

Velupillai Ilankovan

Wentworth Clinic

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

Summary of findings

Overall summary

This was the first time we inspected the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff mostly had training in key skills, and managed safety well. The service controlled infection risk well. They mostly managed medicines well.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and mostly had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- Staff did not always have the training required to keep patients and themselves safe.
- Policies did not always contain the most up to date information to protect patients from harm.
- Patient notes were not always complete.
- Leaders did not always use reliable information systems to govern the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	

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 theatre, a recovery room, a dental care room, a treatment room, an outpatient consultation room and two waiting areas.

The Wentworth Clinic mainly provided dentistry procedures to private paying patients. The clinic also provided surgical treatment to some NHS patients to help local NHS hospitals reduce their waiting lists. Minor cosmetic surgery was also carried out to private patients. Treatments were usually carried out with local anaesthetic and medicines to help reduce anxiety. Lasers were used for some medical procedures.

In the 12 months before our inspection 1,104 patients attended Wentworth Clinic; 648 of these were NHS patients. Eighty-six patients attended for cosmetic surgery, 410 patients attended for surgery other than cosmetic surgery, 608 patients were seen for dentistry.

The provider did not treat patients under the age of 18.

This is the first time we have inspected this service using our new methodology. The service has not previously been rated. We last inspected this service in April 2017.

How we carried out this inspection

We made 2 visits to this service. On the first visit, on 8 March 2023, the inspection team consisted of 2 inspectors, 1 medicines specialist, and one specialist advisor with a background in surgery.

On our second visit, on 18 April 2023, the inspection team consisted of 1 inspector, and a specialist advisor with a background in medicine and dentistry.

We spoke with 6 members of staff. We reviewed 12 patient records. We also looked at 5 staff files, a range of documents including policies, meeting minutes, audits, and action plans.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST** take to improve:

- The service must ensure they use systems and processes to monitor and improve the quality and safety of the services provided. Regulation 17(2)(a).

Summary of this inspection

Action the service **SHOULD** take to improve:

- The service should introduce a system to ensure out of date equipment is disposed of in a timely manner. Regulation 15(1)(e)
- The service should introduce a risk assessment to ensure clinical waste is managed safely.
- The service should display their inoculation injury procedure including up-to date details of occupational health services.
- The service should consider how it introduces an induction checklist to demonstrate all staff have received a full induction into the service.
- The service should consider how it introduces a system to monitor the outcomes of referrals made to other services.
- The service should ensure it engages the service of an independent interpreter for patients whose first language is not English. Regulation 9(2)(c)
- The service should consider how it introduces a tool to provide easily accessible oversight of the risks facing the service. Regulation 17 (2)(b)






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

Surgery

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Requires Improvement 

Is the service safe?

Good 

We had not rated this service before. We rated it as good.

Mandatory training

The service provided mandatory training in most key skills to all staff and made sure everyone completed it.

Medical staff received and kept up-to-date with their mandatory training. Staff completed face to face mandatory training annually as a whole staff group. Two members of staff worked substantively for the NHS and could demonstrate they had completed their mandatory training through their substantive employer, so they did not have to complete the training twice.

The mandatory training was mostly comprehensive and met the needs of most patients and staff.

Staff had not completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. However, staff were able to demonstrate that they could recognise and respond to people from these groups. When we raised our concern that staff had not received this training, the provider made this training available to staff and sent us evidence to show staff had completed it.

Safeguarding

Staff understood how to protect patients from abuse.

Staff knew how to identify adults at risk of, or suffering, significant harm. However, the level of safeguarding training given to staff was not always appropriate to their role, and staff were not trained how to identify children at risk of or suffering serious harm.

National intercollegiate guidance published by the Royal College of Nursing, recommends all staff working in health care settings receive level 1 safeguarding children and safeguarding adults training and all practitioners who have regular contact with patients, their families or carers, or the public are trained to level 2. This is to ensure staff will have the skills and confidence to identify and report abuse.

Surgery

All staff were provided with training in level 1, 2 and 3 safeguarding children and safeguarding adults within 2 weeks of our first inspection visit. The safeguarding lead was already trained to level 3 in safeguarding adults, they completed level 3 safeguarding children training within 1 week of our first visit.

The safeguarding policy did not provide information for staff about how to contact local authority safeguarding teams if they had a safeguarding concern. We raised this issue with the provider and they made changes to the policy.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The provider ensured the clinic had a very high level of cleanliness. All areas we checked were clean and had suitable furnishings which were clean and well-maintained. We saw evidence of daily cleaning of clinical areas by staff an external provider employed to clean all other areas of Wentworth Clinic. A second external provider was employed for bi-annual deep clean of the theatre, recovery room, and clean utility room.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff wearing PPE to safeguard patients and themselves from possible cross infection. We observed staff using the correct handwashing technique.

Staff cleaned equipment after patient contact.

Staff worked effectively to prevent surgical site infections. We observed a clean surgical field being maintained throughout surgical procedures. Antibiotics were routinely prescribed to patients when this was considered best practice. For example, when undergoing procedures where bacterial infections were likely. Staff undertook audits to measure the post operative infection rate. An audit from January 2022 to May 2022 which included 40 patients showed no post operative infections had been detected.

Sets of surgical equipment were checked before use to make sure they were sterile and all present. Decontamination of surgical equipment was undertaken by staff using an autoclave or ultrasonic cleaner. An autoclave was a machine using steam under pressure to kill harmful bacteria, viruses, and fungi. An ultrasonic cleaner used high-frequency sound waves transmitted through liquid to scrub items clean.

The service had infection control procedures for dentistry which reflected published guidance.

We saw evidence all staff had been inoculated against Hepatitis B.

The water system was tested annually for legionella. We saw the certificates for February 2023 and 2022 which showed legionella had not been detected in the dental unit water lines or hot and cold-water systems.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

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Wentworth clinic was set over 2 floors. The building did not have a lift, but the majority of patient treatments took place on the ground floor. A one-way system on the ground floor had been introduced during the COVID-19 pandemic and this system had been maintained to reduce unnecessary contact between staff and patients. There was a theatre, a recovery room, a dentist room, a consultation room, a small treatment room, separate clean and dirty utility, two waiting areas, office space, a storage room for patient records, and separate staff and patient toilets. The service had a small car park.

The design of the theatre environment followed national guidance. There was an air flow system in the theatre which operated at a rate of above 25 changes of air an hour.

The service had a laser to remove skin lesions. Staff received regular refresher training to use the laser and the service had systems to ensure the laser was used safely, including an external laser protection adviser.

We saw evidence equipment was regularly serviced, all of the equipment in use had an up-to-date service record. We saw records to show Electrical Equipment Testing had been completed on the electrical equipment. A 5-year fixed wiring test was last carried out in November 2020.

Staff carried out daily safety checks of specialist equipment. We saw records showing staff checked specialist equipment at the start of the day and documented the result.

The service had enough suitable equipment to help them safely care for patients. This included intra-oral and orthopantomogram X-ray machines, these X-rays provided the dentist with details of cavities, the health of the tooth root and the bone surrounding the tooth. The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence all dentists were up to date with their training in radiography and radiation protection in line with the requirements of the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, and the General Dental Council.

We looked in the cupboards in the clean utility room and found some consumables were out of date such as dressings, lubricating gel, and compression stockings. These items were for procedures the service no longer undertook. We raised our concerns and the senior leaders took immediate steps to remove the out of date items.

The service had suitable facilities to meet the needs of patients' families. The waiting rooms were light and airy and had enough seats for family members to accompany patients.

There was oxygen and emergency equipment available. We checked the dates of items of the resuscitation equipment and found 1 item passed its expiry date. A replacement of this item had been ordered before our inspection.

Staff disposed of clinical waste safely. The domestic and clinical waste bins were clearly identified and emptied regularly. The sharps bins were stored safely. However, improvements were required to the system to assess, monitor and manage risks to patient and staff safety with respect to sharps safety.

The inoculation injury procedure was not displayed and did not contain up-to date details of occupational health services.

We saw evidence weekly fire drills took place.

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Assessing and responding to patient risk

Staff minimised risks for patients. Staff knew how to identify and act upon patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.

The service had a policy to treat all patients with pneumatic compression of the lower leg if they were lying flat for 60 minutes or more. The use of pneumatic compression helps increase blood flow and prevent blood from clotting and forming a deep vein thrombosis.

We saw staff checking with patients about allergies prior to treatment commencing.

We saw a modified World Health Organization (WHO) surgical safety checklists in patient files. This checklist can prevent never events like wrong site surgery, for example the removal of a lesion from the wrong side of the body. This tool was being used but information was not consistently recorded. We looked at 12 sets of notes and saw the check list was completed but not always dated and with the time recorded. However, a WHO surgical safety checklist audit for 2022 was shown to us after our first inspection visit. The audit reviewed the checklists of 100 patients, it showed in 100% of cases the checklist had been signed at the start of surgery, consent for the procedure had been obtained, patient positioning had been assessed, and surgical instruments were sterile. The audit recorded 100% compliance with the swab count, correct labelling of specimens, and that there were no concerns and there had been minimal blood loss during the procedure.

All staff had been trained in basic life support to enable them to recognise cardiac arrest, call for help, and start resuscitation. Three members of staff were also trained in immediate life support so they had the skills to manage patients in cardiac arrest before help arrived. Dental staff had not completed basic life support training since 2020 as face-to-face training had been suspended because of the pandemic. Face to face training had been arranged to take place in May 2023. However, online basic life support training should have been provided to staff as an interim measure while waiting for face-to-face training in line with the Resuscitation Council UK guidance.

We saw staff giving patients verbal and written information to patients about aftercare. All surgery patients were given the surgeons mobile phone number. The consultant surgeon could be contacted 24 hours a day by telephone if a patient needed support or advice following a cosmetic procedure.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers gave new and bank staff a full induction.

The service was led by a consultant maxillofacial/head and neck surgeon and a dentist and had enough nursing and support staff to keep patients safe. The service employed 3 full time and 1 part-time members of staff including an operating department practitioner (ODP) and a dental nurse. The service also employed 2 bank staff to cover sickness and annual leave. The ODP was employed to support the surgeon during higher risk cosmetic procedures.

Managers made sure all staff had a full induction and understood the service. However, the service did not keep a checklist of what areas of the induction had been covered for each member of staff. This meant there was no system to provide assurance all staff had completed all aspects of their induction.

Records

Patient records were stored securely and easily available to all staff providing care.

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Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Records were stored securely and all staff could access them easily.

Medicines

Staff followed systems and processes to prescribe and administer medicines safely. However, these were not always effective.

Staff stored and managed all medicines and prescribing documents safely. Medicines including medical gases and controlled drugs were stored securely.

The temperature of medicines requiring refrigeration were monitored.

The service was registered with the Medicines and Healthcare products Regulatory Agency to receive alerts about medicines and medical devices.

Incidents

Staff recognised and reported incidents and near misses. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. They told us incidents were reported to the service leaders and the entered into the incident reporting book. Incidents were discussed at team meetings so all staff were involved in learning from incidents and making improvements to patient care.

In the 12 months before we inspected there had been no safety incidents. Staff told us any safety incidents would be investigated, documented and discussed with the team to prevent such occurrences happening again.

Staff understood the duty of candour. There was a duty of candour policy. In the 12 months before we inspected there had not been any incidents requiring duty of candour.

Is the service effective?

Good 

We had not rated this service before. We rated it as good.

Evidence-based care and treatment

The service did not always provide care and treatment based on up-to-date national guidance and evidence-based practice.

Staff did not always have up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We saw evidence policies and other guidance were reviewed annually. However, we found information used to update policies did not always reflect the most up-to-date guidance. For example, the policy for infection control in the

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perioperative environment referenced National Institute for Health and Care Excellence (NICE) guidance from 2012 but this guidance was updated by NICE in 2020. However, the clinic had systems to keep dental professionals up to date with current evidence-based practice. The dental team received relevant updates from professional bodies to keep up to date with clinical development.

Staff held a meeting each morning where they told us they routinely referred to the psychological and emotional needs of patients.

We saw the provision of dental implants was in accordance with national guidance. Equipment used was appropriate and maintained appropriately.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

Staff made sure patients had enough to eat and drink. Patients and their families could help themselves to water from a water cooler, a hot drink from a vending machine, and biscuits.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

We saw patients being given pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive and consistent and focussed on patient satisfaction. A patient satisfaction survey showed all patients would highly recommend the service to friends and family (survey of 50 patients from an audit carried out from August 2022 to November 2022). The service did not submit performance data to the Private Healthcare Information Network (PHIN). The royal college of surgeons recognised routine activity collection for independent providers who deliver cosmetic surgery may require considerable effort to implement and so do not mandate submission of patient outcome data to PHIN.

Managers and staff used the results to improve patients' outcomes. For example, on the satisfaction survey 1 patient said they would have liked a second consultation, so this was arranged and improved the patient's satisfaction with the outcome of their procedure.

Senior leaders and staff carried out a comprehensive programme of repeated audits to check improvement in patient outcomes over time.

Managers used information from the audits to improve care and treatment.

We saw evidence the dentists justified, graded and reported on the radiographs they took.

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Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held meetings with them to provide support and development.

Staff were experienced, qualified and mostly had the right skills and knowledge to meet the needs of patients. We looked at staff registration certificates and indemnity records. These showed they were properly registered with the relevant professional body. However, at the time of our second site visit the dentist did not have evidence of adequate indemnity for the number of sessions they worked. The dentist rectified this immediately following this issue being raised.

We looked at staff files and saw evidence to show all staff were encouraged and supported regarding their continuing professional development, including training for using specialist equipment.

Managers supported staff to develop through yearly, constructive appraisals of their work. At these meetings staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held daily multidisciplinary meetings to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff told us they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. However, there was no system to ensure referrals were monitored and treatment was received in a timely manner.

Seven-day services

Patients could contact the service seven days a week for advice and support after their surgery.

All surgery patients were given the mobile phone number of the consultant surgeon and advised they could contact them contacted 24 hours a day for support or advice.

Arrangements were in place to see patients experiencing dental emergencies including at weekends and on public holidays.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

We saw patients being provided with verbal and written aftercare information including advice to promote wound healing.

The practice provided preventive care and supported patients to ensure better oral health. Where applicable, the dentist discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

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Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance and ensured patients gave consent in a two-stage process with a cooling off period of at least 14 days between stages. They understood how to support patients.

Staff understood the importance of obtaining and recording patients' consent to treatment. They made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Consent forms were signed by the patient and the clinician, they included consent to photography where it was required.

We looked at 12 patient records and found a consent form had been signed by the patient and the doctor for procedures requiring consent.

All patients who had a consultation for cosmetic surgery had to wait for at least 2 weeks before they could start treatment. This was to give patients the time and information they need to reach a voluntary and informed decision about whether to go ahead with an intervention.

Is the service caring?

Good 

We had not rated this service before. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients told us they felt listened to by staff and were given the opportunity to ask questions. They said treatments were explained to them well.

Patients said staff treated them well and with kindness. We were told "the staff are excellent" and "I would recommend the service".

Staff followed policy to keep patient care and treatment confidential.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff understood the emotional and social impact on a person's care, treatment or condition had on their wellbeing and on those close to them. We saw staff offering reassurance to patients who were anxious about their treatment. Staff met each morning to discuss the day's patient list, this included discussion about patients who may require additional emotional support.

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Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. We saw evidence staff advised patients of the potential risks associated with their treatment.

Patients and their families could give feedback on the service and their treatment. Patients gave positive feedback about the service.

All patients were given a patient satisfaction survey to complete. The survey was designed to establish if staff were friendly and courteous and if they would recommend the service to friends and family. In an audit of the survey from August 2022 to November 2022 it included responses from 50 patients they all thought staff were friendly and courteous and all would highly recommend the clinic to their friends and family.

Is the service responsive?

Good 

We had not rated this service before. We rated it as good.

Meeting people's individual needs

The service was mostly inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. However, there was no system for referring patients for psychological assessment before starting treatment, if necessary.

The service made reasonable adjustments to help people access the service. For example, patients with a learning disability were given longer appointments to make sure there was adequate time to gain consent for treatments, and for more complex procedures staff demonstrated that they communicated carefully and involved family members.

There was access to a 'loop system' for people with hearing aids to help with effective communication and patient leaflets could be printed in large font for people who required this.

However, the service did not have access to support from interpreters to support patients whose first language was not English. This accounted for a very small number of patients attending the service and senior leaders said they would look at how they could support these patients using electronic interpretation platforms.

We saw evidence some staff received training in body dysmorphic disorder (body dysmorphic disorder is a mental health condition characterised by people spending a lot of time worrying about their appearance and in some cases seeking out frequent or repetitive cosmetic surgery). However, there was no evidence a psychological assessment had taken place for patients wanting cosmetic surgery. Psychological assessment identifies those who have body dysmorphic disorder, are vulnerable, not acting voluntarily or being coerced into seeking cosmetic surgery. The service did not have a policy outlining action to take if patients required onward referral for psychological support. However, the service had clear policy of waiting a minimum of 14 days before patients could undergo surgical procedures from consultation. This was so patients had time to consider if they wanted to go ahead with a procedure.

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Access and flow

People could access the service when they needed it and received the right care.

Fee paying patients did not have to wait long for appointments. Staff told us patients typically did not have to wait more than 2 weeks to see the consultant surgeon or dentist. Managers monitored waiting times for NHS patients and added extra clinics to make sure they could access services when needed and received treatment within agreed timeframes and national targets.

We were told no patients had their appointment cancelled in the 12 months before we inspected. If NHS patients did not attend their appointment their referring NHS trust was advised. Responsibility for rearranging these appointments sat with NHS trusts.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Managers investigated complaints. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service had a complaints policy. In the 12 months before our inspection the service had not received any complaints.

Staff could give examples of how they used patient feedback to improve daily practice. A patient complained the hat and coat stand was not conveniently positioned in the reception area. Staff repositioned the dental display cabinet so the hat and coat stand was closer to the front door.

Information about how to complain was provided to patients as part of the documentation they were given when attending the service.

Is the service well-led?

Requires Improvement 

We had not rated this service before. We rated it as requires improvement.

Leadership

Leaders understood and managed most of the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

Senior leaders understood the challenges to quality and sustainability and could mostly identify the actions needed to address them. However, they did not ensure good governance of the service was always appropriately prioritised or co-ordinated. When we raised this as an issue senior leaders put a plan in place to improve governance systems.

Staff told us leaders were visible and approachable. Leaders worked alongside staff.

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Staff told us they were supported to develop their skills.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

There was an up-to-date vision for the service. The vision and strategy were focused on the experience of people using the service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt supported, respected, valued and were positive and proud to work in the organisation. They told us they worked well as a team and also how much they enjoyed working at the service. The culture was centred on the needs and experience of people who used services.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and was action taken because of concerns raised. We saw minutes of staff meetings showing staff had raised concerns about working patterns and annual leave and senior leaders had been responsive to these concerns.

Staff told us how their feedback had led to changes, for example, the introduction of a new lamp in the dental surgery to improve ability to see and clean instruments and equipment. Senior leaders told us they recognised the importance of acting on feedback from staff to build staff morale.

There were mechanisms for providing staff with the development they needed. Staff had an annual appraisal and career development conversation.

Governance

Leaders did not always operate effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The structures, processes and systems of governance were not always effective to support the safe delivery of the service.

Staff had not always been provided with the correct training for their role. For example, staff had not received safeguarding children training or training to support people with a learning disability or autism until we pointed out the regulatory requirements to provide this training. Basic life support training had not been provided to staff during the pandemic despite the Resuscitation Council UK recommending online training for staff during this period.

The service did not always maintain an accurate, complete and contemporaneous record in respect of each service user. For example, the amount of medication given to patients was not always recorded, and evidence of a psychological assessment for patients requiring cosmetic surgery did not form part of the patient record. The records audit that we were shown had not identified omissions in date and time in The World Health Organization surgical safety checklist.

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Policies and guidance did not always contain the most up-to-date, or all of the information, would we expect to see to keep patients and staff safe. The service was not signed up to receive Central Alerting System safety alerts that would help ensure up-to-date guidance was followed.

The controlled drug licence held by Wentworth Clinic had expired and did not accurately reflect the classification of controlled drugs used by the service.

Although some audits were completed this was on an ad hoc basis rather than part of a system of regular audits that could help improve the safety of the service. For example, there was not a 6 monthly cycle of IPC and radiography audits, and we did not see any evidence of an antimicrobial audit. Antimicrobial audits check that patients have not been prescribed antibiotics unnecessarily. Frequent audits of the surgeon's practice did not take place.

Arrangements with partners were not effectively governed. The contracts with local NHS trusts were not formally monitored for quality and effectiveness through regular meetings with NHS representatives. The NHS contracts we were shown were expired. The contracts contained clauses that permitted the contracts to be extended but were so old the names of two of the NHS Trusts no longer existed as they had merged to form a larger NHS Trust in 2020.

However, in response to our feedback on governance senior leaders advised they had a plan to make improvements to processes and policies and introduce a system of regular audits and a new format for the risk register to improve the management of risk.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

Management of risk, issues and performance

Leaders and teams did not always use efficient systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had some plans to cope with unexpected events.

Some processes were reviewed and improved through clinical and internal audit. For example, the hand washing and surgical site infection audit. However, audits were carried out on an ad hoc rather than regular basis.

There were systems to ensure servicing of equipment took place within manufacturers guidelines. However, there were no systems to ensure policies always contained the most up to date information.

The service had a risk register. However, the arrangements for identifying, recording and managing risks, issues and mitigating actions were laborious. The service used a paper-based system but did not provide easily accessible oversight of all of the risks facing the service. This meant the likelihood and potential impacts of a range of risks to the safety of the service was difficult to ascertain.

As reported in the governance section, when we raised our concerns with senior leaders they made plans to improve policies and processes.

The service had a major incident policy but this did not clearly articulate how the continuity of the business would be maintained if an unexpected event occurred. However, there was evidence of plans to cope with unexpected events. For example, there was an emergency electricity generator for use during interruptions to the mains power supply.

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Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, to understand performance, make decisions and improvements. However, information systems were not completely integrated. Data or notifications were submitted to external organisations as required.

We saw evidence clinical audits were undertaken and patient feedback and staff satisfaction surveys took place. However, information technology systems were not always used effectively to monitor and improve the quality of care, for example the outcome of audits were not mapped to historical audit data to help drive improvement.

Policies and guidance documents were available on paper and on a shared electronic staff platform. Staff told us they had sufficient access to this information.

There were arrangements to ensure data or notifications were submitted to external bodies as required. The service had a data protection officer.

Computers were locked when not in use and password protected.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Patients were encouraged to give feedback through a feedback card given to all patients following their surgery. All feedback we viewed was positive and complimentary about the service.

We saw evidence changes were made following patient feedback. For example, the survey asked about ease of car parking, feedback led to changes about how they communicated the location of their car park and introduced information for patients about a nearby pay and display car park.

Staff were also actively engaged so their views were reflected in the planning and delivery of services and in shaping the culture. Staff were invited to take part in a staff satisfaction survey. The results of this survey showed staff were very satisfied with their working arrangements.

The service was contracted to provide outpatient dermatology for 2 local NHS trusts. This was to ensure patients received timely care and treatment. However, there was no evidence to demonstrate regular engagement with NHS representatives to review service provision.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Governance systems did not always effectively support the safe delivery of the service.</p> <p>Leaders did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity:</p> <ul style="list-style-type: none">• The service did not have systems and processes to receive, process and action up-to-date guidance and include this information in policy. <p>The service did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity:</p> <ul style="list-style-type: none">• The service did not ensure radiography, antimicrobial, and infection prevention and control audits were carried out at regular intervals in line with current guidance and legislation.• Arrangements with partners were not always effectively governed.• The service did not have an up-to-date controlled drug licence. <p>The service did not always maintain an accurate, complete and contemporaneous record in respect of each service user:</p> <ul style="list-style-type: none">• The service did not ensure patient records were complete. Amounts of medicines given and copies of psychological assessments for patients seeking cosmetic surgery did not always form part of patient records.• There was not a process to ensure World Health Organization surgical safety checklists were completed in full.