Mountain Healthcare Limited

Bridge House SARC

Inspection Report

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Date of inspection visit: 26 and 27 November 2019
Date of publication: 05/03/2020

Overall summary

We carried out this announced inspection on 26 and 27 November 2019 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 two CQC inspectors who were supported by a specialist professional advisor.

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?

These questions form the framework for the areas we look at during the inspection.

During our inspection, we found a number of concerns in the safety of the service. The Care Quality Commission served an urgent Notice of Decision on 29 November 2019 under section 31 of the Social Care Act 2008, to impose conditions the registered provider must not provide regulated activities without the prior written agreement of the Care Quality Commission and until fire safety systems and processes had been implemented in the building. A further inspection was carried out to review this on 23 December 2019.

Background

Bridge House SARC is a sexual assault referral centre (SARC). Mountain Healthcare Limited provides health services and forensic medical examinations to patients aged from 16 years old upwards in North Yorkshire who have experienced sexual violence or sexual abuse. The SARC premises are owned and maintained by the police. Mountain Healthcare Limited use the top floor of the building, which comprises of a small staff office and one forensic suite. Communal areas on the ground floor include a waiting room, kitchen and toilet which are shared with the police. The police are situated on site and use the rooms on the ground floor to carry out video recording interviews.

The service is jointly commissioned by NHS England and the Police and Crime Commissioner. The SARC does not offer a walk-in service and appointments can be made by telephone. Staff were on site during core working hours and staff attended the service during the on-call period, from 5pm to 8am. Mountain Healthcare operates a call centre that provides a 24 hours-a-day and seven days-a-week advice service for patients. For non-urgent enquiries patients could make contact by email; this was

Summary of findings

not monitored out of hours. The staff team consisted of a centre manager, forensic nurse examiners (FNEs) and crisis workers. Staff are deployed to work between Bridge House SARC and Casa Suite SARC in Hull.

The service is provided by a limited company and, as a condition of registration, the company must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager at the Bridge House SARC was also the medical director for Mountain Healthcare Limited who is a member of the Faculty of Forensic and Legal Medicine. We have used the terms 'registered manager' and 'centre manager' to differentiate between the two roles. The registered manager and the centre manager were not available at the time of the inspection.

Comment cards were sent to the service prior to our visit and we did not receive any responses from patients who accessed the service. Throughout this report we have used the term 'patients' to describe people who use the service to reflect our inspection of the clinical aspects of the SARC.

During our inspection we toured the premises and reviewed the care and health records of 15 patients who had used the service and the records for the management of medicines. We spoke with the director of nursing, the associate head of healthcare, two FNEs and two crisis workers. We checked six staff recruitment files, minutes of meetings, audits, and information relating to the management of the service.

Our key findings were:

- The service did not have effective systems in place to help them manage risk. Fire safety systems were not in place to ensure that patients were not exposed to the risk of harm.
- The staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults, however safeguarding processes were not always being followed for children.
- There were gaps in the staff recruitment procedures.
- Appropriate medicines were available.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff did not always treat patients with dignity and respect.
- Staff took care to protect patient's personal information.
- The appointment/referral system met clients' needs.
- The service did not always have effective leadership.
- There was a culture of 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.
- The service staff dealt with complaints positively and efficiently.
- The staff had suitable information governance arrangements.
- The service appeared clean.
- The staff had infection control procedures which reflected published guidance.

We found a number of concerns in the safety of the service. We took urgent action to impose a condition that the registered provider must not provide regulated activities at this location to ensure that people were not exposed to the risk of fire in the building. A further inspection was carried out to review this on 23 December 2019. Further details of this can be found in our report in December 2019.

We identified one breach in relation to good governance. We also found that a screen was not provided for patients in the forensic examination room, however this was rectified soon after our inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We identified regulations the provider was not meeting. They must:

- Ensure the premises being used to care for and treat service users are safe for use.
- Ensured the privacy and dignity of patients.
- Ensure risk assessments of equipment and furniture in the forensic examination room are carried out.
- Ensure systems or processes are in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk.

Summary of findings

- Send CQC a written report setting out what governance arrangements are in place and any plans to make improvements.

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

There were areas where the provider could make improvements. They should:

- Establish whether patients require a male practitioner prior to them entering the service, so that one can be provided as necessary.
- Carry out a lone worker risk assessment specific to the SARC.
- Follow the correct safeguarding processes to make certain safeguarding referrals are sent for all children under the age of 18 years old.

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?
We found that this service was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices/ Enforcement Actions section at the end of this report).

Enforcement action

Are services effective?
We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?
We identified a caring concern that was rectified soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.

Are services responsive to people's needs?
<Findings here>

Are services well-led?
We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices/ Enforcement Actions section at the end of this report).

Requirements notice

Are services safe?

Our findings

Safety systems and processes

Staff knew their responsibilities if they had concerns about the safety of young people and adults who were vulnerable due to their circumstances. The provider had policies and procedures in place to guide staff on what they should do to protect patients from the risk of abuse. We saw a care plan that had been written to keep a patient who had attended the SARC on multiple occasions safe. Staff told us if a patient attends the SARC on more than one occasion a care plan was devised to ensure the patient's needs were being met effectively.

Safegurding referrals were automatically sent to children's social care for all patients under the age of 18 years old. We saw some variability in the quality of practice regarding the safeguarding of young people under 18. We reviewed two sets of records where a family member had called for advice about a young person under the age of 18 who had been sexually assaulted. No safeguarding referral was made for either child. In both records there was no record of the details of the discussion the member of staff had had with the relative, there was no analysis of risk to the young person or documented decision making about why a safeguarding referral had not been made. Leaders assured us that opportunities to safeguard children would no longer be missed as they have now implemented a safeguarding tracker. This is a spreadsheet which monitors what referrals have been made for any vulnerable patient contacting the SARC. We saw two safeguarding referrals that had been made to children's social care. One referral lacked professional curiosity, it did not contain any analysis about why the young person was at risk and why the referral was being made. In the other record we saw a good example of professional curiosity when a referral was made for the children of an adult who attended the SARC following an assault.

Forensic Nurse Examiners (FNEs) had received level three safeguarding children training. In line with intercollegiate guidance a plan had been developed to ensure that some safeguarding training was being provided in an multi agency format. Development days had been planned to provide training on the subject topics including; young people exploitation, building resilience, domestic violence, multi agency risk assessment conference (MARAC) and wider safeguarding (sexual offence) and this was due to commence in late 2020.

Effective systems were in place to identify and highlight patient vulnerabilities. We reviewed 15 sets of records and found that all patients had been assessed and where vulnerability was identified then ongoing referrals were made to other agencies. For example, we saw that referrals were made to mental health services, social care and domestic abuse support organisations.

Staff

Staff were employed in line with the organisation's safe recruitment policy. We reviewed the HR records of three members of staff who had commenced work with the organisation in the last three months. We found thorough records were kept including the staff member's application form, details of their interview question and answers and authenticated references. The records we reviewed showed the staff had up to date Disclosure and Barring Service (DBS) checks and had been subject to additional police vetting. Leaders told us the organisation was revisiting the personnel records of all its employees. The organisation had identified records of staff who had transferred employment from previous providers were missing authenticated references. To remedy this current line managers were being asked to provide an up to date reference to ensure there was no gaps in staff employment files in adherence with the organisation's recruitment procedure.

Staff were deployed between Bridge House SARC and the neighbouring Hull SARC and there were enough staff available to respond to patient's needs. Rotas were in place for staff scheduling and the centre manager had oversight and knew which base their staff would work from. Staff told us they had recently recruited a full time FNE who was in the process of completing their induction and all current vacancies at this location were filled. Staff were deployed between Bridge House SARC and the neighbouring Hull SARC and there were enough staff available to respond to patient's needs.

Clinical staff had completed continuing professional development (CPD) to improve the quality and safety of patient care.

Are services safe?

Managers and staff at Bridge House SARC told us they knew who they could contact if they felt unsafe in the premises. There was a generic lone worker risk assessment for all Mountain Healthcare locations. The location did have standard operating procedures for arriving and leaving the building and for lone workers visiting patients in the community but not for staff working in the SARC alone. Staff told us they do work in this building alone at times. They explained that when they worked out of hours they contacted the organisation's call centre when arriving and leaving to ensure they were aware of their whereabouts, however there was no specific lone worker assessment for this location.

Risks to clients

Systems were in place to assess, monitor and manage risks to patient's medical treatment and care. Case records evidenced staff assessed the safety of patients. We found that they used tools to assess for child sexual exploitation (CSE) and domestic abuse effectively. Body maps were used to document physical injuries. Female genital mutilation (FGM) was routinely screened for during every female patient examination and FNEs knew their responsibilities about who they should report any concerns to protect the patient from harm.

Risk assessments were in place and action taken to safeguard patients. This included comprehensive assessments for post-exposure prophylaxis after sexual exposure (PEPSE), antibiotic and/or hepatitis B prophylaxis and the need for emergency contraception and physical injuries that need urgent treatment. In two case records we found that patients had been assessed for their sexual health and their emotional wellbeing. Concerns had been identified and urgent referrals were sent to the genitourinary medicine (GUM) clinic to provide them with follow up treatment and advice.

Safe examination and treatments were carried out and we saw that the location had appropriate arrangements for managing sharps and clinical waste. Clinical staff vaccinations were carried out routinely and were up to date to protect them and patients from vaccine preventable diseases. Emergency equipment such as a defibulator was not available at the SARC but staff had received mandatory basic life support training and knew what steps they would take in the event of a patient medical emergency.

The Bridge House SARC had a localised business continuity plan which detailed what would happen if an incident occurred which prevented the service being run as normal from the location.

Premises and equipment

The provider did not have effective fire systems in place to eliminate or mitigate the risk to any person's entering the SARC to make certain they would not be exposed to the risk of harm. The SARC was housed by a separate landlord. Staff told us the police maintained the building and it was thought they conducted regular checks on appliances, emergency lighting and smoke detectors. However, staff did not have access to any documentation to confirm that these tests were performed regularly. There were no fire extinguishers in the building. Staff told us the fire extinguishers had been removed the day before our inspection as it was now the landlord's policy not to have this equipment in buildings where fewer than five people were normally present. Although the SARC was not in constant use we noted that when a patient was present there would be the potential to have more than five people in attendance (patient, patient relative, FNE, crisis worker, two police officers and possibly a translator). The forensic suite was situated on the upper floor of a two storey, converted house. Staff could not describe any clear plan to evacuate the building if there was a fire in the stair well which prevented people leaving down the stairs. The windows in the forensic suite were kept closed (as per FFLM guidance) and locked and staff did not immediately know if the windows could be opened. The window keys were kept in a locked cabinet in an office next to the forensic suite. We noted that it would add a time delay to escaping if the keys had to be obtained from a cabinet in another room. Staff were not clear how far open the windows would go and if a person could get out of the window. Staff did not have any equipment to smash the window if required. Staff told us there was no fire escape stair or ladder for people to safely descend from the first floor. Staff could recall having one session where they thought about how they would evacuate the building, but they planned to use the fire extinguishers to exit the building and they were no longer there. Leaders told us they felt the fire procedures were the responsibility of the landlord. The location had a health and safety assessment which noted that an annual evacuation had not been undertaken.

Are services safe?

There was no staff shower therefore staff could not shower between patients. Staff told us they changed their clothes in a very small store cupboard. Staff told us they could not use the toilet or kitchen (situated downstairs) when the police were using interview rooms downstairs for their clients, due to interview equipment picking up sound. Staff could not book patients in the SARC when the police were using the interview rooms. We have reported on this more in the well-led section.

We noted that were chips in the table and rust on the radiator grills in the forensic waiting room. In the forensic examination room there were marks on the floor caused by the feet of the examination couch. Staff told us they had cleaned these areas thoroughly and had reported the issues to the landlord of the building. There was no risk assessment of the impact of the chips in the table, the rust on the radiator or the marks on the floor.

We were unable to check if the location had safe water systems. Staff told us they thought water checks were carried out weekly by the landlord, however Mountain Healthcare staff did not have access to this documentation.

Specialist equipment, known as a colposcope, was available for making records of intimate images during examinations, including high-quality photographs and video. The purpose of these images is to enable forensic examiners to review, validate or challenge findings and for second opinion during legal proceedings. Staff were trained to use the colposcope and their competency assessed and signed off to evidence they could use this equipment appropriately.

There were decontamination protocols in place to ensure forensic integrity. Cleaning of the forensic examination room was carried out with the FNE and crisis worker after every patient examination. We saw information to show that deep cleaning had been recently undertaken by an external company and was certified to show that the examination room was cleaned to meet the FFLM standards so carry out safe examinations.

Details were kept of (Control of Substances Hazardous for Health) COSSH items and these stored in a locked cupboard. There was a well-stocked emergency bag that contained emergency items and all the items were checked regularly. The first aid kit had been checked, this was well stocked, and items were up to date.

The premises were clean when we inspected, and the service had carried out infection prevention and control audits that demonstrated the provider was meeting the required standards. Clinical waste was stored and disposed of safely to ensure that patients were not placed at risk of infection and cross contamination. The staff confirmed they adhered to infection control measure and knew that it was essential to follow hand washing hygiene instructions and to use personal protective equipment when assisting a patient with their examination.

Information to deliver safe care and treatment

Staff kept complete, legible records that were stored securely in a locked filing cabinet. Intimate images were stored on encrypted discs in sealed evidence bags. In records reviewed we found that appropriate and timely referrals were made to other agencies. Patients were offered a six week follow up telephone call and we saw that staff contacted every patient who accepted this service.

Safe and appropriate use of medicines

We looked at the systems in place for the safe handling of medicines. We found that medicines were stored safely and that regular checks were taking place to ensure that medicines were stored at an appropriate temperature. Medicines were stored securely, and the clinical staff were aware of current guidance with regards to prescribing medicines.

Forensic nurse examiners supplied medication under a Patient Group Direction (PGD) which is a written instruction for the supply or administration of medicines to a group of patients who may not be individually identified before presentation for treatment. There was an agreed formulary for the supply of PGDs. The PGDs were in date clear, appropriately signed off, complaint and in line with current best practice.

Track record on safety

Systems were in place to monitor, review and learn from incidents. Staff had assessed the premises for potential ligature risks and recorded this in a risk assessment audit. Staff coded each risk to identify what actions were required to keep patients safe from harm. The ligature audit was reviewed annually. We found within the last audit staff raised a concern about an electrical wire that was hanging free near the rear entrance of the building and we noted this had been removed.

Are services safe?

Lessons learned and improvements

The organisation had an incident reporting system called PAIERS this stands for positive, adverse and irregular events reporting. Staff told us they were encouraged to log incidents. Leaders had oversight of PAIERS submitted to them from all locations in the organisation and monitored PAIERS for themes so that specific information could be distributed should a trend occur.

Effective processes were in place to receive and act on medicine and equipment safety alerts. Should an alert be received this would be quickly shared with all the staff. Leaders told us about a recent example when a certain brand of pregnancy test was proven to be inaccurate. They immediately checked that this was not the brand in use in their locations.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Systems were in place to keep staff up to date with current evidence-based service. Patient needs were assessed, and care and treatment delivered in line with FFLM guidance standards and guidance. Our review of records demonstrated that assessments were holistic and took account of patients physical and emotional health and vulnerabilities to ensure their needs were thoroughly identified.

Staff at Bridge House SARC used the CURE test to assess patient's ability to Communicate, Understand, Retain and Employ (use) information when there were concerns about the patient's capacity. In one record reviewed we saw that the nurse felt the patient could not retain information and therefore use the information she had been given to make informed consent. The nurse decided that the examination should not go ahead at that time. The patient was admitted into hospital and the nurse liaised with the hospital and offered to conduct the examination in the hospital when the patient was able to consent to their care and treatment.

Consent to care and treatment

All the staff understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. Patient consent was documented in all the records that we checked. Staff continually reinforced with patients that they made the decision about their care and treatment and could change their mind during any point of the process. Staff recognised that it was not just important to listen to what patients had to say but that it was equally as important to observe their body language as this was vital to make certain patients felt in control about the choices they had made.

Patient feedback was used to improve practice. The location asked each patient to leave anonymous feedback. We noted a "You said, we did" poster displayed in the waiting room. Staff told us they had added some decorations to the waiting room after patient's feedback that the room was sparse. The staff had also bought a universal phone charger and a blue tooth speaker so that patients could listen to music in response to patient feedback.

Although staff did not provide treatment and care for patient's under the age of 16 years old. The staff we spoke with were aware of how to apply the Fraser guidelines and Gillick competence, when treating children under the age of 16 years old.

Monitoring care and treatment

Case records included information about patients' current needs, past treatment and their medical histories. Paperwork was clear and led staff through the patient's medical treatment and planning the process of their aftercare. Staff considered patients' social situations, they assessed patients to see if they felt safe to return to their home and if other people had been affected as a result of the incident that occurred.

Audits were carried out on patients' care and treatment, and their outcomes. Clinical records confirmed this and clearly outlined the steps the clinicians had taken as well as all the information discussed with the patient. In one case we found that a patient reported financial abuse by the perpetrator. The police had been contacted and carried out an investigation to act on the patient concerns and the outcome of this was documented in their notes. Records showed that staff conducted audits on patient records to establish if they received an appropriate standard of treatment and support.

Effective staffing

Staff confirmed that a structured induction plan was in place to introduce new staff to their role and responsibilities. The centre manager regularly checked what training needed to be completed and when this was due to expire. We saw information to show that staff had a thorough induction, which included shadowing opportunities, observed practice and competency sign off. Mandatory training was delivered to staff and this was up to date. Topics included safeguarding children and adults, PREVENT training, a module on Female Genital Mutilation (FGM), infection control, Child Sexual Exploitation (CSE), honour-based violence, equality and diversity and health and safety.

Forensic nurse examiners had access to a comprehensive training programme that had been developed for clinical staff. Modules covered trauma informed care, mental health, learning disabilities and cognitive challenges, documentation of injuries and providing evidence for court and observation and discussion of female and male cases.

Are services effective?

(for example, treatment is effective)

Core training days had been arranged and delivered every three months to ensure that forensic nurse examiners were upskilled in the subject topics that reflected the needs of patients. Training had been rolled out and received for the introduction of the sexual offences act (SOA), clinical skills and assessments including Phlebotomy, speculum, proctoscope, advanced basic life support and an emergency scenario day. An action plan was in place to for further training to be developed for FNEs on topics such as forensic and ethical decision making and professional differences of opinions. This showed that training was tailored to meet the specific needs of patients.

Quality control measures were in place to ensure that treatment and care provided to patients was safe and effective. Clinical staff and crisis workers peer reviewed each other's work to make certain that information was accurate, relevant and significant and this was carried out consistently in accordance with FFLM standards. Direct observation skills were untaken by the centre manager to check staff competencies in a range of different scenarios such as completing safeguarding referrals and obtaining consent for children and adults.

Records showed that staff received clinical supervision sessions which provided staff with opportunities to discuss their work and professional development and seek guidance and support from their line manager.

Co-ordinating care and treatment

Crisis workers and forensic nurse examiners worked together effectively to provide coordinated care in the SARC. Patients were routinely offered referrals to ISVAs. Staff met with representatives from the ISVA service every six weeks to share learning and to discuss any patients who did not engage. We saw evidence of liaison with GPs, mental health services, domestic abuse and sexual health services to ensure patients continued to receive the care they needed after they left the SARC.

Are services caring?

Our findings

Kindness, respect and compassion

Patients were treated with kindness. This was reflected in the positive comments received from the patients that had accessed the service. Staff had the right interpersonal skills to ensure that patients were provided with compassionate support. Staff took into consideration the trauma that patients may experience when accessing the SARC. They took time to patiently listen and constantly reassure them on what was going to happen next.

Staff explained that patient's accessing the service who do not speak English were provided with an interpreter by the police. Staff had access to a telephone-based interpreting service for patients who self refer so they could fully understand what the service offered and the treatment options available to them.

Patient feedback was obtained by the service to improve the quality of service delivery. The service kept a spreadsheet of all patient feedback and these were all positive. We did not receive any Care Quality Commission (CQC) comment cards left for patients to complete. Staff told us the service had only seen one patient during the time our comment box was present.

The provider was not offering patients a choice of gender of forensic examiner before they attended the service. The service was staffed by all female FNEs. Staff told us they asked patients once they arrived if they were happy to be examined by a female and if a patient requested a male examiner they would try and arrange this. However, we did not see evidence to show that a choice was offered before the patient was booked in for their examination so they could make an informed decision about their choice of gender.

Food and drink were available for patients and comprised of tea, juice and biscuits. Following a discussion with the FNE to determine if a mouth swab was required patients were offered refreshments either before or after their examination and this was recorded in their notes.

Bridge House SARC had information written for young people, adults and people with learning difficulties, but this information was only written in English. Leaders told us they used a web based translation tool. Leaders had not obtained any feedback on how effective this service was, but they had made contact with a local university language department to see if they could help assess the accuracy of the translation tool.

Privacy and dignity

Staff did not always make sure that patient's privacy and dignity was maintained when they provided treatment in the forensic suite. There was no screen in the forensic examination room to protect people's privacy and dignity. We heard that an examination was carried out with a patient and an interpreter in the room who had their back turned during the patient's examination. This did not promote privacy and dignity.

Privacy notices were displayed in the SARC and on the providers website. This was written in an easy read format and highlighted to patients their rights about how their personal data would be used and how long their information would be kept. We observed that patient records were stored securely in locked cabinets and not left around for any unauthorised people to see. Computer systems were password protected and data was encrypted to keep patient's sensitive information private.

When a patient contacted the service for further information and advice they did not have to disclose their name. This protected their anonymity and they would still be offered the same support by the SARC team. Confidential information was discussed with patients and treated with discretion. Staff reported if there were serious concerns raised about a patient or child, they informed patients that this information would be shared with other agencies in accordance with local safeguarding arrangements.

Involving people in decisions about care and treatment

Patients were given the choice of bringing a relative, friend or carer with them to their appointment at the SARC. When a patient arrived at the SARC they were welcomed by a crisis worker and an FNE and given time to talk about their concerns. During this time patients were provided with the information they needed so they could make an informed decision about the treatment and care the service offered. Patients were given the time to ask any questions about

Are services caring?

the SARC and could decline the options available to them if they wished. The options for any after care were explained and with their consent appointments and referrals were made to appropriate services.

Easy read materials were available to make sure that patients could fully understand the medical treatment and aftercare available. Further information was provided on the Bridge House SARC website about community and advocacy services they could access such as victim support, sexual health clinics, an independent domestic abuse service and other SARC locations patients could access across Yorkshire.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients were provided with holistic treatment and care, which considered their needs and wishes. Patient's needs had been initially assessed before they accessed a service from the Bridge House SARC. Notes addressed patients' health care needs and at the time of the inspection patients were being supported with their substance misuse needs. We noted in one case record, staff had clearly identified the practical and clinical support the patient required to meet their substance misuse needs. There was evidence of an alcohol withdrawal assessment tool completed and the patient had been offered further help and support. Other patients' care notes showed that staff spoke with external practitioners to seek further advice about how best a patient could be supported following their visit to the SARC. For example, one young person had been referred to the school nurse and was offered counselling to listen and find ways to help them with their emotional health. Staff maintained clinical records of each patient's attendance which documented the reason for the visit and the outcome.

Facilities and premises were not designed to provide access for all patients. The premises were not accessible for wheelchair users, the forensic examination room was on the upper floor and there was no lift on the premises. Patients who were not able to access this SARC because of their mobility were booked into a neighbouring SARC with disability access.

Timely access to services

Access to care and treatment for patients was given within an acceptable timescale to meet their needs. Patient examinations were being carried out by the FNE's with the required response times of 90 minutes. Information we checked showed that patients were seen within acceptable timescales, so the service was responsive to their needs. Staff would arrange to meet the patients at the SARC or support them to contact other external services, depending on their individual needs.

Information about opening times were displayed on the SARCs website and in the premises. Patients could refer themselves to the SARC and appointments were booked through the organisation's call centre who shared the information with the appropriate SARC. Police could also schedule appointments on behalf of the patients.

Listening and learning from concerns and complaints

Patients were provided with information about how to make a complaint if they were unhappy with any aspect of the service. The providers website gave details of how patients could make a complaint and who they could escalate their concerns to if they were unhappy with the outcome of the provider's response. No complaints had been received in the last 12 months and we saw there was clear information displayed in the waiting room about how patients could raise any complaints they may have.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders and staff spoke about the challenges with the dual use of the premises and found that at times it was difficult to manage. The SARC was on the top floor and the communal lounge and kitchen were shared with the police and the SARC staff team. There was a police video recording interview (VRI) room on site. As the site was small, this picked up noise from other rooms and there was an agreement, between staff at the SARC and police, that patient examinations and VRIs would not be carried out at the same time.

To address these challenges a shared rota was used for the SARC staff and the police to book appointments to make certain that use of the premises and appointments for attendees did not overlap. Leaders told us that examinations of patients take priority to ensure that patients received examinations when this was required.

Due to the premises being used for dual purposes staff booked a designated day in the shared calendar for the examination room to be forensically cleaned one day a week, to maintain upkeep on the standard of cleanliness when the forensic suite was not in use, this did not impact on the waiting times for patients.

Effective processes had been developed to plan for leadership capacity and skills including planning for the future of the service. Leaders had oversight of an organisational learning tracker and action plan to ensure that all centre managers had access to learning opportunities across the organisation. Leaders explained they planned to hold a CQC learning day that SARC managers would be invited to attend and learning from recent inspections would be shared. Staff reported that leaders were visible and 'would not think twice' about speaking with them about any suggestions or concerns they may have.

Vision and strategy and Culture

Staff understood the service's vision, values and strategic goals. They have been translated into a credible strategy with well-defined aims and objectives. The organisation was focused on implementing and operating quality systems that supported a culture of holistic care for patients who experienced sexual violence and/or sexual abuse. There were clear lines of accountability and oversight and system for reporting and monitoring.

The centre manager and staff were deployed to work between Bridge House SARC and the Hull SARC so there was a coordinated and consistent response to patient care. Staff knew each well and spoke positively about the staff team. They told us there was a 'no blame' culture when errors were reported, and that further training was made available to improve competency should this be identified as a need.

Governance and management

The provider's auditing system was not effective and did not identify all the concerns we found. They had not established a thorough auditing system to determine the risks we picked up in relation to fire safety in the premises. The provider was not carrying out audits or quality checks to make certain that equipment such as furniture had not been risk assessed and there was no screen provided for patients in the examination room. Further to this information in relation to health and safety checks carried out on the premises was not always shared between the landlord and the SARC staff team. This meant that systems were not effectively monitored to improve the safety of the patients, staff and visitors who accessed the service.

Following our inspection, the provider sent us a root cause analysis investigation report which included a clear action plan on the immediate action to be taken in relation fire safety in the building.

Management arrangements were in place and these were good. The centre manager worked between two SARC locations. Staff reported that were appropriately supported by the manager who was always available to offer support and guidance. There was a shared rota of staff between the SARCs in York and Hull and travelled from one SARC to the other in the course of their working day. The journey time is over one hour and could be longer if there is traffic. Leaders were aware of these challenges and explained these were part of the contractual arrangements and any challenges, for example, travel times between both SARCS were discussed with the commissioners and would be reviewed when the contract expired.

Appropriate and accurate information

Are services well-led?

Data on quality and operational effectiveness was analysed to identify and respond to areas for improvement. Data had been gathered across the organisation's SARCS to analyse trends and themes. This included the what time of day patients used the service, how long the examinations took and the number of examinations they were expected to conduct. Leaders told us this data was used in discussions with commissioners to plan for the future of the service. The organisation could also check if any gaps in service provision were identified and deploy the workforce appropriately thereby providing a better patient experience.

Engagement with clients, the public, staff and external partners

Staff had reached out to community groups across North Yorkshire as well as engaging with the local university and colleges to raise the profile of the service.

Bridge house SARC held a monthly open day with professionals from health, social care, the police and voluntary agencies so that they could visit the SARC to look round, meet staff and ask questions to break down any barriers around referring patients.

The organisation implemented a staff council after they received feedback from staff that there was a communication gap between strategic leaders and operational staff. The council meets quarterly and is a safe space for staff to feedback on any challenges and success stories. Staff told us about an improvement that was raised at the staff council. FNEs and crisis workers were finding it difficult to prepare forensic suites in time for the next patient arriving in the SARC, after this was discussed at the staff council the call centre was instructed to ensure each SARC had enough time between patients to carry out the necessary cleaning and checks.

Continuous improvement and innovation

Systems and processes were in place for learning and continuous improvement. E-peer had been introduced as a faster way of sharing information between the FNEs and doctors. Colposcope logs and the documentation of patient injuries were uploaded on the provider's cloud drive and sent to the organisation's doctors via a secure email should a second opinion be needed. The FNE explained that E-peer was beneficial when seeking clarification about injuries and that feedback was received promptly as there was an expectation that any referrals to the E-peer would be responded to within 48 hours.

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
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems or processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided. Regulation17 (1)(2)(a)(b)(c)

This section is primarily information for the provider

Enforcement actions

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
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We served an urgent Notice of Decision to impose a condition that registered provider must not provide regulated activities under Section 31 of the Health and Social Care Act 2008.