Announced Inspection Report: Independent Healthcare

Service: The White House, Edinburgh
Service Provider: The Whitehouse Scotland Ltd

25 January 2022
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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www.healthcareimprovementscotland.org
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to The White House on Tuesday 25 January 2022. We spoke with the service manager and lead practitioner during the inspection. We did not receive any feedback from patients to an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of this inspection, we did not request a self-evaluation from the service.

What we found and inspection grades awarded

For The White House, the following grades have been applied to the key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
</tr>
<tr>
<td><strong>5.1 - Safe delivery of care</strong></td>
</tr>
</tbody>
</table>
Domain 9 – Quality improvement-focused leadership

| 9.4 - Leadership of improvement and change | The service manager kept up to date with their continued professional development through the General Dental Council revalidation process. A quality improvement plan should be developed and implemented. | ✔ Satisfactory |

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
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</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

Further information about the Quality Framework can also be found on our website at: [https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx](https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx)

What action we expect The White House Scotland Ltd to take after our inspection

This inspection resulted in one requirement and three recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirement and recommendations.
An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

The White House Scotland Ltd, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at The White House for their assistance during the inspection.
2 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care
High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Effective systems managed risks and made sure care and treatment was delivered in line with best practice guidelines. The environment and equipment were clean and well maintained and arrangements were in place to deal with emergencies. Yearly duty of candour reports should be produced and published and a clear review process should be in place for policies and procedures.

The clinic was clean, tidy, uncluttered and equipment was in good working order. Mostly single-use patient equipment was used to prevent the risk of cross-infection. Appropriate disinfection procedures were in place for the small amount of reusable equipment that was used. Systems were in place to make sure the premises and equipment were safely maintained. This included routine checks on:

- fire safety equipment
- the fixed electrical installation
- the gas boiler, and
- portable electrical equipment.

We saw maintenance contracts in place and regular servicing was carried out, such as gas safety checks on the boiler, fire extinguisher and medical oxygen cylinder checks and portable appliance testing to make sure electrical equipment was safe to use.
We saw good compliance with infection prevention and control procedures. This included the safe disposal of aspirator tips and clinical waste, as well as the use of personal protective equipment, such as disposable gloves and aprons. Extra measures had been introduced since the start of the COVID-19 pandemic to make sure that government public health advice was followed.

A medicines management policy was in place and the service had a safe system for medicine:

- ordering
- prescribing
- storing
- administration, and
- disposal.

All medicines were in date and stored securely in a locked refrigerator or locked cupboard.

An emergency first aid kit was available in the clinic along with emergency protocols in the case of an emergency complication. Staff had been trained to deliver basic adult life support in the event of a medical emergency.

While the service had not experienced any accidents or incidents since registration, an online accident and incident recording procedure was in place. A duty of candour procedure was also in place that set out how the provider would meet its professional responsibility to be honest with patients if something went wrong. This is an important part of being open with people who experience care as well as learning from things that go wrong.

External clinical audits were carried out to make sure the delivery of care was monitored and reviewed. Audits included medicines, patient care records and patient feedback. These audits demonstrated oversight of practice in the service.

**What needs to improve**

Staff told us that patients used the hand wash basin in the patient bathroom to rinse their mouth following treatment. No cleaning routine was in place for this sink between each use. We also found limescale build-up on the tap, indicating cleaning procedures were not effective (requirement 1).

No serious adverse events had occurred that required the provider to carry out its duty of candour procedure. However, legislation still requires the provider to
produce a yearly duty of candour report and this had not been produced since the service’s registration with Healthcare Improvement Scotland (recommendation a).

Policies and procedures had been written in a consistent format. However, they did not contain information about who wrote them, the date and when it was due to be reviewed. Policies should be reviewed regularly to make sure treatment and care is delivered in line with best practice (recommendation b).

A controlled drug was kept as part of the service’s medical emergency kit. When checked, this drug was found to be out of date. A stock control management system was in place and the service manager was aware that the drug was out of date. However, they had experienced difficulty ordering a replacement supply and were keeping hold of the old stock until they could find a replacement. The service manager agreed to dispose of the drug immediately and source a replacement.

**Requirement 1 – Timescale: immediate**

- The provider must implement a cleaning schedule for the sink in the patient bathroom, to make sure it is effectively cleaned, both routinely and between each patient use.

**Recommendation a**

- The service should produce annual duty of candour reports, showing the learning from its duty of candour incidents that year and publish these on its website.

**Recommendation b**

- The service should implement a clear review process for policies and procedures, to make sure they are routinely reviewed and in response to changes in legislation and guidance.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a clinical assessment carried out before treatment was agreed. Consent was obtained and recorded for each treatment episode and patient care records summarised discussions with patients about their aftercare.

Patients received a full assessment before any treatment was carried out. The assessment included the patient’s medical history as well as their desired treatment outcome, to make sure they had realistic expectations of any proposed treatment plan. Patients completed a pre-treatment questionnaire before their consultation appointment, which the service manager then went through with them during the consultation. Treatment would not proceed if patients had unrealistic expectations or if a clinical risk was indicated.

A thorough consultation and assessment had been documented in the three patient care records we reviewed. This included medical history, consent to treatment and pre-treatment screening for COVID-19. Patient care records were clear and stored securely.

Verbal aftercare advice was given to patients before their treatment and written information afterwards, along with contact information in case they had a query about aftercare.

Patient care records had been audited to make sure best practice guidelines were followed. The audit showed that consent had been discussed and patients were given enough information to inform their decision-making. A recent medication administration audit had been completed. It showed clear traceability records for prescribed medicines.

- No requirements.
- No recommendations.
**Vision and leadership**

This section is where we report on how well the service is led.

**Domain 9 – Quality improvement-focused leadership**

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

### Our findings

**Quality indicator 9.4 - Leadership of improvement and change**

The service manager kept up to date with their continued professional development through the General Dental Council revalidation process. A quality improvement plan should be developed and implemented.

The service manager was a dentist registered with the General Dental Council (GDC) and kept up to date with their continuing professional development through the GDC revalidation process.

We saw evidence that showed quality improvement initiatives were in place, such as audits and yearly analysis of patient feedback.

A complaints policy was in place and a clear process for how to make a complaint was available on request.

**What needs to improve**

While quality improvement initiatives had been considered, the service did not have a structured approach to continually improving the quality of treatment and care delivered. A formalised quality improvement plan would help the service demonstrate continuous service improvement (recommendation c).

- No requirements.

**Recommendation c**

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives, measures and demonstrates improvement.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

#### Requirement

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<tr>
<td><strong>Regulation 3(d)</strong></td>
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<tr>
<td><em>The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</em></td>
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#### Recommendations

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<td>---------------------------------------------------</td>
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<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>None</td>
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<tr>
<td><strong>Recommendation</strong></td>
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<td>c The service should develop and implement a quality improvement plan to formalise and direct the way it drives, measures and demonstrates improvement (see page 11).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**During inspections**

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

**After inspections**

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

**Telephone:** 0131 623 4300

**Email:** [his.ihcregulation@nhs.scot](mailto:his.ihcregulation@nhs.scot)