation 15 (5) (a)			
<p><b>Use of restraint</b></p> <ul style="list-style-type: none"> <li>The registered manager must ensure that all possible alternatives to leg restraint are available for patients.</li> <li>The registered manager must ensure that the potential for needing to restrain patients is</li> </ul>	Regulation 16 (2) and Regulation 9 (2) (b)			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>discussed fully with the parents as part of the consent process.</p> <ul style="list-style-type: none"> <li>The registered manager, taking the above comments into account, must prepare a written policy on the permitted measures of restraint and the circumstances in which they may be used.</li> </ul>				
<p><b>Record Keeping</b></p> <ul style="list-style-type: none"> <li>Comprehensive notes of the procedure need to be taken, including operative indications, the reasons for only one parent's signature (if this is the case) and the dose and timing of analgesics.</li> </ul>	Regulation 23 (1) (a)			
<b>Quality of management and leadership</b>				
<p><b>Quality and Service Improvement</b></p> <ul style="list-style-type: none"> <li>Records to be maintained of clinical governance reviews and audits</li> </ul>	Regulation 19 (1) (a)			