

Mountain Healthcare Limited

Herts SARC

Inspection Report

98 Cotterells
Hemel Hempstead
Hertfordshire
HP1 1JQ
Tel: 0808 178 4448
Website: <https://www.hertssarc.org>

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Overall summary

Summary

We carried out this announced inspection of this sexual assault referral centre (SARC) over two days on 16 and 17 April 2019. We conducted this inspection 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 of the Health and Social Care Act 2008 and associated regulations. Two CQC inspectors, supported by a specialist professional adviser, carried out this inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions about a service:

- 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.

Background

The Herts SARC is situated on a quiet side street close to the Hemel Hempstead town centre. The centre has sole use of the building. Patients can gain access through a dedicated entrance at the side, which also accommodates people using wheelchairs.

NHS England and the Hertfordshire Police and Crime Commissioner jointly commission this SARC. This is the only SARC in Hertfordshire, although the location shares some of its functions with the SARCs in the neighbouring local authority and police areas covering Bedfordshire and Cambridgeshire and some with SARCs in other areas in the south east. These include the clinical staff rotas and the single point of access known as the pathway support service.

The building is owned by the police and has two forensic examination rooms and associated waiting rooms. One room is used mostly for adults and young people aged 13 and over and the other is for children under the age of 13. As well as administrative facilities, there is a forensic interview (Achieving Best Evidence or 'ABE') suite which was not in the scope of our inspection.

The SARC provides forensic medical examinations and related health services to people living in Hertfordshire who have been sexually assaulted. This is an 'all-age' service; that is, adults aged 18 and over, children and young people aged 13 and above and, as from 01 April 2019, children under the age of 13. The service is accessible to male, female and transgender patients.

Summary of findings

The SARC is available 24 hours each day with a one-hour call-out time outside office hours. Patients can be referred through the police (or through children's social care for younger patients). Patients aged 13 and over can self-refer subject to certain safeguards as set out below.

The staff team includes a centre manager, crisis workers, independent sexual violence advisers (ISVA) and sexual offence examiners (SOE). The provider sometimes refers to SOEs as forensic nurse examiners (FNE) and paediatric forensic medical examiners (FME). We have used the terms FNE and FME in this report to differentiate between the responsibilities of those roles. Crisis support workers provide business support during the day time whilst other crisis staff are on an on-call rota. Similarly, there are FNEs present during the day time whilst the remainder of the FNE staff are on an on-call rota shared with neighbouring SARCs. There are also four ISVAs on site during normal hours, two of whom specialise in supporting adults and two for young people aged 13 and over, although they also support children under that age.

The service is provided by a limited company and as a condition of registration they must have a manager registered with the Care Quality Commission. 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 Herts SARC was the medical director for Mountain Healthcare Limited. We have used the terms 'registered manager' and 'centre manager' in this report to differentiate between each role.

During our inspection we spoke with the registered manager, the centre manager, a crisis worker, two ISVA workers, two FNEs and a paediatric FME. We looked at records of 10 patients. Three of these were children under 13, one was a young person under 18 and six were adults.

We left comment cards at the location in the two weeks prior to our visit but received no responses from people who had used the service in that period.

We also looked at the policies and procedures that were used at the location.

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.

Our key findings were:

- Staff knew how to deal with emergencies.
- Appropriate medicines and life-saving equipment were available.
- The service had systems to help them manage risk.
- The staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The service was clean and well maintained.
- The staff had infection control procedures which reflected published guidance.
- The service had thorough, safe staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- There were processes for monitoring the standard and quality of care.
- Staff treated patients with dignity, respect and compassion and took care to protect their privacy and personal information.
- The single point of access referral system met patients' needs.
- The service had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The service asked staff and patients for feedback about the services they provided.
- The service dealt efficiently with positive, adverse and irregular events and learned lessons.
- The staff had suitable information governance arrangements.

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

- Enable the centre manager to have access to central staff records so they are assured they have appropriate references and are properly professionally registered;
- Ensure that calibration certificates and guarantees for all medical devices are available to the centre manager;
- Ensure an up-to-date lone-working risk assessment is carried out and acted upon;
- Ensure there is an up-to-date business continuity plan specific for this location.

There were also areas where the provider should make improvements. The provider should:

Summary of findings

- Ensure that staff make sufficient records to evidence professional curiosity about risks from domestic abuse;
- Ensure staff are effectively prompted to ask appropriate questions to help them consider a patient's capacity;
- Ensure easy-read material is made available to enable patients with a learning disability to understand their care and treatment.

Full details of the regulation/s the provider was not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

Are services effective?

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

Are services caring?

We found that the SARC was providing caring services in accordance with relevant regulations.

Are services responsive to people's needs?

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

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. The impact of our concerns, , was minor for patients using the service. Once the shortfalls have been put right the likelihood of them occurring in the future is low. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises)

The Herts SARC had systems and processes to ensure patients were safe.

Mountain Healthcare Limited had implemented policies relating to safe care and communicated these to all staff. All policies were up-to-date with clear, scheduled review dates. These were supported by regular, mandatory training in key safety topics such as immediate life support, health and safety, and infection control. Staff were up-to-date with this training and those we spoke with demonstrated their knowledge and understanding of policies and systems.

The provider had effective safeguarding processes to ensure patients of all ages were protected from abuse. For example, automatic referrals were made to the local authority to share information to support safeguarding procedures using standard multi-agency documentation for children and young people. This was regardless of whether an evidential report had been supplied to the police.

All staff had received training in safeguarding adults and children that met national, intercollegiate guidance on safeguarding roles and competencies for healthcare staff. Staff also attended regular safeguarding supervision sessions. Training included online programmes and frequent multi-agency training events with practitioners from local partners that the provider regarded as mandatory. Staff kept comprehensive logs of safeguarding training and activity to demonstrate their ongoing competence. Effective safeguarding practice was generally well evidenced in patient records, except that professional curiosity in relation to safeguarding risks arising from domestic abuse or where adult patients had access to children was not always strongly evidenced.

The service did not take self-referrals from children under 13; such referrals always came through local safeguarding processes. Young people under 16 could self-refer but these were subject of rigorous assessment in relation to potential risks and were referred to the local authority under safeguarding procedures where those risks were evident.

Staff were employed in line with the provider's recruitment policy. Pre-employment safety checks included enhanced Disclosure and Barring Service (DBS) checks, an extensive interview process and validation of references and qualifications by the provider's central HR team. Staff were also subject of additional vetting through the local police before being employed. We have commented on a shortfall in local oversight of staff checks in 'Well-led'.

All equipment was safe, and staff were trained to use it safely. Equipment was regularly checked and disposable parts of the equipment were within their expiry dates. This included an automated external defibrillator and specialist equipment used for recording intimate photographic and video images. Medical devices were replaced annually with up to date equipment according to a contractual arrangement with a supplier. We have commented on a shortfall in local assurance arrangements for equipment in 'Well-led'.

Fire safety equipment had been inspected and was up-to-date.

There were processes in place to prevent patients and staff from acquiring healthcare-associated infections. There was a clear and up-to-date infection control policy, a designated lead staff member and good signage in relation to hand washing and infection prevention. Clinical waste was disposed of safely according to the provider's schedules.

Stringent cleaning arrangements for the forensic rooms to prevent the cross-contamination of contact evidence met guidance issued by the Faculty of Forensic and Legal Medicine (FFLM). Staff confirmed they had been trained in cross-contamination and infection control.

There were processes to support people withdrawing from alcohol or opiates who were identified using established assessment tools. This ensured the safety and follow-up of people who misused substances or where the use of alcohol or drugs had been a feature of the sexual assault.

Risks to patients

There were sufficient staff available to meet patients' needs. This included forensic examiners and crisis staff working with patients on an acute basis and ISVA workers

Are services safe?

carrying out longer term work. The provider had identified the need for an additional crisis support worker due to the recent formal commission for examinations of children under 13 and a recruitment process had begun.

Staffing was maintained through the use of rotas and the provider checked staff numbers and response times as part of their quarterly monitoring and reporting process. Staffing levels meant patients were mostly seen within one hour at any time of the day or night as set out in the provider's offer and that they were cared for safely.

Patients were unsupervised for a short time when showering following their examination. However, there were no obvious ligature points in the shower facility, which was in accordance with the provider's assessment of it.

Staff assessed risks to patients throughout their episode of care, from the first call to the pathway support services, during the examination and whilst receiving follow-up care. Patients were comprehensively assessed for a range of risks, including sexual exploitation, deliberate self-harm, potential suicide and sexually transmitted infections (STI) using templated assessment tools.

Staff took action to assure the safety of patients identified as being at risk of harm or with urgent health concerns. For example, the examination included a full assessment for the need for post-exposure prophylaxis after sexual exposure (PEPSE) or the need for emergency contraception. In such cases appropriate medicines were supplied.

The service was not commissioned to carry out screening for STI risks to children under 13. Where risks were identified children were referred urgently to their GP or to local community paediatricians. These referrals were followed up to ensure children had been seen and screened.

Patients were re-assessed for risks such as exposure to domestic abuse or the risks to their physical and mental health when they were seen by the ISVA workers. These were reviewed at each successive contact. ISVA workers used assessment tools based on criteria set out in practice guidance issued by a recognised national specialist sexual violence and safeguarding organisation. ISVA workers made referrals to other services where necessary, such as mental health and sexual health services.

All adult patients were subject of a six-week follow-up by the forensic nurses; three weeks for children under 13. The purpose of this was to consider risks identified during the initial examination and to check on patients' health and wellbeing. Referrals to other services were made or repeated at this follow-up to ensure patients were receiving appropriate support.

There was a corporate business continuity policy covering the provider's work but there was no specific business continuity plan for the Herts SARC. This meant the provider could not be certain patients could be cared for safely following a significant event affecting the operation of the site. We have commented further on business continuity in 'Well-led'.

Information to deliver safe care and treatment

Records showed that staff used templates to help in assessing and examining patients. These were based on templates recommended by the FFLM with specific forms for adults and for young patients under 18. The templates used for patients under 18 met criteria set out in guidelines on paediatric forensic medical examinations issued by the FFLM and the Royal College of Paediatrics and Child Health (RCPCH), including developmentally accurate body maps. This ensured staff asked relevant questions to facilitate accurate assessment. Staff made effective records that were clear, legible and accountable.

Records made by ISVA workers were also comprehensive and showed they had gathered sufficient information from patients to accurately assess their needs and design their support plan.

Staff made records in hard-copy format and these were held in locked facilities with controlled access ensuring that patients' personal information was secure.

Specialist equipment, known as a colposcope, was available for making records of intimate images during examinations, including high-quality photographs and video. There were effective arrangements for ensuring the safe storage and security of these records in accordance with guidance issued by the FFLM.

Internal information sharing between all the staff groups was effective and this ensured staff in different parts of the service understood a patient's case. With consent, staff also

Are services safe?

shared information with other health professionals such as GPs, the community paediatric team, mental health services and sexual health services. This supported health partners to deliver safe care by way of follow-up.

ISVA workers who were supporting children and young people routinely attended and shared information at meetings held under local safeguarding processes. This approach helps other agencies to better understand children's experiences.

Safe and appropriate use of medicines

The Herts SARC routinely used a limited number of medicines; PEPSE and oral contraception as outlined above, and paracetamol. None of these were temperature sensitive so they were not refrigerated. Staff administered medicines under a patient group direction (PGD). That is, a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation. The PGD in use in this SARC was up-to-date, which meant staff could administer prophylactic and contraceptive medicines safely and legitimately.

The provider carried out monthly audits in the application of the PGD for use of prophylactic medicines and oral contraception. This showed that assessments of patients for these medicines were accurate and that medicines were provided safely.

During our visit we reviewed the medicine systems. We found that medicines were stored safely and securely, and that there was an effective system for reconciling the medicines through weekly checks. Stock and administration records were accurate.

Track record on safety

Safety systems and practices at the Herts SARC were monitored, such as staffing levels, call-out times and decontamination processes. Monitoring data was reported quarterly to the provider's senior team and the local contract performance monitoring group, which includes NHS England, Hertfordshire Police and Hertfordshire County Council.

The registered manager and the centre manager had a good understanding of their safety performance as was demonstrated in the last two quarterly performance reports. This showed consistently safe performance and

activity to mitigate any shortfalls over this period. For example, an issue relating to the unavailability of a colposcope for a paediatric examination was raised as a local 'high' risk with a corresponding action to procure a further piece of equipment.

Safety checks, including for medicines, infection control and equipment were part of a weekly monitoring regime carried out by the FNEs on duty. The centre manager also carried out a quarterly health and safety audit which examined the premises and environment and led to actions to rectify shortfalls. For example, the last audit in February 2019 led to actions to renew portable equipment testing (PAT) certificates for electrical equipment.

The provider's monitoring activity and approach to patient safety also led to the actions set out in their risk register. For example, the service identified that clinicians from the service were not routinely invited to child protection strategy meetings for alleged child sexual abuse. As a result, the provider had developed a new pathway document to rectify this and was awaiting feedback on this from local partners at the time of our inspection.

Lessons learned and improvements

The service learned and made improvements when things went wrong but also learned from things that went well. The provider had developed an incident reporting and learning programme known as PAIERs – positive, adverse and irregular events reports. The Herts SARC had developed its own local action plan arising from PAIERs identified at this location. This was graded using a traffic light system to show when actions were in progress or had been completed.

Staff we spoke with told us they were aware of the process and that they were made aware of those incidents that affected their roles.

Staff took action to rectify safety issues as soon as they were identified. We pointed out to the centre manager the potential risks from a non-standard object that was used as a door-stop in the shower facility. The manager immediately disposed of this and issued an instruction to ensure only standard equipment would be used for this purpose. We were advised this would be recorded as a PAIER so it could be shared as a learning point and so there was an accountable record.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

All patients received a thorough assessment in accordance with national FFLM guidance. Health needs arising from exposure to unprotected sexual activity, such as the need for PEPSE and emergency contraception, were identified through assessment that met guidelines issued by the British Association of Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH) respectively.

ISVA workers also continually assessed patients using nationally recognised toolkits developed by a specialist sexual violence organisation. Patients were assessed for the impact of the sexual assault and their plan was devised to enable them to receive support for post-traumatic stress disorder. This work met guidelines issued by the National Institute for Health and Care Excellence (NICE).

Our review of records for all parts of the patient's journey showed that assessments were holistic, taking account of physical health, emotional resilience, mental health and a range of social attributes to ensure their needs were thoroughly identified.

Staff at the Herts SARC had received training in psycho-educational techniques to support survivors of sexual assault with emotional resilience as part of a 'talking therapies' pilot programme. This had been delivered at the centre since July 2018. Although its impact on patients has yet to be evaluated, at the time of our visit almost 150 adult patients had received this additional service.

Staff followed the provider's clear, well-established pathways and protocols for different sexual assault situations. These ensured patients were seen quickly, by a crisis worker and the most appropriate forensic clinician.

Monitoring care and treatment

The centre manager and staff at the Herts SARC participated in a range of quality monitoring activities and audits to ensure the service was effective and operated within guidelines, such as the FNE's weekly checks and monthly audits of the use of the PGD for PEPSE and emergency contraception. The centre manager also carried

out a quarterly audit of the notes of crisis workers and of the FNEs. These provided assurance that staff followed relevant protocols and that patients experienced the most effective outcomes from their episode of care.

The provider hosted monthly clinical review meetings for centre managers of this and their other SARC locations in the East of England. This helped centre managers to benchmark their performance against other SARCs and to share good practice. This ensured that this location and others provided by Mountain Healthcare delivered a consistent service across its footprint.

The provider had commissioned external organisations to support their monitoring activity. This included a 'secret shopper' exercise of the pathway support services carried out by an independent group representing survivors of sexual assault.

Effective staffing

There was a comprehensive, professionalised induction programme for each staff group; crisis workers, forensic clinicians and ISVA workers. These used national occupational standards set out by the 'Skills for Justice' national training organisation and by an organisation specialising in sexual violence. As well as online and face-to-face training programmes, staff received structured learning from workplace experiences so they could be 'signed-off' as competent. Records we looked at for each staff group showed that all staff had completed these programmes.

Crisis workers had all received additional training in supporting children so they could all undertake this role on days when the children's clinics operated.

Staff maintained their competence through regular refresher training in key subjects essential to the effective running of the service and through peer review of their work. Forensic clinical staff received specialist training in their role that met national requirements set by the FFLM, whereas some clinicians were employed by the organisation having already received this training and demonstrated their expertise. The provider tracked the educational development and the workflow of each of the clinicians so that they were assured of their experience, their level of competence and the extent to which their work needed to be peer reviewed.

Are services effective?

(for example, treatment is effective)

A strong approach to peer review and supervision for clinical staff and ISVA workers supported practice improvement. Patient notes and video recordings made by FNEs were peer reviewed by an allocated FME quarterly according to the policy for staff at each of the provider's SARC. This ensured FNEs worked consistently according to FFLM standards and enabled them to check the accuracy of their work. FMEs peer reviewed each other's records and participated in peer review activity with clinicians from other providers. This supported consistency in the Herts SARC and contributed to practice improvement across the SARC network outside this provider.

ISVA workers received one-to-one monthly supervision, which included a review of patient records of cases they held. They also received group, six-weekly clinical supervision from a consultant psychologist from another local health provider. This ensured patients of the ISVA service were supported by competent staff who had good, independent clinical oversight.

Co-ordinating care and treatment

Crisis workers, clinical forensic examiners and ISVA workers at the Herts SARC worked effectively as a multi-disciplinary team to assess, plan and deliver care and treatment. All staff involved in the patient's journey, the pathway support services, crisis workers, forensic examiners and ISVA workers, all worked closely together to ensure continuity of care.

Staff worked with multi-agency professionals to ensure the examination and follow-on care met patients' needs. For example, staff met police investigators or children's social workers before the examination began to agree the scope and extent of the examination for each individual patient.

Children and young people were referred to other agencies, including the local authority, to broker additional, targeted support through early help or child in need processes. The ISVA workers also made referrals to local services for adults, such as the community mental health team. We noted consistent and effective multi-agency work in the records we reviewed.

Health improvement and promotion

The provider ensured patients were routinely screened for sexually transmitted infections including HIV. Prophylactic medicines were supplied to patients at risk of HIV and

hepatitis to ensure they were protected from these. The was also a process for ensuring children and young people under 13 were appropriately screened by GPs or community paediatricians.

Records we reviewed showed that staff wrote to patients' GPs to enable them to receive follow-up health advice in the community.

Patients received effective advice and guidance about sexual health both from the staff at the location and also in the form of written information and posters.

Consent to care and treatment

Staff understood the importance of seeking informed consent. Staff could communicate with people of different ages and provided patients with clear verbal and written information about the SARC's services. Staff used story-boards and leaflets aimed at young people, younger children and their parents to help them explain the purpose of the examination and ensure they understood what to expect. Interpreters were used frequently whenever there was doubt about a patient's understanding due to their use of a language other than English.

Signed consent was obtained from patients and their advocates or carers in accordance with FFLM guidelines at the beginning of their visit. Verbal consent was repeatedly obtained throughout their visit for each part of the examination. If there was doubt that a patient had not understood what was happening, the examination did not proceed.

Staff also demonstrated their understanding of the legal standards for obtaining consent from children and young people in their own right. Staff used the process for obtaining informed consent from a young person, a standard known as 'Gillick competence'. Staff also followed particular guidelines, known as 'Fraser guidelines', before providing contraception and sexual health advice to young people. The use of these standards was evident in records we reviewed.

Staff records showed that they had received training in the Mental Capacity Act (MCA) 2005. During our interviews with staff we were assured that they knew how to assess a person's capacity using the relevant code of practice, and whom to involve in the process to ensure decisions could be made in a patient's best interests. However, our review of records showed that the assessment documentation did

Are services effective?

(for example, treatment is effective)

not sufficiently support staff in decision making about this as there were no prompts in the template. The registered manager acknowledged that this was a gap and explained that the next iteration of the templates currently being drafted contained better questions to help staff with this.

Are services caring?

Our findings

Kindness, respect and compassion

We found that the Herts SARC was a caring and patient focused service. Our interviews with staff and our review of records showed that staff were kind, respectful and compassionate to patients who had experienced significant sexual, emotional and often physical trauma.

Staff were experienced and knowledgeable about the nature of sexual assault and understood well the impact of such abuse. Crisis workers told us that, as they were the first face-to-face contact with patients, they worked hard to develop a relationship based on trust and compassion.

Staff allowed patients time and space so that the forensic examination could go ahead at their own pace, including time for them to shower afterwards. Staff provided clean clothing for patients who needed it and offered light refreshments whilst they discussed the next steps with clinicians and crisis workers after their examination. Staff told us that patients found this comforting and helped them to regain some composure before they left the centre.

We did not receive any completed comments cards from patients in the two weeks leading up to our inspection. However, the provider collected feedback from patients and published this in their quarterly reports. We reviewed feedback from January to March 2019, which highlighted the kindness and compassion of staff members.

One patient told the service that the crisis support worker and the FNE had kept them calm and relaxed.

Another patient reported they had appreciated the contact from the service as it supported them to feel less overwhelmed.

One patient who had been helped by the ISVA service reported that they felt the service had been a support blanket.

The centre manager collected feedback from patients through an interview and questionnaire method using electronic tablets and analysed this data for their quarterly reports. We noted responses to the questionnaires from 11 patients who had opted to provide feedback in this way for January to March 2019. All patients who provided this feedback felt they experienced good care, and that crisis and forensic staff understood their needs.

Involving people in decisions about care and treatment

People were given sufficient information about the Herts SARC and about what to expect during their episode of care. The location's website was clear and easy to navigate. The website stressed the confidential nature of the SARC and that patients could choose how much of the service they used and that they were in control throughout their experience.

Patients were provided with information leaflets when they attended which also explained what they could expect and emphasised their control. Staff provided patients with explanations about each stage of the process and obtained consent when they were satisfied that patients fully understood what would happen. Separate consent was obtained as patients moved through each stage of their journey as outlined above, or when they might experience something different, including the taking of intimate photographs and videos.

ISVA workers followed guidance on the essential elements of their role produced by the Home Office, which emphasised their service was focused on, and led by, patients' individual needs. This was borne out in our interviews with ISVA workers and our review of case files which indicated that choice about, and access to, follow-up services was led by patients.

Patients who self-referred had a choice about whether to involve the police or not, including whether or not to provide forensic samples so they could make that choice later if they wished. Samples were retained for up to seven years after their examination in accordance with guidance on self-referral sample timescales issued by the FFLM. This means patients who self-referred remained in control of the outcome of their visit.

Patients' voice was evident in records we reviewed, including the voice of children who used the service. Children and young people were provided with written material suitable for their age to help them to understand the procedures. Records we looked at showed that staff took account of their wishes and feelings in relation to the conduct of examinations.

Patients whose main language was not English had access to interpreters who attended the centre to translate key information to patients to ensure they had a good understanding of the process. However, there were no

Are services caring?

posters or leaflets in languages other than English. Further, there were no materials in easy-read format to provide information to people with a learning disability. This had already been identified at an inspection of another of the provider's locations. The registered manager showed us draft easy-read material that was due to be implemented imminently at this location.

Privacy and dignity

Staff at the Herts SARC respected and promoted people's privacy and dignity.

Clinicians examined patients with sensitivity given the intrusive nature of the process. Curtains in the examination rooms enabled patients to undress at their own pace. Suitable clinical garments were available for patients to wear during the examination to enable them to expose only those parts of the body that were being examined at any one time.

Crisis workers built trust and rapport with patients at their initial contact to help them understand their privacy and

dignity would be respected during the intimate examination. One patient who had provided feedback using the provider's 'tablet questionnaire' reported that staff were understanding and compassionate and that they were made to feel comfortable during their visit.

The provider's website and written materials contained a clear message of respect, dignity, compassion and confidentiality. For example, the ISVA section of the website explained that the service was independent, private and confidential (except for safeguarding concerns that might be identified). One patient's feedback about the ISVA service said they were grateful that the ISVA had listened to them and helped them understand they were not to blame for their assault.

Notes and video recordings arising from examinations were held confidentially in secure storage. Patient information on the provider's computer system was only accessible to staff at the centre.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The Herts SARC organised and delivered services to meet patients' needs. It took account of patients' needs and preferences. The service was responsive to the needs of the local population.

The provider understood the prevalence of sexual assault in Hertfordshire and neighbouring local authority areas of Bedford, Central Bedfordshire and Luton where they also delivered services. The provider used data to ensure the service was resourced to meet local need.

Patients had access to a 24-hour, seven-day service through a responsive pathway. The provider's website had clear information about how to access the SARC and what patients could expect. Other providers, such as GPs or sexual health clinics could make referrals to the SARC.

Children under the age of 13 were always referred through local safeguarding processes. There was no facility for children to self-refer or for safeguarding procedures to be by-passed. Children attended specific paediatric clinics at this location or at the provider's two neighbouring SARCs on a shared daily rota.

After the examination, adult and child patients were referred to the ISVA workers for follow-up to facilitate access to other health or therapeutic services. Records of patients showed that the ISVA service was offered to all patients including those who had self-referred. ISVA workers were trained to support both adults and children so they could respond to patients of all ages.

The Herts SARC was staffed exclusively with female practitioners. This information was explicit on the website and patients were told about this, according to the provider's policy on gender choice, when they either called the pathway support services or attended the centre. A male examiner could be obtained from the provider's workforce in other areas as well as a trained male crisis worker from the management team if this was needed. However, this relied on the patient making a specific request. Patients were not proactively offered a choice of the gender of the clinician.

The registered manager was aware of the issue but explained this reflected the national picture where male clinicians, historically, rarely apply for such positions and

were uncommon, despite the equity of recruitment processes. This limited patients' choice of the gender of clinician although we were not advised of any occasions when this had arisen. The provider had plans to mitigate this, such as introducing a set of quality standards for services provided to male patients, developed by an organisation specialising in sexual violence, but these had not yet been implemented.

The Herts SARC used paediatric equipment and facilities for the examination of children. A bespoke children's forensic waiting area and examination room was decorated appropriately for patients aged under 13 and was more child-focused than facilities for older patients. Patients aged 13 to 15 could also be examined in these child-friendly facilities if they preferred this or if the clinician considered this to be preferable and in the young person's best interests.

Feedback from patients collected by the provider showed that patients felt safe, comfortable and were enabled to make decisions about what they needed. One person reported that the care was amazing whilst another said that the staff could not have been more supportive. Feedback about the ISVA service's response to their emotional needs showed that patients valued the support they were given. The provider's reported performance data from the 'tablet questionnaires' consistently showed that all (100%) patients had their needs met by the service.

Staff and the centre manager were highly active in promoting the service locally and in raising the awareness of sexual assault among other professionals in Hertfordshire. The centre had carried out 55 separate outreach activities in the financial year 2018-19. For example, in the previous three quarters of the year, the centre manager had provided eight separate educational inputs to staff from the local police and additional sessions to other local services. These included the adult disability team, the young people's Connexions service and a safeguarding study day organised by the CCG. The centre manager and staff had also hosted advertising stands at several safeguarding, domestic abuse and so-called honour-based violence conferences in the county.

The centre hosted monthly open days for other professionals. During the previous quarter these were attended by staff from mental health services, family support workers, crown prosecutors and staff from a charitable organisation providing care for victims of crime.

Are services responsive to people's needs?

(for example, to feedback?)

Taking account of particular needs and choices

Staff from the centre responded to people with particular needs to ensure they had equal access. Patients who were injured and in hospital were seen there by a forensic clinician to ensure their medical treatment was not hindered although we did not review any records of such patients.

The service was accessible to people who use wheelchairs with full, level access through the main door and throughout the location. The provider's reported data showed that the service was used by a significant number of people who had a learning or physical disability.

The provider's data also showed that children and young people, men and women used the SARC in the last year. Although most people using the service in the last year identified as White British, the provider's data showed that patients who identify as belonging to one of 20 minority ethnic, racial or cultural categories have also used the service. This was proportionately reflective of the cultural diversity of people in Hertfordshire. Interpreters were arranged for every patient whose first language was not English.

The data showed that people with certain vulnerability characteristics have also used the centre. This includes patients with a history of domestic abuse, substance misuse, mental ill-health, self-harm, female genital mutilation (FGM) and those who are sex workers. Staff told us they make referrals to appropriate services, with consent, for patients who are vulnerable. This includes mental health and substance misuse services and this was illustrated in our review or records.

The exception was for children aged 12 and under who could not self-refer. An extensive discussion took place with young people aged between 13 and 15 who self-referred to

establish their competence to consent. This was subject to the young person's understanding that staff would make safeguarding referrals to the local authority where risk or abuse was suspected and this, too, was reflected in our review of records.

Timely access to services

Patients could access the service within an acceptable timescale for their needs, whether they were referred by the police or through safeguarding processes or had self-referred. This included patients who visited within a forensically viable timeframe and those who reported their experience much later. Such patients were involved in discussions about the extent of the forensic examination but in any event, could access the rest of the centre's services and health care.

The pathway support service used the crisis worker, FME and FNE rotas to ensure that patients who called out of normal hours could be provided with a forensic examiner within one hour of their call. The provider's data showed that the centre consistently met the one-hour call-out timescale.

Listening and learning from concerns and complaints

The provider had a complaints policy which called for each complaint to be thoroughly investigated and responded to as a positive, adverse or irregular events report (PAIER). This meant complaints were reviewed by the registered manager within seven days. However, the provider had no recorded complaints for the Herts SARC.

Themes from PAIERS, including complaints, were identified and fed back to staff during team meetings. PAIERS were also fed back to staff through the provider's newsletter. Significant learning, or evolving themes, resulted in an action plan for changes to procedure or training.

Are services well-led?

Our findings

Leadership capacity and capability

Mountain Healthcare Limited almost exclusively provide forensic and criminal justice services in different parts of the country, predominantly SARC. Our discussions with leaders and our review of information, showed the senior team had a good understanding of this field of health care. The provider had built, and was continuing to develop, expertise in this area of work.

The provider had acquired a number of SARC locations in the two years prior to the inspection and their business plan was evolving to take account of the growing estate and workforce. Senior leadership roles had been increased with leaders taking on new areas of accountability. Although this was a period of change and growth, our inspection showed that the delivery of the service at the Herts SARC had remained effective, consistent and patient focussed.

Leaders at the Herts SARC understood their local area and had tailored the service to meet local needs, particularly in resourcing the FNE rotas and the capacity of the ISVA service and crisis support workers. As outlined above, the centre manager had identified the need for an additional crisis worker for children and young people and the provider had begun the recruitment process.

The provider's senior leadership team were accessible and visible, and regularly visited the Herts SARC. The medical director was also the registered manager of this and a number of other locations operated by the provider. They had a good understanding of the comparative strengths of each location. However, see our findings about local management arrangements and regulatory compliance in 'governance and management' below.

Vision and strategy

The kind and compassionate ways of working and our interviews with staff showed that the provider's vision of 'being kind to each other' and to 'always do the right thing' was well understood by the centre manager and staff at the Herts SARC.

The provider understood the need to develop greater awareness of the service among local practitioners and potential service users and so had developed a

communications strategy to address this. The extensive outreach activity of the staff and centre manager, outlined in 'Responsive' above, demonstrated the proactive implementation of this strategy.

The provider used their organisational risk register and a targeted action plan to address local areas of concern affecting their practice. For example, the provider had recently identified the risks arising from the need for an additional colposcope. The centre manager had bid for additional funding to procure this equipment with a completion target of May 2019.

The nature of case supervision discussions and peer review promoted the involvement of all staff in the providers' vision and strategy. The provider used a variety of communication methods, such as briefings and the quarterly newsletter, to ensure staff in all their SARCs understood their purpose and direction. This meant that staff supported changes and understood their role in relation to practice improvement.

Culture

There was a good culture of providing high quality, compassionate and effective care as shown by the extensive, positive feedback from patients collected by the provider. Staff said they felt valued by the provider and by people using the service and felt positive about their work.

There was an emphasis on openness and candid reporting of incidents through the PAIERS process. Staff understood the process and provided examples of when they had reported incidents although they were not always made aware of PAIERS that did not directly relate to their role.

The provider promoted a culture of continuing professional development. For example, FNEs were supported to develop their skills further through additional training and a workplace competence programme towards achieving the role of 'senior FNE'.

Multi-disciplinary work was well established in the Herts SARC with a good culture of collaboration across the various staff roles in the centre. Staff worked well with each other to ensure patients received good continuity of care and achieved the best outcomes.

Governance and management

Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management. This SARC continued to receive positive feedback with the quarterly quality reports showing it had performed well.

The provider had a clear governance structure with senior leaders having portfolio responsibility for key areas of business, such as communication and information governance, education, financial governance, call centre and safeguarding. These reported quarterly to the provider's integrated governance group that had overall accountability for decision making and strategic direction. Minutes of governance meetings show that the provider was proactive in its approach to service improvement and managing risk. This is demonstrated by its dynamic and evolving risk register with targeted action planning.

The provider's strategic governance processes were also responsive to feedback with good capacity to address identified shortfalls quickly and effectively. For example, a very recent inspection of another of the provider's locations highlighted the lack of easy-read information for people with a learning disability. During this inspection of the Herts SARC the registered manager showed us material they had developed as a result of this feedback. The material was already in an advanced stage of development and was about to be implemented across all of their SARC locations.

Whilst strategic governance was effective, the registered manager did not have sufficient day-to-day responsibility for the management of this location which meant that some aspects of regulatory compliance for this location were not met. These are outlined as follows.

Although comprehensive staff records were kept by the provider, the centre manager did not have access to centrally held records of references and registration checks with professional bodies. This meant the manager did not have complete oversight of the up-to-date validity of professional staff.

The provider had a contractual arrangement with a supplier to annually replace medical devices with updated equipment instead of annual servicing of older items. However, the provider did not retain any calibration certificates or guarantees in respect of each item of newly replaced equipment. Furthermore, a temporary but isolated fault in the operation of a colposcope during an

examination did not trigger a request to have the item checked by the supplier. Although the equipment continued to work efficiently afterwards, this meant the cause of the fault remained unidentified.

Whilst the provider had a corporate business continuity policy, there was no local business continuity plan to support staff to maintain the service following a significant event affecting the operation of the site.

The provider had a lone-working policy. Our discussions with staff showed that they could identify situations when they might find themselves on the premises alone and were aware of the risks and whom to contact when this arose. However, there was no specific lone-working risk assessment for the Herts SARC and this meant that some risks to staff may be overlooked.

Appropriate and accurate information

The provider understood its area of business well through its diligent data collection against national criteria and its quarterly reports to commissioners. Information was accurate and enabled the provider to have a holistic overview of its performance.

Quality and sustainability were key features of the provider's workplan given their recent expansion and increase in workforce and premises.

There were firm arrangements in place to ensure the availability, integrity and confidentiality of identifiable data and to identify any occasion when there might have been a data breach.

Engagement with clients, the public, staff and external partners

The Herts SARC involved patients, staff and external partners to support high-quality sustainable services. 'Patient voice', as shown in the extensive feedback collected by the provider at this location, featured strongly in the provider's plans. This feedback was published as part of the provider's newsletter and in its quarterly reports. This supported the service to understand areas where it was performing well and where it needed to develop and was also used to promote the caring culture among staff.

Are services well-led?

External partners were engaged in daily dialogue with the service on an operational, individual service user level. Commissioners were also involved in monitoring the performance of the SARC through the quarterly performance meetings.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation, and quality assurance. This included the previously mentioned PAIERS process, the centre's comprehensive range of audits and the quarterly data reporting.

The staff team had regular, one-to-one clinical supervision and case load supervision. Staff discussed learning needs, general wellbeing and aims for future professional development at their annual appraisals and we saw evidence of completed appraisals in the staff folders.

We have found the provider to be proactive in its approach to service improvements, such as the outreach activity we have already reported on. Forms and templates used by staff were routinely and regularly kept under review to ensure they reflected current guidance issued by the FFLM and health standards bodies.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17.2 (b)</p> <p>The provider did not 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. This was because;</p> <p>a) There had been no lone-working risk assessment carried out and,</p> <p>b) There was no business continuity plan for this location.</p> <p>Regulation 17.2 (d)</p> <p>The provider did not maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity, and the management of the regulated activity. This was because:</p> <p>a) The centre manager did not have access to centrally held records of staff references and registration checks with professional bodies and,</p> <p>b) The provider did not retain any calibration certificates or guarantees in respect of each item of newly replaced equipment</p>