

Independent Healthcare Inspection Report (Announced)

Transcend Clinic / Circumcision Clinic,
Cardiff

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of the Transcend Clinic / Circumcision Clinic, Cardiff on 05 October 2022.

Our team for the inspection comprised of one HIW Senior Healthcare Inspector and one Clinical Peer Reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Feedback from patients who completed a HIW questionnaire showed they were very satisfied with the service they had received at the clinic.

We saw arrangements were in place to protect the privacy and dignity of patients when being seen at the clinic. Discussions with the registered person showed services were provided at the clinic in a way that promoted and protected people's rights.

Information was provided to patients and/or their carers in a variety of ways to help them understand the circumcision procedures performed at the clinic. Suitable arrangements were described and demonstrated for obtaining valid patient consent prior to patients having their procedure.

The clinic had a suitable process in place for patients or their carers to provide feedback about their experiences of using the service. A summary of the feedback was made available in the patient guide for people to see.

This is what we recommend the service can improve

- The registered person for the clinic should consider ways to assist individuals who may have difficulties with communication.

This is what the service did well:

- Patients rated the service provided at the clinic as 'very good'
- Information was provided to patients and/or their carers in a variety of ways to help them understand the circumcision procedures performed at the clinic
- Regular patient feedback was obtained and available for people to see.

Delivery of Safe and Effective Care

Overall summary:

We found the clinic had suitable arrangements in place to provide safe and effective care to patients. These were supported by a range of relevant up-to-date written policies and procedures.

The clinic environment was visibly clean, tidy, and well maintained. Overall, suitable arrangements and processes were in place for infection prevention and control and the decontamination of equipment used at the clinic. Arrangements had been put in place to minimise the risk of cross infection from equipment used to

restrain young children (in the interests of safety) during their circumcision procedure. However, this equipment could not be easily cleaned and decontaminated between patients. In addition, documentation was not being completed to show when the patient treatment room was being cleaned.

Medicines used at the clinic were stored securely and in accordance with the manufacturer's instructions. However, records were not being maintained to demonstrate the quantity and type of medicines both received at and disposed by the clinic for audit.

Staff had attended adult safeguarding training within the last year at a level appropriate to their role.

We saw that records maintained at the clinic were clear, accurate and legible.

This is what we recommend the service can improve

- The registered person should continue with efforts to minimise the risk of cross infection from equipment used to restrain children
- The registered person needs to take suitable action to show cleaning schedules are in place and being followed
- The registered person needs to take suitable action to show the quantity and type of medicines both received at and disposed by the clinic.

This is what the service did well:

- The clinic environment was clean and well maintained
- The clinic had a range of relevant and up to date policies to support staff in their work
- Records were clear, accurate and legible.

Quality of Management and Leadership

Overall summary:

The registered person was the provider and the manager of the clinic and so had responsibility for both the day-to-day management and overall operation of the clinic. We saw a range of written policies and procedures were in place to support the effective operation of the clinic. We also saw evidence these had been reviewed annually.

Relevant information about the clinic and the services it offered was available in a statement of purpose and patient guide. However, these required to be revised and updated to fully comply with the regulations.

A suitable procedure for acknowledging and managing complaints was in place. We saw good arrangements were in place to record and monitor incidents. Staff had access to a range of training on topics relevant to their roles within the clinic and had completed up to date training.

We saw checks had been made as part of the process of recruiting staff. However, not all documentation and information required by the regulations in relation to staff working at the clinic was available.

This is what we recommend the service can improve

- The registered person needs to revise the statement of purpose and patient guide so that they contain all the information required by the regulations
- The registered person needs to make suitable arrangements to ensure documentation and information required by the regulations in relation to staff is available.

This is what the service did well:

- We saw evidence of written policies and procedures being reviewed annually
- Staff had access to, and had completed, up to date training on a range of topics relevant to their roles.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the clinic team to hand out HIW questionnaires to patients (or their carers) to obtain their views on the service provided at the clinic. In total, we received 16 completed questionnaires. Not all respondents answered all of the questions.

When asked to rate their overall experience of the service, 14 rated the service as ‘very good’ and 2 did not answer the question. One patient provided the following comment:

“Very professional”

Health protection and improvement

We saw written information clearly displayed advising patients of the precautions in place to reduce the spread of COVID-19, such as the importance of wearing a face covering and washing and sanitising hands.

No other health promotion material was displayed in the clinic.

Dignity and respect

We saw the environment allowed for the privacy and dignity of patients to be protected.

We were told patient consultations were conducted in private rooms. We saw these and the treatment room were located away from the main waiting area and had doors that could be closed when the rooms were in use.

The reception was located near the waiting room and whilst this was a separate room, telephone conversations could be heard when in the waiting room. We were told when the clinic was open, the television located in the waiting room provided low level sound that would reduce the risk of conversations being overheard.

When asked whether staff treated them with dignity and respect and whether measures were taken to protect their privacy, all 12 patients (or their carers) who answered these questions in the HIW questionnaire agreed.

Communicating effectively

We were told patients can book appointments either in person or over the phone to be seen at the clinic.

There were no aids available to assist individuals who may have difficulties with communication. There were signs and pictograms displayed in the clinic to assist patients to find the consulting rooms, toilets, and fire exits.

Patient information and consent

We were told information about circumcision procedures was provided to patients or their carers within written leaflets, by a short video presentation and verbally by the clinician performing the procedure.

We saw examples of written leaflets provided to patients or their carers which provided information on the possible disadvantages and advantages of the procedure, pre-procedure preparation and post-procedure care. These were available in both English and other languages, including Urdu, Bengali, Persian, Somali, French and Arabic.

A suitable process for obtaining valid patient consent was described by the registered person.

We also examined a random sample of five patient records. Evidence of the consent process was seen within the sample we examined. We saw that the indication for the procedure, together with the possible short term and long-term complications associated with the procedure had been documented as being explained to the patient or their carer.

All 16 respondents who completed a HIW questionnaire told us they felt involved as much as they wanted to be in decisions about their healthcare. In addition, all 16 told us they had been provided with enough information to understand their healthcare, the treatment options available and the risks and benefits of each.

When asked whether staff had listened to them and answered their questions, all 14 respondents who answered these questions in the HIW questionnaire agreed.

When asked about aftercare instructions, all three respondents who answered this question in the HIW questionnaire agreed they were given aftercare instructions on how to prevent infection and aid healing.

Care planning and provision

The registered person described suitable arrangements for assessing patients prior to performing circumcision procedures, for performing the procedures and for the

discharging patients following their procedures. The sample of patient records we examined showed evidence of these arrangements.

We were told all patients attending the clinic would be given an appointment time to be seen. Should there be a delay, we were told staff at the clinic would inform patients either before they arrive or if this was not possible when they were at the clinic.

Responses within the HIW questionnaire confirmed patients (or their carers) had been informed of how long they would likely have to wait to be seen. The responses also showed patients did not have to wait long to be seen when attending the clinic for their appointment.

Equality, diversity and human rights

It was clear from our discussions with the registered manager services were provided at the clinic in a way that promoted and protected people's rights.

We saw reasonable adjustments had been made to make the clinic accessible to patients who use wheelchairs and to parents with children in pushchairs.

All seven respondents who answered the question in the HIW questionnaire said they felt they can access the right healthcare at the right time (regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). None of the 13 respondents who answered reported discrimination when accessing or using this health service (on the grounds of any of the protected characteristics).

Citizen engagement and feedback

The registered person described suitable arrangements for seeking feedback from patients or their carers. We were provided with examples of completed satisfaction surveys and saw these had been conducted regularly.

The arrangements for seeking patient feedback were described in the statement of purpose and the patient guide. A summary of the feedback received was also included within the patient guide for people to see as required by the regulations.

Delivery of Safe and Effective Care

Managing risk and health and safety

We saw the clinic environment was well maintained and free from obvious hazards.

A written risk assessment had been completed to identify actual or potential hazards associated with the operation of the clinic. We saw this had been reviewed within the last year. Actions to mitigate identified risks had also been recorded.

Equipment was available to respond in the event of a patient collapse at the clinic. The registered person confirmed the equipment held at the clinic was adequate given the type of patients to whom services were provided. The registered person should formalise this decision-making process within a suitable written risk assessment or within the written policy.

An up-to-date written resuscitation policy was in place and had been reviewed within the last year. We were told this was supported by a written procedure for staff to follow in the event of a patient collapse, copies of which were available in the patient treatment room and the consulting rooms.

We saw clinical staff had completed basic life support training within the last year. The registered manager confirmed in an event of a patient collapse, the emergency services would be contacted.

When asked about the facilities at the clinic, all 10 patients (or their carers) who answered these questions in the HIW questionnaire told us that in their opinion, there was adequate seating in the waiting area and suitable toilet/ washroom facilities were located nearby.

Infection prevention and control (IPC) and decontamination

We saw an up-to-date written infection prevention and control policy was in place at the clinic. We also confirmed there were procedures for cleaning and decontaminating the environment and equipment used. The environment was furnished to allow effective cleaning of clinical areas.

When asked about the cleanliness of the environment, 15 of the 16 respondents who answered this question in the HIW questionnaire said the setting was 'very clean' and 1 said it was 'fairly clean'.

When asked about COVID-19 control measures, 15 of the 16 told us, in their opinion, measures were being followed where appropriate and 2 did not know or did not notice.

Documentation, such as cleaning schedules, was not being completed to show when the patient treatment room was being cleaned.

We saw equipment used to restrain young children (in the interests of safety) during their circumcision procedure could not be easily cleaned and decontaminated between patients. It was evident from our discussions with the registered person careful consideration had been given to reduce the risk of cross infection when using their equipment. The registered person described arrangements had been put in place to minimise the risk. However, we recommend the registered person continue with efforts in this regard.

Reusable instruments were used at the clinic and a process was described for cleaning and decontaminating these between patients. We saw decontamination equipment had been subject to daily checks to determine it was reaching the correct parameters for sterilising instruments. We also saw evidence to show it had been serviced within the last year to check it was working properly.

Instruments were cleaned in the patient treatment room. Ideally this should be performed in a separate room to minimise cross contamination. The registered person explained this was not possible given the configuration of the building. However, control measures were described as being implemented to minimise the risks posed in this regard.

Safeguarding children and safeguarding vulnerable adults

We saw an up-to-date written safeguarding policy was in place at the clinic. This would benefit from including more details about the signs of abuse and the reporting procedure.

The registered person was the designated safeguarding lead and had completed training at an appropriate level. We examined a sample of training records of four staff and three had completed training at a level appropriate to their role within the clinic.

Medicines management

We saw an up-to date medicine management policy was in place at the clinic.

We saw medicines were being stored securely in a lockable cupboard and at an appropriate temperature.

Within the sample of patient records we examined, known patient allergies had been recorded. The records also had entries to show the name, the dose, the date and the time of the medicines administered during procedures.

We were told controlled drugs were not used or stored at the clinic.

A record of medicines received at, and those disposed by, the clinic was not in place.

Medical devices, equipment and diagnostic systems

The clinic had equipment to provide services at the clinic. The equipment we saw appeared visibly clean in good condition.

Safe and clinically effective care

The registered person confirmed standard techniques for performing circumcisions, only under local anaesthetic, were performed at the clinic.

The sample of patient records we examined included detailed notes of the circumcision procedures performed. We saw written evidence to show a patient had been appropriately referred to another healthcare professional when the clinician identified the procedure was not suitable to be performed in the clinic.

Where deemed necessary by the clinician, equipment was used to restrain children during their circumcision procedure in the interests of patient safety. It was evident from our discussions with the registered person careful consideration had been given to using alternatives to this. However, it had been deemed to be the most suitable approach to promote patient safety.

We saw a range of policies and procedures were available to staff to support them in their roles at the clinic.

Participating in quality improvement activities

The registered person described a process for reviewing feedback from patients as part of the system for quality assurance and quality improvement. We were provided with examples of reviews of patient feedback demonstrating this process.

Records management

We were told all patient records were maintained in electronic form. Suitable arrangements were found to be in place for the security of these records. The sample we examined were clear and organised. All entries were dated and signed by the clinician.

Staff records were maintained in paper format and we saw these were securely stored when not being used.

Quality of Management and Leadership

Governance and accountability framework

The provider of the clinic was also the manager of the clinic and so had responsibility for both the day-to-day management and overall operation of the clinic. The individual was registered with HIW as required by the regulations. The registered person was the only clinician working at the clinic who performed circumcision procedures at the clinic.

The registered person was responsible for drafting and reviewing the clinic's written policies and procedures to support the effective operation of the clinic. We saw these had been reviewed within the last year.

We saw minutes of staff meetings that showed information relevant to the clinic was regularly shared with the staff team.

A statement of purpose and patient guide in relation to the clinic had been produced. These provided information about the clinic and the services it offered. However, the statement of purpose did not include the number, relevant qualifications and experience of the staff currently working at the clinic or sufficient details of the complaints procedure.

The patient guide incorrectly referred to 'Health Inspectorate Wales' rather than 'Healthcare Inspectorate Wales' and did not include sufficient details of the complaints procedure. The patient guide also did not include the terms and conditions in respect of the services to be provided together with the amount and method of payment for treatment.

In addition to the above, the statement of purpose and patient guide included conflicting information regarding the reasons why circumcision procedures may be performed at the clinic. The statement of purpose referred to circumcision procedures being offered for non-medical reasons only and the patient guide referred to these being offered for both non-medical and medical reasons.

HIW certificates of registration were displayed in a prominent place at the clinic as required by the Care Standards Act 2000.

Dealing with concerns and managing incidents

An up-to-date written complaints procedure was available at the clinic. This set out the timescales for responding to complaints and the details of other organisations patients could contact for advice, including the details of HIW. We saw the email address for HIW needed to be updated.

All three respondents who answered the question in the HIW questionnaire agreed they were given information on how the setting would resolve any concerns or complaints post-treatment.

We saw arrangements were in place to record and monitor incidents. We examined a sample of incident records for 2021 and 2022. These contained details of the individual incidents together with the action taken.

Workforce planning, training and organisational development

The registered person confirmed the number and skill mix of the staff team were suitable to provide the services offered at the clinic.

We examined a random sample of training records for five staff. We saw these staff had completed training on a range of topics relevant to their role within the clinic.

Workforce recruitment and employment practices

An up-to-date recruitment policy was in place. However, this did not make reference to the specific documentation and information, required by the regulations, that needs to be available in respect of staff before allowing them to work at the clinic.

We examined a specific sample of recruitment files for four staff. We saw that checks had been made, such as confirming the individuals' identity, requesting written references and requesting Disclosure and Barring Service (DBS) checks to establish the individuals' suitability to work at the clinic. However, we were not assured that all the documentation and information required by the regulations was available for all the staff.

The files for two staff included references but it was not clear whether these had been supplied by the individuals' two most recent employers as required by the regulations. The file for another staff member did not have any references. This was discussed with the registered manager who provided an explanation as to why there were no references available.

While all the recruitment information showed evidence of a Disclosure and Barring Service (DBS) check being completed, for one staff member this was a 'basic' check rather than a 'standard' or 'enhanced' check as required by the regulations.

Within all the sample of recruitment files we examined, we saw copies of job descriptions were available.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

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 - Immediate improvement plan

Service: Transcend Clinic / Circumcision Clinic

Date of inspection: 05 October 2022

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan required.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Transcend Clinic / Circumcision Clinic

Date of inspection: 05 October 2022

The table below 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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered person is required to provide HIW with details of the action taken to assist individuals who may have difficulties with communication.	Regulation 9 1(g) Standard 18	Whilst we have taken the advice given into consideration, after much discussion we have found that it is unnecessary for our business at this stage. This is due to the fact that we require both parents to be present. If one parent has any of the difficulties listed, the other parent will 'translate' for them. We have found that this is a simple method but is accepted well by our patients. If at any time our solution proves to be faulty or subpar, we will gladly look into this again	Dr A Khan	Future consideration

<p>The registered person is required to provide HIW with details of the action taken to demonstrate the decision making process and outcome in relation to the emergency equipment / drugs held at the clinic.</p>	<p>Regulation 38</p>	<ul style="list-style-type: none"> • All clinical staff are trained for Basic Life Support for new born, children and adults. Reception staff have an up to date First aid training. • Fully stocked and first kit is available • The contents are checked regularly • Resuscitation trolley is available in the treatment room • The trolley is checked at the beginning of each clinic • Clinic has stock of injection adrenaline, injection chlorpheniramine and injection dexamethasone. Clinic also has liquid chlorpheniramine. • A risk assessment was carried out regarding availability of defibrillator at the clinic. Clinic treats only healthy patients. 	<p>Dr A Khan</p>	<p>Immediate</p>
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		<ul style="list-style-type: none"> Emergency services (999) will be contacted in case of life-threatening emergencies. 		
The registered person is required to provide HIW with details of the action taken to demonstrate cleaning schedules are in place for the clinic and these are being followed. This must include the arrangements for changing the privacy curtains in the treatment room and the equipment used to restrain children.	Regulation 15 7, 8	<p>Cleaning schedule is now available for the entire clinic.</p> <p>In addition to this, treatment room also has its own cleaning schedule.</p> <p>Restraining equipment has now a plastic cover. Equipment is being cleaned in between each patient.</p> <p>Treatment room privacy curtain is washed once every month.</p>	Dr A Khan	Immediate
The registered person is required to provide HIW with details of the action taken to demonstrate the quantity and type of medicines both received at, and disposed by, the clinic.	Regulation 15 5	There is a medicine record book in the clinic.	Dr A Khan	Immediate

<p>The registered person is required to provide HIW with details of the action taken to revise the statement of purpose so it includes:</p> <ul style="list-style-type: none"> • The number, relevant qualifications and experience of the staff currently working at the clinic • Sufficient details of the complaints procedure • The reasons why circumcision procedures may be provided at the clinic. <p>An updated version of the statement of purpose is to be submitted to HIW.</p>	<p>Regulation 6</p> <p>Regulation 8</p>	<p>Statement of purpose document has been updated.</p>	<p>Dr A Khan</p>	<p>Immediate</p>
<p>The registered person is required to provide HIW with details of the action taken to revise the patient guide so it includes:</p>	<p>Regulation 7</p> <p>Regulation 8</p>	<p>Patient guide document has been updated.</p>	<p>Dr A Khan</p>	<p>Immediate</p>

<ul style="list-style-type: none"> • The correct reference to Healthcare Inspectorate Wales • Sufficient details of the complaints procedure • The terms and conditions in respect of the services to be provided together with the amount and method of payment for treatment • The reasons why circumcision procedures may be provided at the clinic. <p>An updated version of the patient guide is to be submitted to HIW.</p>				
<p>The registered person is required to provide HIW with details of the action taken to update the complaints policy to show the correct email address for HIW - HIW@gov.wales</p>	Regulation 24	Complaint form has correct email address of HIW - HIW@gov.wales	Dr A Khan	Immediate

The registered person is required to provide HIW with details of the action taken to ensure written references from each of the person's two most recent employers and a 'standard' or 'enhanced' DBS certificate is available in relation to staff working at or for the purposes of the clinic.	Regulation 21 Schedule 2	Clinic manager will make sure that all future employees will have references from most recent employer. References and standard DBS certificate is now available in house keeper's staff file.	Dr A Khan	Immediate
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Anwar Khan

Job role: Director

Date: 24/12/2022