Norfolk Community Health and Care NHS Trust

Norwich Community Hospital

Inspection report

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Overall summary

We carried out this announced inspection on 25th January 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a second inspector.

To get to the heart of patients' 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?

Background

The Harbour Centre is a sexual assault referral centre (SARC), jointly commissioned by NHS England (NHSE) and Norfolk Police and Crime Commissioner**.** The SARC is available 24 hours a day, seven days a week (including public holidays) for patients over 13 years of age.

The children's service (under 13 years of age) is available Monday to Friday (9-5 pm inclusive). Access to this service is by police or social worker referral only and following a strategy discussion. The service offer is to provide advice to police and patients, deliver acute forensic examination, provide support following recent and non-recent sexual assault and violence, and onward referrals to Independent Sexual Violence Advisors (ISVA).

Summary of findings

The Harbour Centre has two health providers: Norwich Community Health and Care Trust (NCHCT) providing Forensic Medical Examiners (FMEs) for children and Mountain Healthcare providing Forensic Nurse Examiners (FNEs) for those over the age of 13 years, including adults. The Police provide crisis workers and Independent Sexual Violence Advisors (ISVA's) and are responsible for the overall running of the SARC building including the forensic cleaning and maintenance.

This report will focus solely on the health provision for the children's service provided by NCHCT.

The Harbour Centre is a fully accessible building, and provides comfortable supportive surroundings, forensic areas and interview facilities. There is parking for patients outside the SARC. The building is on one level and accessible to wheelchair users. There are two forensic medical rooms which have adjacent (not en-suite) shower and toilet facilities for use by patients. At the time of inspection, the forensic room examined was used specifically by NCHCT for paediatric forensic examination, the two providers used separate facilities within the same building. The building also has a pre-examination waiting room, a staff toilet, a kitchen area, staff offices, storeroom/staff changing room, and a medical room utilised by the FME.

There have been approximately 25-50 children seen per annum, but this number had fallen significantly to around 20 since the start of the COVID-19 pandemic.

Forensic medical examinations are undertaken by FMEs, who are paediatricians working in other roles within the trust. At the time of inspection there were seven FMEs providing forensic medical examinations at the SARC.

During the inspection we spoke with three of the seven FMEs, the head of service for safeguarding, the clinical lead, the interim head of service for children and young people's services, and the named doctor for safeguarding. We examined policies and procedures, reports, and seven patient records to gain understanding of how the service was managed.

Throughout this report we have used the term 'patients' to describe the children who use the service to reflect our inspection of the clinical aspects of the SARC.

Our key findings were:

- The FMEs provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The FME service had a culture of learning and continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The service asked staff and clients for feedback about the services they provided.
- Staff had a complaints policy.
- The staff had suitable information governance arrangements.
- The building appeared clean and well maintained.
- Infection, prevention and control procedures which reflected published guidance were followed by staff at the SARC.
- The service had thorough staff recruitment procedures, and we saw that these were adhered to.
- Staff received safeguarding training in line with national guidance and knew their responsibilities for safeguarding adults and children.
- The service had systems to help them manage risk.

We identified regulations the provider was not meeting:

Summary of findings

- An automated external defibrillator with paediatric pads was available in the SARC at time of inspection. However additional equipment and medicines were not available for use with children. The provider rectified this immediately following inspection and appropriate training was delivered to staff.

The Provider must make improvements to:

- Undertake a review to guarantee the assessment templates meet the requirements set by the Faculty of Forensic and Legal Medicine (FFLM).
- Undertake a record keeping audit to demonstrate that documentation is complete, including discharge planning and onward referrals.
- Ensure there is a competency framework in place, particularly for practitioners new to post, which demonstrate the practitioner's abilities, progress and training needs.

Full details of the regulations the provider was not meeting are at the end of this report.

Further areas where the provider could make improvements. They should:

- Ensure all staff should have access to appropriate facilities, at present there are showers and changing rooms for the NCHCT staff working in the SARC to use in the adjacent police buildings but at present they do not access them.
- Be assured that the frequency of the disclosure and barring (DBS) checks is proportionate to the work that SARC staff deliver.
- The provider should consider an age appropriate leaflet for children and young people attending the SARC.
- Review lone working risk assessments for staff working in the SARC.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

Safety systems and processes

Staff were trained in safeguarding children in accordance with intercollegiate guidance for health care staff (2019). All FMEs were trained to level three with the designated doctor for safeguarding trained to level four. All staff had monthly safeguarding supervision and we spoke with FMEs who demonstrated a comprehensive understanding of safeguarding risks.

NCHCT provided specialist training for all staff in 'trauma informed approach'. The key goal is to raise awareness about the impact of trauma and for staff to understand the impact on patients and provide care in a sensitive way.

A strategy meeting was held before any child attended the SARC. Discharge planning was considered at the point of the strategy meeting, and this assured the FMEs that children were safeguarded from further harm.

The trust used an electronic system for record keeping and had stringent information governance measures for storage of sensitive data. The system allowed appropriate sharing of information to those NHS teams that were on the same system, such as GPs and public health nurses, with consent. In complex cases, advice was sought from the safeguarding team regarding information sharing governance. The safeguarding team monitored access to records and were alerted of any potential breaches.

Staff

Staff completed mandatory training which included topics such as: health and safety, basic life support, infection prevention and control, and information governance.

All Staff were employed in line with the NCHCT's recruitment policy. This included completion of forensic examination training. However, at the time of our inspection the trust had not considered whether on a risk assessed basis SARC staff would need regular DBS checks, DBS checks were completed on recruitment but not repeated.

FMEs and the safeguarding team met on a monthly basis for peer review sessions to monitor and critically evaluate care and treatment. This provided opportunities for reflection, professional challenge and learning, as well as support to maintain competence in view of the low numbers of patients accessing the SARC.

The forensic medical team comprises six paediatricians led by a lead FME, who is a member of the national CSA/SARC pathway group. The lead FME has dedicated time each week to support the SARC, with the rest of the team fulfilling the SARC rota on an on-call basis.

The expectation was for two FMEs to be present for all forensic examinations, we were not assured that this was always the case. One FME reported they did not always feel physically safe when working alone in the SARC.

Risks to clients

Patients were seen in the best place according to their immediate health needs, the FME team would see them either in the hospital emergency department or the SARC for forensic examination. If the patient was seen in emergency department initially and then required forensic follow on work the same FME would ideally offer that appointment, thereby promoting continuity of care.

Staff did not have access to emergency resuscitation equipment for children in the SARC. Leaders rectified this immediately after the inspection. All staff were up to date with annual mandatory life support training apart from one FME due to them having had sickness absence. We were assured that would be addressed within the next three months and was only delayed due to COVID-19 restrictions.

Are services safe?

Patients accessing the SARC benefited from a holistic health assessment that fully incorporated their medical, physical, emotional, mental and sexual health needs. Staff assured the safety of patients by assessing their risk of harm or need for urgent health treatment. For example, the health assessment included a full physical examination and consideration of the requirement of post-exposure prophylaxis after sexual exposure (PEPSE), Hepatitis B vaccination, emergency contraception and sexual health screening, in accordance with the BASHH PEP (British Society for Sexual Health and HIV) guideline 2021.

Premises and equipment

Norfolk police were responsible for the maintenance, cleanliness and safety of the SARC premises and we were advised that regular checks were undertaken, such as fire alarm testing, emergency lighting checks and health and safety risk assessments. The police and both providers maintained a SARC risk register which was shared with us during the inspection.

Forensic examination rooms and staff offices were accessible to staff with a swipe card which reduced the risk of unauthorised access.

Infection prevention and control measures were in place and NCHCT worked closely with the SARC manager and crisis worker team to manage the risks of virial transmission. Additional safety measures were available to protect patients and staff from infection, such as additional hand sanitiser and social distancing arrangements.

The SARC manager and crisis workers completed daily checks of equipment, and the police managed a contract to ensure examination rooms were forensically cleaned after each forensic medical and deep cleaned quarterly, this was evidenced in risk assessment registers and check lists completed in the SARC. Norfolk police managed the contract for all waste disposal.

At the time of our inspection, the forensic examination room had been used so was not in a forensically clean, sealed state and as such we could not test those arrangements.

FMEs had access to, and received appropriate training in, the use of the colposcope (a colposcope is a piece of specialist equipment for making records of intimate images during examinations). Norfolk police were responsible for the maintenance of equipment including the colposcope, and forensic samples were managed in line with the FFLM guidelines.

Information to deliver safe care and treatment

Case records were not held within the SARC. FMEs would take the records and any non-forensic samples back to their base building in NCHCT in a locked transit box. The paper record was then scanned onto an electronic record for secure storage. Colposcope pictures were also stored on a labelled disc which was then filed and stored in a locked box in a room secured by swipe pass keys.

The records reviewed included significant gaps. Of the seven records reviewed, in six we found that the provider's records did not always demonstrate that discharge planning and onward referrals had been made. During the inspection, the provider was able to assure us that these tasks had been completed.

Safe and appropriate use of medicines

Paediatric medications were not stored on the premises. FMEs prescribed electronically, forwarded directly to a pharmacy of choice. The family and GP were contacted when the prescription was issued.

Track record on safety

Incidents were discussed at the quarterly operational meetings chaired by NHS England and Improvement. There were no incidents directly affecting patient care or safety reported in last three years.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patients had their needs and other vulnerabilities thoroughly and holistically assessed, and their care and treatment delivered, in line with evidence based, FFLM guidance. We saw evidence of this in the seven patient records we examined, and this part of the record was always completed. FMEs recorded the interview they had with patients reporting facts in the patient's own words.

Consent to care and treatment

FMEs sought parent/carer and patient consent to care and treatment in line with FFLM guidance and Gillick competence. They told us they continued to review patient consent throughout the medical examination and patients and their families were empowered to stop assessments at any time, which meant that they retained control over what happened to them in the SARC. This was evident in records we viewed with some patients signing their consent alongside the parent/carer.

There was an area in the records for safe storage of highly sensitive information as well as the use of flags and alerts when the patient was considered at risk from a parent. This allowed staff in the SARC and the wider trust to be alert to and respond to safeguarding concerns.

Monitoring care and treatment

Peer review and clinical supervision sessions were accessible, effective and well attended. They included a review of the latest guidelines, as well as a review of recent cases, with opportunity for professional challenge. These sessions provided learning and reflection time for staff to develop their practice. This meant that staff were able to deliver effective, evidence based and compassionate care.

Effective staffing

All FMEs were paediatricians employed by NCHCT and had completed the trust induction programme. They had completed a specialist forensic course for doctors at The Havens: Introductory Training Course in Sexual Offences Medicine and level three safeguarding children training.

The FMEs accessed wider peer support and continual professional development via Norfolk Paediatric and Educational Group.

FMEs were up to date with their training, apart from safeguarding adults training which had to be rescheduled due to the COVID-19 pandemic.

The SARC was staffed by committed professionals who underwent a period of shadowing for as long as necessary, to ensure competence and confidence. However, this did not correspond to a competency framework. This reduced leaders' assurance that patients always received a service from skilled, dedicated and competent clinicians. Shadowing opportunities were further impacted by the low attendance levels at the SARC. To mitigate for this, leaders spoke of their policy of two FMEs attending a patient at the SARC.

Co-ordinating care and treatment

All referrals to the SARC were via police or social worker, self-referrals were not accepted. All children were accompanied in the SARC by social worker and or, police. The person who accompanied them into the forensic room with the child as a support was their choice.

Are services effective?

(for example, treatment is effective)

Strategy discussions were undertaken before all attendances at the SARC. The inclusion of the FME at the strategy discussion was a recent improvement in practice as previously they had not been invited and as such health agencies were not represented. This informed the care planning for the patient and their family whilst visiting the SARC. The strategy discussions gave the FME an understanding of family dynamics, vulnerabilities and specific needs for the patient.

The FME was supported by either the second FME or a crisis worker in the forensic room. Police were co-located on site so took any forensic specimens from the forensic room at the door. The FME was therefore only responsible for clinical records and colposcope images, which were placed in a locked box with any medical specimens taken for infection screening.

FMEs wrote directly to GPs to advise of the patient's attendance at the SARC but only where parents/ carers consented to this. If appropriate, an onward referral was offered to sexual health services and mental health services, this was evidenced in electronic records that were reviewed during inspection.

Are services caring?

Our findings

Kindness, respect and compassion

FMEs treated patients with compassion and kindness and were respectful of patient privacy and dignity. This was reflected in patient records we reviewed and in interviews with FMEs. Staff told us that the forensic medical examination was based on a patient's individual needs and the patient was at the centre of the process. FMEs told us they were sensitive to patients' wishes and preferences, explaining each step of the process and allowing them to have control of the pace of their examination and whether the examination proceeded.

Patients over the age of 13 years with learning disabilities attending the SARC can be seen by FME's from NCHCT. This meant patients with a learning disability could be cared for by paediatricians with skills in meeting the needs of patients with disabilities and special educational needs. Patients had access to translators and sign language interpreters when required.

The non- forensic waiting/interview room was comfortable and had easy wipe down furniture. We were told that toys however, had been removed from the room due to the pandemic as they could not be easily cleaned.

Involving people in decisions about care and treatment

The SARC had information leaflets available in other languages appropriate to local area population, information was available in waiting areas and interview rooms to support patients in making informed decisions. However, we saw that these were not currently child friendly, when we gave this feedback during the inspection the provider told us they planned to design a leaflet for and with children and young people but no timeframe had been given for this.

The SARC website contained useful information for patients, and their carers or families on what to expect when attending the SARC. There was a specific page for those who are aged under 13, making them aware of the need for police involvement and use of the 'privates are private; always remember your body belongs to you; no means no; talk about secrets that upset you and speak up, someone can help (PANTS)' literature and song to help with understanding what sexual abuse is.

Privacy and dignity

The SARC building was situated discreetly behind police offices in a suburb of the city. All doors were swipe card access only, meaning that unauthorised access was not possible.

Patients were offered refreshments during their journey through the SARC.

Separate shower facilities were available which, although not en-suite, were next to the forensic room, solely for use by patients being seen in forensic room. The SARC provided clean clothing should this be required. The forensic rooms were at the end of a corridor which made the space feel private. Only one patient was in the SARC at any time, with staff only accessing the building who were working with the patient.

The commissioners, police and provider acknowledged that the building will not meet the requirements for future accreditation standards and work would be required to ensure compliance when this becomes mandatory.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

We reviewed records that showed us that patients were seen within timeframes set according to the commissioned contract with police and NHSE.

Patients' wishes were considered in collaboration with their main carer, working with them to meet forensic timescales while still offering a child focused approach. Due to the sensitivity of the service, it was not appropriate to speak to patients that had received care and support during our inspection. However, we did see written feedback from patients commenting that staff were helpful and understanding of their needs at a challenging time on four response cards completed for us. Themes included welcoming and friendly staff, the SARC was clean and had welcoming environment.

Patients were offered flexible appointments in an environment designed to help reduce their anxiety levels, for example children with autism being seen for follow up appointments at the Children and Young People Clinic. The FMEs offered a strong holistic approach to meet children's needs, we saw evidence in records of vulnerabilities and additional safeguarding issues being identified and responded to via onward referral or sharing of information.

Patients could choose the gender of their examiner. We were told consideration of gender would form part of the strategy meeting plan with partner agencies.

Patients with a hearing or sight impairment were identified from the point of referral to the single point of access process, adaptations were then planned and made to support the patient during their time at the SARC.

The entrance to the SARC and all rooms used by patients and families had step free access and the bathroom facilities had handrails ensuring those with physical disabilities could attend the service.

Timely access to services

The FMEs provided forensic paediatric medical examinations, Monday to Friday 9-5 pm inclusive. Referrals were received via the NCHCT safeguarding service with the on call FME reviewing the initial information and taking forward the care of the child, including attending strategy meetings and examinations.

Another provider has been commissioned to pilot a regional Saturday morning clinic since January 2022 to meet the needs of those patients who present over the weekend to support obtaining samples within the forensic window.

The SARC website outlined the services available and the professionals required to support decision making and care planning, including contact telephone numbers. This meant that children and their families understood the process and who would be involved in their care and treatment before attending the SARC.

Listening and learning from concerns and complaints

The FMEs followed NCHCT's complaints policy, however, there had not been any complaints to the service.

Are services well-led?

Our findings

Leadership capacity and capability

The interim head of NCHCT's paediatric services and the clinical lead were clear about their leadership roles and were committed to delivering a high standard of patient centred care. Staff told us managers were visible, approachable and worked closely with them, staff felt listened to.

Managers recognised the challenges of delivering a quality service when the numbers of children attending the SARC were low. They acknowledged the challenges around maintaining expertise especially for their newly appointed staff. Peer group meetings and sharing practice events were examples of good practice and the lead FMEs had an 'open door' policy which provided frequent ad-hoc supervision and guidance.

Senior clinicians and managers, however, did not have sufficient oversight of the proficiency of their staff. There was no competency framework in place, which therefore impacted the opportunity for FMEs to demonstrate that they had been able to consolidate their skills and experience.

Engagement with clients, the public, staff and external partners

Managers recognised the need to promote the service to ensure that referrals for children and young people were being made by stakeholders. They did this by offering training for GPs and GP trainees and sharing best practice at the Norwich Paediatric Educational Group.

NCHCT collected feedback from patients and their parents/carers but recognised that the numbers of attendees at the SARC were small which affected the results of that feedback. They were working on devising a more accurate understanding of the feedback they received to inform and change practice. However, this was in its infancy therefore we could not assess its impact.

Managers attended quarterly joint meetings chaired by NHSE, the SARC management team, and the adult provider, this was known as the SARC operational group. This was an opportunity for the providers to work collaboratively, share learning and good practice, and discuss complaints, developments and risk improvements.

Governance and management

NCHCT completed a 2019 record keeping audit which highlighted the need for capturing the voice of the child and using their words to describe events. The voice of the child was seen in every record we examined, which demonstrated service improvement. However there have been no further record keeping audits completed since, and during inspection we identified issues with gaps in completion of assessment forms used.

Audit and data collection to inform service improvement was underdeveloped, we were informed that throughout the Covid-19 pandemic many audits were stood down.

NCHCT did not produce an annual report for the service although achievements and concerns could be verbalised in SARC operational group meetings. They had not established a system for gaining assurance of the providers' environmental risk assessments, although we were told this was planned. FMEs told us they had concerns relating to lone working, and they were unable to access showers and changing facilities between cases. Post inspection the mangers stated that staff could access these facilities in the separate police building, although this was not made available as FME's had declined the additional full vetting and barring scheme that the police required to permit access to that building.

Are services well-led?

FMEs were closely supported by the safeguarding team for children and adults. A holistic safeguarding approach was evident in the records we reviewed, and child sexual abuse was not seen in isolation, but as part of an assessment of the wider risks pertaining to the child or young person.

The SARC did not have paediatric resuscitation equipment in place at the time of the inspection. NCHCT took immediate action to address this by providing the appropriate resuscitation equipment and ensuring a trained intermediate life support practitioner was available onsite whenever a patient was present until all staff had received up to date training.

Culture

There was a supportive open culture within the FME team. We spoke with staff members who demonstrated an openness when describing the service and their roles within it, concluding they were proud to work in the service.

NCHCT had systems in place and FMEs understood their responsibilities to ensure compliance with the requirements of the duty of candour (the professional responsibility to be open and honest with patients when things go wrong).

Continuous improvement and innovation

FMEs wanted to improve the service they provided. The Lead FME for the SARC shared with us the need for a colposcope upgrade and had requested this from NCHCT. A new colposcope would lead to improvements in specification so that other areas of the body can also be photographed, for example; bruises on thighs. This would improve the experience for the child.

This section is primarily information for the provider

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
Treatment of disease, disorder or injury	Regulation 17 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983 *17(2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);* NCHCT must ensure that they have a good understanding of service provision at the SARC. They must identify areas for development and take swift action to improve the child and staff experience. *17 (2) (b) 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;* NCHCT must continue to ensure that there is available emergency equipment and trained staff to use it whenever a patient attends the SARC premises. *17(2)(c) Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;* NCHCT must ensure that patient records are complete, legible and contemporaneous, and evidence the discussions with patients and/or their responsible adult to explain the clinician's decision making and the rationale for care and treatment provided. *17(2)(d) maintain securely such other records as are necessary to be kept in relation to—*

This section is primarily information for the provider

Requirement notices

1. *persons employed in the carrying on of the regulated activity, and*
2. *the management of the regulated activity;*

NCHCT should ensure they have a formal competency framework for FMEs.