

Wentworth Clinic

Quality Report

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Date of inspection visit: 13 December 2016, 23
December 2016 and 11 April 2017
Date of publication: 05/06/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Summary of findings

Letter from the Chief Inspector of Hospitals

Wentworth clinic is operated by Mr Velupillai Ilankovan. The clinic had no overnight beds. Facilities include a treatment room, a recovery room, outpatient consultation room and two waiting areas.

The clinic provides 99% cosmetic surgery and one percent vascular surgery.

Prior to this focused inspection we carried out a planned inspection on 13 December 2016, and unannounced inspections on 14 December 2016 and 23 December 2016. Following this, we served a warning notice to the provider on 29 December 2016 requiring them to take urgent action by 31 January 2017. This was because the provider had not fully implemented their practising privileges policy. Consultants, who worked at the clinic, had not had full recruitments checks carried out.

The provider on the 10 February 2017 confirmed by email that the recruitment checks had been completed by 31 January 2017.

We undertook a focused inspection on 11 April 2017. This was to follow up on the warning notice served, and review the consultants practising privileges folders. On the inspection, we found the provider had taken the necessary steps to meet the requirements of the warning notice.

The provider had taken the following action in response to the Warning Notice:

- Enhanced Disclosure and Barring Service (DBS) checks in relation to four consultants including the provider working at the Wentworth clinic.
- Checks of hepatitis B vaccination status for two consultants where information missing.
- Evidence of revalidation with GMC for consultant where missing.
- The provider provided assurance evidence of up to date mandatory training for three consultants where missing.
- The Wentworth Clinic Practising Privileges policy amended to reflect current Department of Health guidance in relation to blood borne infections.

We regulate cosmetic surgery service, but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary. Please refer to previous inspection report for information on our key findings at the previous inspection and action we have asked the provider to take in relation to other aspects of the service.

Professor Edward Baker
Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating Summary of each main service

We regulate cosmetic surgery service, but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary. Please refer to previous inspection report for information on our key findings at the previous inspection and action we have asked the provider to take in relation to other aspects of the service.

Summary of findings

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Summary of this inspection

Background to Wentworth Clinic

Wentworth clinic is operated by Mr Velupillai Ilankovan. The clinic had no overnight beds. Facilities include a treatment room, a recovery room, outpatient consultation room and two waiting areas.

The clinic provides 99% cosmetic surgery and one percent vascular surgery.

Our inspection team

The team that undertook the focused inspection included the lead inspector and another CQC inspector. Leanne Wilson, Interim Head of Hospital Inspection, oversaw the inspection team.

Information about Wentworth Clinic

Prior to this focused inspection we carried out a planned inspection on 13 December 2016, and unannounced inspections on 14 December 2016 and 23 December 2016. Following this, we served a warning notice to the provider on 29 December 2016 requiring them to take urgent action by 31 January 2017. This was because the provider had not fully implemented their practising privileges policy. Consultants, who worked in the clinic, had not had full recruitment checks carried out.

The provider on the 10 February 2017 confirmed by email that the recruitment checks were completed by 31 January 2017.

We undertook a focused inspection on 11 April 2017 and looked at the consultants practising privileges folders. This was to follow up on the warning notice served, and review the consultants practising privileges folders. On the inspection, we found the provider had taken the necessary steps to meet the requirements of the warning notice.

The provider had taken the following action in response to the warning notice:

- Enhanced Disclosure and Barring Service (DBS) checks in relation to four consultants including the provider working at the Wentworth clinic.
- Checks of hepatitis B vaccination status for two consultants where information missing.
- Evidence of revalidation with GMC for consultant where missing.
- The provider provided assurance of up to date mandatory training for three consultants where missing.
- The provider amended their practising privileges policy to reflect current Department of Health guidance in relation to blood borne infections.

We regulate cosmetic surgery service, but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary. Please refer to previous inspection report for information on our key findings at the previous inspection and action we have asked the provider to take in relation to other aspects of the service.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

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Prior to this focused inspection we carried out a planned inspection on 13 December 2016, and unannounced inspections on 14 December 2016 and 23 December 2016. Following this, we served a warning notice to the provider on 29 December 2016 requiring them to take urgent action by 31 January 2017. This was because the provider had not fully implemented their practising privileges policy. Consultants, who worked at the clinic, had not had full recruitment checks carried out.

The provider on the 10 February 2017 confirmed by email that the recruitment checks had been completed by 31 January 2017.

We undertook a focused inspection on 11 April 2017. This was to follow up on the warning notice served, and review the consultants practising privileges folders.

Summary of findings

On the inspection, we found the provider had taken the necessary steps to meet the requirements of the warning notice. The provider had taken the following action in response to the warning notice:

- Enhanced Disclosure and Barring Service (DBS) checks in relation to four consultants including the provider working at the Wentworth clinic.
- Checks of hepatitis B vaccination status for two consultants where information missing.
- Evidence of revalidation with GMC for consultant where missing.
- The provider provided assurance of up to date mandatory training for three consultants where missing.
- The provider amended their practising privileges policy to reflect current Department of Health guidance in relation to blood borne infections.
- We were satisfied that the provider had taken sufficient action in relation to the warning notice served on 29 December 2016.

Surgery

Are surgery services safe?

Not inspected as this was a focused inspection.

Are surgery services effective?

Competent staff

- The consultant checks for their practising privileges were now fully completed and satisfactory, and collated into folders. The folders now had an index, and dividers marked the different checks.
- The provider had received satisfactory enhanced disclosure and barring (DBS) checks for themselves and three other consultants who worked at Wentworth clinic. The last certificate received was dated 28 January 2017.
- Evidence of Hepatitis B immunity or acceptable cover, dated 5 and 6 January 2017, was now recorded in the two consultants folders where missing.

- The provider also now had evidence of General Medical Council (GMC) revalidation for the consultant where missing. This consultant's revalidation with the GMC was due September 2019.
- The provider provided assurance of up to date mandatory training for three consultants where missing.
- The provider amended their practising privileges policy to reflect current Department of Health guidance in relation to blood borne viruses.

Are surgery services caring?

Not inspected as this was a focused inspection.

Are surgery services responsive?

Not inspected as this was a focused inspection.

Are surgery services well-led?

Not inspected as this was a focused inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should continue with a system of review of consultants practising privileges records, to provide assurance that at all times they meet the requirement of the provider's practising privileges policy.