

# The White House Clinic Ltd

## 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?	Good 
Are services well-led?	Good 

# Overall summary

## The key questions are rated as:

Are Services Safe? - Good

Are Services Effective? - Good

Are Services Caring? -Good

Are Services Responsive? -Good

Are Services Well Led? -Good

## This service is rated as Good overall.

We carried out an announced comprehensive inspection at the White House Clinic on 21 January 2020 as part of our inspection programme.

The services are provided for adults only, 18 years and older and are as follows:

- Bupa Health Assessments. A Bupa health assessment offers an extensive set of tests and a consultation with a doctor.
- Muscular Skeletal (MSK) service. This service includes diagnosing and treating problems with muscles, bones and joints.

The White House clinic refers to people accessing their service as customers, and this terminology is reflected throughout the report.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008, in respect of some, but not all the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service, and these are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the White House Clinic, some services are provided to customers under arrangements made by their employer, a government department or insurance company with whom the service user holds a policy. These types of arrangements are exempt by law from CQC regulation. Therefore, during our inspection we were only able to evaluate the services which are not arranged for customers by any of the above-mentioned agencies. The White House Clinic also provides a range of physiotherapy services which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

We spoke with four people and 19 people provided feedback about the service via CQC comment cards. All the feedback we received about the service provided was positive.

## Our key findings were:

- The provider organised and delivered services to meet customers' needs.
- There was an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available.
- Risks to customers were assessed and managed.
- The service held a register of policies and procedures, supported by the corporate provider, which were in place to govern activity.
- There was a clear leadership structure, locally and nationally, and staff felt supported by management.
- The service proactively sought feedback from staff and customers, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Review and risk assess window blinds with looped cords.
- Review and risk assess clinical sinks with plugs and overflows in relation to the infection prevention and control guidance recommendations.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

# Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to The White House Clinic Ltd

The White House Clinic is located at The White House, Sandy Gate Park, Sheffield, S10 5T in the west side residential area of Sheffield. There are two large private hospitals in close proximity. There is easy access by road and bus. The service is provided within an established physiotherapy clinic with disabled access. There is extensive car parking available

The services are provided for fee paying adults only, 18 years and older. The service treats 100 to 200 customer per month.

The services provided are as follows:

- Bupa Health Assessments. A Bupa health assessment offers an extensive set of tests and a consultation with a doctor. It provides a detailed picture of the customer's health and is designed to help detect existing problems or future risks. Customers choose the assessment for their needs from a wide range designed for different lifestyles and life stages.
- Muscular Skeletal (MSK) service. This service includes diagnosing and treating problems with muscles, bones and joints and treat a wide range of complaints ranging from acute back pain, sprains, muscle tears and sporting injuries to longstanding spinal, joint and muscle issues, including arthritis and spinal damage.

The service is registered for the following Regulated Activities:

- Diagnostic and screening
- Treatment of disease, disorder or injury

These services were part of the inspection on 21 January 2020.

The service has six self employed GPs and four health advisors. A centre manager and administration staff are also employed

The service is open Monday to Thursday 8am to 5pm and 8am to 4pm on a Friday. Appointments can be booked online or by telephone.

There is a separate registered service, Sheffield Private Pregnancy Care, provided by A & J Healthcare Enterprises LTD, provided at the location. This service was not part of this inspection.

### How we inspected this service

Information was gathered and reviewed before the inspection, for example, from stakeholders, notifications and provider information request submissions. We also gathered information on the day of the inspection from people who had used the service, interviewing staff, and observations and review of documents.

To get to the heart of customers' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## We rated safe as Good because:

### Safety systems and processes

#### The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted monthly hazard spotting audits, quarterly health and safety audits, and an annual health and safety audit was completed by Bupa. An annual improvement action plan had been developed and this showed appropriate action had been taken where required in a timely manner. The service had appropriate safety policies, which were regularly reviewed and communicated to staff via staff meetings and the BUPA newsletter. Staff received health and safety training as part of their induction and mandatory refresher training. We observed looped window blind cords in the building which may cause a hazard for customers whose circumstances may make them vulnerable or any accompanying children.
- Although the service did not treat customers under the age of 18 years, policies were in place in relation to both adult and child safeguarding, with relevant contact numbers listed in clinical rooms. Staff had completed safeguarding training for adults and children. GPs and nursing staff, other than one nurse, had received level three training. The service manager told us they would arrange for the nurse to attend a level three training course as soon as possible. Evidence of customer identity was required at the point of booking an appointment.
- The service told us they would work with other agencies to support customers and protect them from neglect and abuse but had had no concerns to report.
- The service had policies and procedures to support recruitment. The staff records we reviewed showed the provider had carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required and renewed every three years. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a

DBS check. One of the members of staff had completed training to be a chaperone trainer. A chaperone procedure was in place and staff undertaking the chaperone role signed to agree to the responsibilities of being a chaperone as set out in the chaperone specification.

- There was an effective system to manage infection prevention and control (IPC). Six monthly IPC and cleaning audits were carried out and action plans were developed where improvements were required. Staff completed annual IPC training relevant to their role. Processes for managing the control of Legionella, were in place. The provider ensured equipment was maintained according to manufacturers' instructions. Systems for managing healthcare waste were appropriate. We observed clinical hand wash basins had plugs and overflows which do not meet the recommendations in the Department of Health Guidance Health Building Note 00-09: Infection control in the built environment.

### Risks to customers

#### There were systems to assess, monitor and manage risks to customer safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role and health advisor's competency was reviewed annually via observed practice.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage customers with severe infections, for example sepsis and had received training in this area. The service had a detailed procedure to support the recognition and management of an unwell customer and a summary of signs and symptoms was displayed at reception.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately, and records showed these were checked regularly. The provision of emergency medicines was detailed in the Bupa resuscitation policy and procedure. A specific list for each type of service was provided and the service had provided those emergency medicines listed for their service type. However, there was no

# Are services safe?

evidence of a risk assessment which had informed the decision for which medicines were appropriate for the service. A risk assessment for the emergency medicines not kept was provided following the inspection.

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for relevant staff paid for by the provider.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to customers.

- Individual care records were written and managed in a way that kept customers safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. All records were held electronically on Bupa's central system.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The service only held emergency medicines and did not prescribe medicines. The systems and arrangements for managing emergency medicines and equipment minimised risks. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of customers.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate

and current picture that led to safety improvements. An improvement plan was developed and this showed action to address any risk had been taken in a timely manner.

## Lessons learned, and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events supported by a detailed Bupa policy and procedure. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The provider told us there had been no serious safety incidents in the last 12 months. However, they maintained a log of, and investigated, low level incidents, we saw three incidents had been recorded. The log showed staff reported incidents and these were investigated.
- There were adequate systems for reviewing and investigating when things went wrong at a local and national level. The service learned, and shared lessons, identified themes and took action to improve safety in the service. For example, Bupa provided a monthly quality bulletin which included any learning from incidents reported nationally and we observed these were discussed in the staff meetings at the service. Low level incidents had been investigated by the service and we observed in records of meetings staff were informed of the issues and the action to take to minimise recurrence where required.
- The provider was aware of and complied with the requirements of the Duty of Candour and this was supported by the corporate Duty of Candour policy and procedure. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as customer and medicine safety alerts. The service had an effective mechanism in place to

## Are services safe?

disseminate alerts to all members of the team. We observed alerts were shared by Bupa quality team and included in the monthly quality bulletin. Any actions required were included in the service improvement plan.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, we observed customers cardiovascular assessment showed screening followed NICE best practice.
- Bupa provided a monthly GP bulletin with information about the latest best practice guidance, results of audits and new policies.
- Customers' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical well being. The level of assessment was decided by the customer when booking an appointment. A customer told us that the GP they had seen had been flexible in relation to the level of assessment provided as initial tests had revealed a health concern which had required further investigation and discussion.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed customers' pain where appropriate.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements which included review of complaints, incidents and audits. The service made improvements using audits and the service had an audit schedule for the year. Clinical audit had a positive impact on quality of care and outcomes for customers. There was clear evidence of action to resolve concerns and improve quality. For example, an audit of referral information sent to the Cardiologist showed there was a

lack of consistency in the information provided. As a result, a checklist was created and implemented. This audit had been undertaken in April 2019 but had not been further reviewed to check if the changes had been effective.

- We also saw an audit looking at how abnormal results were managed and if the service was compliant with the Bupa policy in this area. This showed the service was complaint and that this area would be reviewed annually.
- The service had also taken part in a national audit undertaken by Bupa looking at timeliness of services receiving mammogram results from other organisations. An action plan had been developed to improve this area and was to be reviewed annually.
- Results of audits were shared in service meeting minutes and the Bupa quality bulletin.

## **Effective staffing**

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Internal intranet systems provided an eLearning package, which provided staff with timely reminders for mandatory training and with details of opportunities for more formal learning programmes.
- Annual appraisals were completed for staff which included record checks. Health advisors had annual competency review which included observed practice.

## **Coordinating customer care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**



# Are services effective?

- Customers received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, customers' own GP, independent hospitals or other services, when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the customer's health, any relevant test results and their medicines history. We saw examples of customers being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All customers were asked for consent to share details of their consultation with their registered GP on each occasion they used the service. Where customers agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Customer information was shared appropriately (this included when customers moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- Where appropriate, staff gave people advice, so they could self-care. Health Advisors set personalised goals with customers. Customers had access to the Bupa Boost app which tracked these goals. Customers had the option of two follow up coaching calls at six and 12 weeks to see how they were progressing and to support them in their health journey.
- Risk factors were identified, highlighted to customers and where appropriate highlighted to their normal care provider for additional support.
- Where customers needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

### The service obtained consent to care and treatment in line with legislation and guidance .

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Consent was recorded in customers records.
- Staff supported customers to make decisions. Costs were clearly explained before assessments commenced. Where appropriate, they assessed and recorded a customer's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

## Supporting customers to live healthier lives

**Staff were consistent and proactive in empowering customers and supporting them to manage their own health and maximise their independence.**

# Are services caring?

## **We rated caring as Good because:**

### **Kindness, respect and compassion**

#### **Staff treated customers with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care customers received. Results showed the service performed well and had excellent customer feedback.
- Feedback from CQC comment cards we received and customers we spoke with was extremely positive about the way staff treat people
- Staff understood customers personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all customers.
- The service gave customers timely support and information.

### **Involvement in decisions about care and treatment**

#### **Staff helped customers to be involved in decisions about care and treatment.**

- Interpretation services were available for customers who did not have English as a first language and sign language services were available for those who required this. Customers were asked about any communication needs on booking an appointment.
- Customers we spoke with and through CQC comment cards, told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

## **Privacy and Dignity**

### **The service respected customers' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect. Equipment to assist staff to protect customers privacy and dignity, such as privacy curtains and modesty covers, was provided.
- Customers confirmed they were treated with dignity and respect.
- If customers wanted to discuss sensitive issues or appeared distressed, they could be offered a private room to discuss their needs.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

**The service organised and delivered services to meet customers' needs. It took account of customer needs and preferences.**

- The provider understood the needs of their customers and improved services in response to those needs. For example, the service logged any concerns or complaints and developed an improvement plan to address any negative feedback.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Whilst the Bupa health assessments were usually conducted on the first floor, a ground floor room would be made available if necessary.

## **Timely access to the service**

**Customers were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Customers had timely access to initial assessment, test results, diagnosis and treatment. Appointments could be booked on line or via the telephone.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Customers with the most urgent needs had their care and treatment prioritised and customers we spoke with confirmed this.
- Customers reported that the appointment system was easy to use.

- Referrals to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated customers who made complaints compassionately.
- The service informed customers of any further action that may be available to them should they not be satisfied with the response to their complaint.

The service had complaint policy and procedures in place and relevant staff received training from Bupa in the management of complaints and root cause analysis. The service learned lessons from individual concerns, complaints and from analysis of trends. Bupa audited complaints and shared learning nationally. The service acted as a result to improve the quality of care.

The service had received one formal complaint in the last 12 months and 4 concerns had also been recorded. The complaint had been discussed in the staff meeting and staff had been asked to take action to minimise the risk of reoccurrence. The customer had been contacted to discuss their concerns.

Where concerns had been raised these had been investigated and the customer had been contacted and action had been taken to resolve any issues to minimise the risk of re-occurrence. For example, where a customer had been incorrectly invoiced for a service by a third party the service contacted the third party to remind them of the correct processes.

# Are services well-led?

**We rated well-led as Good because:**

**Leadership capacity and capability;**

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders at the service were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The management were well supported by Bupa and were kept informed about national issues and priorities relevant to their service.
- Staff told us the leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills which were also supported by Bupa.

## Vision and strategy

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for customers.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service implemented the Bupa code which focused on putting customers first, keeping safe and well, working to high professional standards and celebrating diversity.
- Staff received training about the code and were aware of and understood the code and their role in delivering this.
- The service and Bupa closely monitored progress against delivery of the strategy. Information about progress was shared locally and nationally.

## Culture

**The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of customers.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Records showed the provider contacted customers about any concerns, complaints or incidents that had occurred. The provider was aware of, and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals and evaluation of clinical work. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff had access to a well-being portal and a 24-hour helpline.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally
- There were positive relationships between staff and teams.

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Service leaders had, with support of Bupa, established proper policies, procedures and activities to ensure safety and had assured themselves that they were operating as intended.

## Managing risks, issues and performance

# Are services well-led?

## **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to customer safety. The provider conducted regular health and safety audits, and an annual health and safety audit was completed by Bupa. An improvement action plan had been developed and implemented.
- The service had processes to manage current and future performance.
- Performance of clinical staff could be demonstrated through annual audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints locally and nationally.
- Clinical audit had a positive impact on quality of care and outcomes for customers. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.
- As part of the support and structure provided by Bupa to all its centres they had close ('buddy') centres that provided support through resource sharing and problem solving.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used locally and nationally to ensure and improve performance. Performance information was combined with the views of customers.
- Quality and sustainability were discussed in relevant meetings locally and nationally where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account. Results were bench marked against other Bupa centres. Data provided showed the service performed well against other centres.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of customer identifiable data, records and data management systems.

## **Engagement with customers, the public, staff and external partners**

### **The service involved customers, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, customers, staff and external partners and acted on them to shape services and culture. For example, the waiting room had been decorated and central heating settings changed in response to customers comments.
- Staff could describe to us the systems in place to give feedback. For example, regular team meetings and appraisal. Records showed evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement. Staff had time to reflect and learn and to share learning with peers.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared locally and nationally and used to make improvements.
- There were systems to support improvement and innovation work. The service supported the local community with health screening and health awareness projects such as Round Sheffield Run (RSR) 2019 providing sports massage with proceeds going to charity and provision of free Bupa diabetes checks on diabetes day in 2019.