

Mountain Healthcare Limited

Topaz Centre

Inspection Report

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Overall summary

We do not currently rate services provided in sexual assault referral centres.

Background

In Nottingham, services for the support and examination of people who have experienced sexual assault are commissioned by NHS England. The contract for the provision of sexual assault referral centre services for adults in Nottingham is held by Mountain Healthcare Limited (MHL). MHL is registered with CQC to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder or injury.

The Topaz Centre is located in Nottingham in secure rented premises.

We last inspected the service in March 2019 when we judged that MHL was in breach of CQC regulations. We issued a Requirement Notice on 8 August 2019 in relation to Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The report on the comprehensive March 2019 inspection can be found on our website at:

<https://www.cqc.org.uk/location/1-5056179055>

This desk based review was conducted by one CQC health and justice inspector and included a review of evidence and a teleconference with the centre manager and director of nursing.

Documents we reviewed included:

- Current training and supervision matrices
- Temperature logs for rooms where medicines were stored
- New safeguarding arrangements
- Centre attendance data for the last 12 months

We did not visit the Topaz Centre to carry out an inspection because we were able to gain sufficient assurance through the documentary evidence provided and a telephone conference.

At this inspection we found:

- Staff records demonstrated staff were appropriately trained to provide effective patient care
- Patients could be offered direct referrals into psychological therapy or sexual violence counselling support services.
- Staff training and supervision were routinely monitored by the centre manager and MHL senior managers
- The provider had worked with the police to help ensure infection prevention and control risks were addressed in the premises
- The provider had made several changes to improve safeguarding arrangements for patients
- The Topaz Centre staff worked actively with local partners to improve access and support for people who had experienced sexual violence

Summary of findings

- The governance around medicines management had improved, and staff followed appropriate guidance.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations

Are services effective?

(for example, treatment is effective)

Our findings

At our last inspection we found that mandatory staff training did not always take place in line with organisational policy; there were long waits for sexual violence counselling and copies of patient referrals to support services were not retained by the Topaz Centre.

These are the areas reviewed during this desk based review:

Effective needs assessment, care and treatment

The Topaz Centre manager had worked with local counselling providers to set up a direct referral service for patients who wanted psychological therapy. There were long waits for sexual violence counselling when we inspected in 2019. The new arrangements meant staff could offer to refer patients directly to psychological

therapy and complete referral forms as part of the aftercare support. Between November 2019 and January 2020, staff made referrals to psychological therapy support for 65% of patients who attended the Topaz Centre.

Staff now recorded details of referrals to other services including substance misuse and counselling to demonstrate effectiveness. Data showed that referrals had increased since our last inspection. Between November 2019 and January 2020, staff made over 200 referrals to mental health and wellbeing, GPs, substance misuse, independent sexual violence advisors and counselling services.

Effective staffing

Training records now evidenced staff were appropriately trained to provide effective patient care. Life support and safeguarding training for some new staff had recently been delayed but managers were monitoring this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our last inspection we found that a choice of male or female forensic examiner was not routinely offered to patients. One forensic examination suite was out of use due to infection control issues and there was no portable colposcope (specialist equipment used for making records of intimate images during examinations, including high-quality photographs and video) available for examinations outside of the SARC.

These are the areas we reviewed during this desk based review:

Responding to and meeting people's needs

The provider had updated call centre arrangements to ensure patients were informed that the Topaz Centre team was female only and asked if this was acceptable to them. If a male examiner or crisis worker was requested, this could be provided. Whilst the call centre recorded that they informed the police that staff were all female, patient records did not demonstrate this choice had been offered and therefore it could not be evidenced that the patient's choice had been considered.

With police funding support, managers had purchased a new portable colposcope. Staff informed us that the quality of images had improved and they felt this was giving far better forensic evidence when required. Staff could also undertake forensic examinations outside of the SARC. They had undertaken nine examinations in prisons, hospitals and police custody suites in the last six months.

Local managers had identified some local population groups which appeared to be under represented in accessing the centre, this included Muslim women. There had been ongoing engagement with the local Moslem Women's Network and recent data suggested this might impact positively.

Timely access to services

During our last inspection one forensic examination suite was out of use due to infection prevention and control issues. The provider had worked with police and commissioners to address all the issues and the suite was re-opened in a timely way. Managers monitored access to the service and data demonstrated that there had been no delays that impacted upon forensic timescales in the last six months.

Are services well-led?

Our findings

At our last inspection we found:

- Staff records did not always show that staff were in date with their mandatory training.
- The risk register did not reflect some risks which managers were aware of.
- Records of medicine storage temperatures did not provide assurance that medicines remained effective.
- Not all patient group directions (PGDs) (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been signed by clinical staff.

These are the areas we reviewed during this desk based review:

Leadership capacity and capability

Mountain Healthcare Limited had introduced several national roles to improve specialist knowledge and support the centre manager. This included an analyst and a training coordinator; a new health and safety advisor was due to commence in April 2020.

Governance arrangements

The provider had reviewed local and organisational systems to improve governance and monitoring of the service. These were implemented at the Topaz Centre and included:

- A service action and improvement plan which focused on regulatory compliance and improving patient care.
- A new training matrix and an upgraded e-learning hub.
- The centre manager monitored training attendance monthly and discussed this during supervision.
- Training was discussed during team and regional meetings.
- The supervision policy had been updated and managers were now clear about the required frequency of one to one supervision for all staff; in particular for the flexible crisis workers who worked less frequently than more permanent staff.

- Patient group directions had been updated and were now signed by all staff who administered medicines and counter-signed by managers.
- Room temperatures were now checked every day the centre was open. Managers had provided guidance for staff, to help ensure medicines were stored appropriately.

Managing risks, issues and performance

The provider had improved risk management and performance systems and improvements had also been implemented locally. The risk register was now updated monthly by the centre manager and a director. This was also reviewed within the quarterly contract review meetings with NHS England commissioners.

In addition to improving infection prevention and control aspects of the centre, provider and centre managers were discussing the premises with commissioners and Nottinghamshire police to improve the future quality and safety of the service.

The centre manager was positive about the improved MHL training monitoring and the new supervision policy. The manager had updated the local supervision template which now provided clear and consistent oversight

There was a comprehensive business continuity plan in place for supporting managers and staff to respond to increased risks related to Covid-19.

Engagement with patients, the public, staff and external partners

The centre manager had worked with local counselling support services and agreed a pathway for direct referrals into Nottingham based counselling services. This promoted access to psychological therapies (IAPT) as well as sexual violence counselling. The pathway included recognition of suitable counselling support for patients whose cases might be taken through the criminal justice system for prosecution.

A patient journey booklet had been drawn up through partnership working between the Topaz Centre staff, Nottinghamshire Police and local Sexual Violence Support Services. This booklet was offered by all partners to all people who had experienced sexual violence in the Nottinghamshire area.

Are services well-led?

There was ongoing partnership working with Nottinghamshire emergency services, including SARC staff facilitating training to improve skills of police officers supporting victims of sexual violence and an improved pathway arrangement for patients arriving at local emergency departments who had experienced sexual violence.

There was now stronger partnership working with the multi-agency risk assessment partners. Forensic practitioners were confident in advocating for patients during safeguarding meetings if support was required.

Continuous improvement and innovation

The provider and managers were positive about the learning from our previous inspection findings. They explained how learning across all MHL SARC sites had been shared and used to improve the service at the Topaz Centre, particularly around safeguarding patients. This included:

- Developing a safeguarding mission statement which has been shared with all staff and highlighted the roles and responsibility of all staff to safeguard patients.
- Developing a level 3 safeguarding course covering both adults and children to ensure all clinicians accessed the appropriate level of training in line with intercollegiate guidance.
- Introducing a weekly safeguarding audit discussion. A forensic practitioner and crisis workers on duty jointly reviewed all cases completed during the previous week. This encouraged professional curiosity to ensure all staff developed their reflective practice around safeguarding and was an opportunity to check that all actions to support patients had been taken appropriately.
- Introducing safeguarding “passports” for all level 3 trained staff, enabling them to record all their work activity in relation to safeguarding, including training, supervision and any cases they were involved in.