

Mountain Healthcare Limited

Beech House

Inspection Report

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Overall summary

We carried out a focused desk based review of healthcare services provided by Mountain Healthcare Limited (MHL) at Beech House in March 2020.

The purpose of this review was to determine if the healthcare services provided by MHL were now meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008. We found that improvements had been made and the provider was no longer in breach of the regulations.

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

During this desk based review we looked at the following questions:

Are services effective?

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

Are services responsive?

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.

Background

In Kent, 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 in Kent (for patients over the age of 14) 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.

Beech House is located in Maidstone, Kent in secure rented premises.

We last inspected the service in February 2019 when we judged that MHL was in breach of CQC regulations. We issued a Requirement Notice on 24 June 2019 in relation to Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

<https://www.cqc.org.uk/location/1-3197587861>

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.

Summary of findings

Before this review we reviewed the action plan submitted by MHL to demonstrate how they would achieve compliance, and a range of documents submitted by MHL. We also reviewed information provided by NHS England commissioners.

Documents we reviewed included:

- Current training and supervision matrices
- Risk register
- Premises risk register
- Revised patient record templates
- Patient information literature
- Quarterly quality reports for 2019
- Audit schedules for 2019 and 2020

We did not visit Beech House 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:

- The provider had effective oversight of the risk register and managers reviewed this regularly.
- The provider and managers were proactively developing local and national SARC services in response to the outcome of CQC inspections.
- Staff training and supervision were now routinely monitored by the centre manager and MHL senior managers.
- The provider had worked with the police to ensure that window restrictors were fitted to first floor windows.
- The provider had amended record templates and introduced easy to read consent information for patients. Patient records clearly documented how the patient's capacity to consent was ascertained.
- A variety of easy to read and child/young person friendly literature was available.
- Managers had amended patient feedback forms and introduced an easy read child friendly form to increase patient feedback about the service.
- The provider had made a range of improvements around safeguarding arrangements.

Summary of findings

Are services effective?

(for example, treatment is effective)

Our findings

At our last inspection we found that the centre manager had limited time to carry out managerial tasks. Staff training and supervision did not always take place in line with policy and patient records did not always detail decision making around consent.

These are the areas reviewed during this desk based review:

Effective staffing

The centre manager now had reduced clinical duties and had been allocated protected administration time. Some tasks had been delegated to appropriate team members. There was now managerial cover for absence which increased management effectiveness and provided consistent support for staff.

Staff were now appropriately trained to provide effective patient care. The training matrix demonstrated all existing staff had completed training relevant to their role and three new staff were scheduled to attend life support and safeguarding training soon.

Staff now received supervision in line with MHL policy. This had been updated to reflect the complex nature of working within the SARC environment. Staff now received a combination of peer review, support discussions, appraisal, safeguarding and management supervision.

Consent to care and treatment

The provider had reviewed and amended documentation to help ensure forensic practitioners and crisis workers explain consent and seek consent throughout the examination process. These had been implemented at Beech House and included:

- The forensic examination template now included the four aspects of assessing a patient's capacity to consent and a best interests decision tree.
- An easy read patient guide to help patients understand they could consent to some aspects of the examination process and decline others, or change their minds.
- The aftercare template now included confirmation that patients consented to their information being shared with their GP and referrals to support organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our last inspection we found there was no easy to read or children/young person specific literature for patients to take away. We also found patients were not routinely offered the choice of gender of examiner.

These are the areas 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 Beech House 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 the patient's choice had been considered.

The provider had developed a range of accessible information guides, as well as ensuring that information suitable for the needs of different patient groups was available. These were available at Beech House and included:

- An easy read guide to the SARC.
- A SARC guide and story board for children and young people.
- A guide for young people on visiting the SARC.
- An easy read guide on youth rights in healthcare.
- An easy read feedback form.

As most patients spoke good English, patient information had not been translated. However, staff were confident they could get translate information if required.

Are services well-led?

Our findings

At our last inspection we found that concerns around limited management capacity to support staff and effectively monitor patient care. Additionally, governance and monitoring systems were not effective, including learning from incidents. Patient feedback systems were not sufficiently qualitative and quality assurance processes were not embedded into the service.

These are the areas reviewed during this desk based review:

Leadership capacity and capability

The provider had discussed management capacity with NHS England commissioners and agreement had been made to recruit an associate head of healthcare to support Beech House and two other SARC locations in the south of England. Protected time for the centre manager and wider senior management support ensured there was sufficient management capacity to appropriately support staff and monitor the service.

Mountain Healthcare Limited had also introduced several national roles to improve specialist knowledge. 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 Beech House 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.
- Training discussions within supervision and at regional meetings. The centre manager monitored training attendance monthly.
- An updated supervision policy, which now included management and monitoring of supervision. The manager had a comprehensive tracker matrix for staff supervision.
- Strengthened incident arrangements; all incidents were now recorded onto a live tracker document. Local and

organisational analysis was taking place to identify themes and areas for improvement. At Beech House one theme had been around partnership working arrangements with the police. The SARC team had supported the police with training for sexual offence officers to improve the patient experience.

Managing risks, issues and performance

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

New human resources software had been implemented to help ensure managers could effectively manage and monitor staff throughout their employment.

The provider had liaised with the police to help ensure risks stemming from the premises were addressed, including having restrictors fitted to the first floor windows.

Engagement with patients, the public, staff and external partners

Managers had adapted the patient feedback form. A range of positive feedback responses was shared with staff and patients routinely. A “you said, we did...” board was now on display in the centre as well as a feedback tree where patients’ comments were written on leaves, being visible and tactile for other patients.

A male outreach worker had been recruited to look at barriers to reporting sexual assault by men and boys. The outreach worker and centre staff were engaging with a variety of community groups, including LGBTQ+ and vulnerable groups. Centre staff had begun working with port authority staff to improve care and support for potential victims of human trafficking.

Continuous improvement and innovation

The provider and managers were positive about the learning from previous inspections. They explained how learning across all MHL SARC sites had been shared and used to improve the service overall. A quality manual was being developed for all MHL SARC services reflecting the improvements and learning from 2019.

In response to our inspection findings, the provider had improved safeguarding arrangements in all SARCs. This included:

Are services well-led?

- Developing a safeguarding mission statement which has been shared with all staff and highlighted the roles and responsibility of safeguarding patients.
- Developing a level 3 safeguarding course covering both adults and children to ensure all clinicians accessed the level of recommended training.
- 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 be asked to ensure all staff developed their reflective practice around safeguarding and also identified that all actions to support patients had been taken appropriately.
- Introducing safeguarding “passports” for all level 3 trained staff. In these staff record all their work activity in relation to safeguarding, including training, supervision and any cases they were involved in.

Beech House staff were leading on several service development projects with support from NHS England commissioners, the police and other partners. These included pathways for patients in difficult to reach populations such as prisoners, military personnel, the traveller community and sex workers. Staff were also involved in a project working with children and young people at risk of sexual exploitation to help them build resilience.