

Mountain Healthcare Limited

Casa Suite SARC

Inspection Report

810A Hessle Road Hull East Riding of Yorkshire HU4
6RD
Tel: **0330 223 0181**
Website: **casasuite.sarc@nhs.net**

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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We carried out this announced inspection on 17 and 18 September 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 carried out by two children's inspectors and a specialist professional advisor.

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.

The Casa Suite SARC is a sexual assault referral centre (SARC). The service provides health services and forensic medical examinations to patients aged from 16 years old upwards in the East Riding of Yorkshire who have experienced sexual violence or sexual abuse. The building layout is spread over two floors and there is a large garden in the rear of the premises. There is one

Summary of findings

examination room in use in the SARC, located on the ground floor, which is used to capacity. The premises are owned and maintained by the police who are based on site.

The service is jointly commissioned by NHS England and the Humberside Police and Crime Commissioner. Services are available 24 hours a day, seven days a week by appointment. The SARC does not offer a walk-in service and is accessible to young people and adults over the age of 16 either by self-referral or by the police.

The staff team consisted of a centre manager, forensic nurse examiners (FNEs), administration staff and crisis workers who also worked as administrators.

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 Casa Suite SARC was also the medical director for Mountain Healthcare Limited who is a member of the Faculty of Forensic and Legal Medicine. The registered manager had begun the process of deregistration from the CASA suite SARC and the centre manager had submitted their application to become the new registered manager of this location. We have used the terms 'registered manager' and 'centre manager' to differentiate between the two roles.

Comment cards were sent to the service prior to our visit and we received three 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 12 patients who had used the service and the records for the management of medicines. We spoke with the centre manager, the registered manager, the director of nursing, the associate head of healthcare, two FNEs and two crisis

workers, who also worked as administration 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 had systems to help them manage risk.
- There were suitable safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment/referral system met clients' needs.
- The service had effective leadership and a culture of continuous improvement.
- The staff had suitable information governance arrangements.
- There were gaps in the staff recruitment procedures.
- 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 dealt with complaints positively and efficiently.
- The service appeared clean and well maintained.
- The staff followed infection control procedures which reflected published guidance.

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

- Consider how the communication needs of people whose first language is not English are met.
- Offer patients the choice of preferred gender of forensic examiner.
- Complete the planned programme of level three children's safeguarding training, including multi agency sessions for all relevant staff.
- Carry out a lone worker risk assessment specific to the SARC.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive to people's needs?

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

Are services well-led?

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

Are services safe?

Our findings

Safety systems and processes

Systems were in place to keep patients safe. The provider's safeguarding policy and procedures contained information about how to report safeguarding concerns and we noted that the provider appropriately submitted safeguarding alerts to the relevant local safeguarding teams. Referrals were recorded on a safeguarding spreadsheet and followed up within 72 hours to ensure the referral had been received.

Professional curiosity regarding the exploration of safeguarding risks to the children of adults who had been assaulted was variable. Whilst we saw some excellent examples of child and adult safeguarding referrals which contained a thorough analysis of the risks and protective factors to patients, we also found that templates used by staff to document care did not support practitioners to identify any young people who may be at risk. For example, staff did not routinely ask patients who had been assaulted in their own home if they had children who were present. The registered manager took immediate action to update their documents which would prompt practitioners to ask for the full details of children present at the time of the incident.

All Forensic Nurse Examiners (FNEs) had completed six hours of level three safeguarding children training, however, the organisation incorrectly believed its staff had completed the required 12 hours as hours spent in supervision were being counted as training hours. As a consequence of discussion during this inspection, leaders now understand the intercollegiate guidelines recommend that supervision hours cannot be counted towards training hours and that some of the training should be in a multi-agency format. Staff kept their own safeguarding passport as a record of the safeguarding training they had completed, this was useful for staff development but was not monitored by managers so could not be used to oversee what training had been completed. We discuss this further in the section on Effective.

The organisation offered a safeguarding conference call weekly to staff to discuss any safeguarding issues, receive safeguarding updates and provide them with the opportunity for shared learning across the organisation.

Staff

Staff records confirmed pre-employment background checks had been carried out by the provider, however there were some gaps in the recruitment process. Senior leaders and the centre manager within the organisation had access to recruitment details, however we were not able to see the completed application forms that staff had submitted when they applied for the role or details of their interview. This meant that we did not know how staff had been deemed competent for their roles. References had been obtained, however, we found these were not verified to show their authentication. The provider acknowledged this and explained that some staff were transferred over from the previous organisation and they had plans to update these records on the new electronic human resources system.

The provider conducted checks which included personal and professional references, proof of identity and address and up to date Disclosure and Barring Service (DBS) checks. Police carried out additional vetting checks on staff to make certain they were safe to work with patients and we found these were up to date.

There was enough staff deployed at the service to ensure patients received appropriate care and treatment to meet their needs. Staff told us, and rotas evidenced, that there was enough staff working in the service to support patients in the day and during the night. There was one staff vacancy for an FNE to work between Hull and York and the position had been advertised. Rotas showed that the existing staff were available to provide cover until the vacancy was filled.

Staff benefitted from a wide range of supervision and peer review to enhance their learning and as part of their continuing professional development. Crisis workers attended quarterly peer supervision meetings and guest speakers were invited to give updates about their services. For example, recent speakers had included representatives from the police and the forensic laboratory, who gave updates on developments in their service. This meant that crisis workers gained a greater understanding of how their work contributed to the role of other agencies who participated in supporting the patient. FNEs participated in a quarterly peer review process. This entailed the FNEs choosing a case and reviewing records to compare findings. We saw evidence of completed peer review templates in patient notes and staff described this process as a valuable opportunity to share learning amongst their colleagues.

Are services safe?

Staff knew who to contact in the event of emergencies such as violent incidents that could potentially happen whilst staff were working on site. The organisation had an overarching lone worker risk assessment policy which was up to date, although there was no lone worker risk assessment specific to this SARC. Staff explained patients were accompanied by the police if they attended the SARC out of office hours, therefore staff were rarely alone in the building. Staff had the use of a personal alarm that was linked directly to the police who would respond immediately if it was activated.

Risks to clients

Systems were in place to identify and mitigate any risks that could impact on patient safety and welfare. Individual risk assessments focused on the treatment and care of the patient's needs. In the records we checked we found that risk assessment tools for child sexual exploitation (CSE) and domestic abuse were being used to identify risks to patient's health and wellbeing and inform practice. When required, onward referrals to the appropriate agencies were made to support patients with the appropriate advice and guidance.

Patients were assessed, and action taken to identify and manage the risks for post-exposure prophylaxis after sexual exposure (PEPSE). In all of the patient records we found that assessments had been carried out to identify if a patient required PEPSE. We saw evidence that a five-day starter pack of medication was issued to patients when required. Patients were then referred to their local sexual health service to continue this treatment. FNEs telephoned patients to ensure they had accessed the service and continued with the treatment.

Risks associated with the premises were identified to reduce potential hazards for patients accessing the service. The provider's health and safety manager had assessed the building for safety. Casa suite staff had assessed potential ligature points and where possible these had been removed and ligatures such as blind cords had been made ligature safe. Some rooms such as the shower and toilet in the forensic suite had pull cords that may be used as ligatures. Staff told us and the information we checked evidenced they assessed patients before they entered these areas and if the patient was deemed to be at risk of self-harm they were always closely monitored by staff.

Business continuity plans were localised to ensure the service could continue operating safely for patients in the event of emergencies. Actions included guidance for staff on the steps they should take to deal with any eventualities. There was no backup generator in case of a power failure but there were arrangements for the safe transportation of forensic items to the provider's other SARCs in the local area.

Sharps bins were placed in the examination room for the safe disposal of needles and the FNE described the steps all staff followed to manage the disposal of sharps items and reduce the risk of sharps injuries. Clinical staff vaccinations, including Hepatitis B virus were documented and up to date to mitigate the risk of exposure to infection and so carry out safe examinations.

Crisis workers had completed basic life support training and a defibrillator was available on site. FNEs had undertaken intermediate life support training to equip them with the skills to respond to medical emergencies.

Premises and equipment

Facilities and equipment used in the service were routinely checked to ensure the premises were safe to use. The police were responsible for the safety of the building and contractors carried out safety checks and repairs and maintenance to the premises. This included Portable Appliance Testing (PAT) of all electrical appliances, lighting, cleaning of the communal areas and annual checks on fire detection and firefighting equipment and these were up to date. Records showed that the SARC staff carried out regular fire testing on equipment, such as alarms and fire extinguishers and a building evacuation plan was in place. Fire safety signs were visible to guide patients on what they should do in event of a fire emergency.

The examination room was cleaned to meet the Faculty of Forensic & Legal Medicine (FFLM) guidance. Decontamination protocols were used to ensure high quality forensic integrity. Records evidenced the examination room was forensically cleaned after each examination and sealed. Deep cleaning was carried out by an external organisation every three months and records showed this was up to date and met the forensic standards. Details of suitable cleaning methods and materials to prevent DNA contamination were included in the operational guidelines for the examination suites in the SARC.

Are services safe?

Arrangements were in place for managing waste and clinical and forensic specimens. Forensic samples in acute cases were managed to meet the Faculty of Forensic and Legal Medicine's national standards.

Emergency equipment was available, in working order and tested daily. Daily checks were carried out to ensure equipment such as the freezer that held forensic items and the automated external defibrillator were in good working order. 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 the appropriate level to use the colposcope.

Infection control measures and audits were implemented to ensure the cleanliness of the SARC. All areas of the building were observed to be clean. Health and safety checks on water systems, maintenance and cleanliness of the building had been undertaken. Control of Substances Hazardous to Health (COSHH) items were risk assessed for their safety and stored securely to prevent exposure to substances hazardous to health. Infection control audits were undertaken regularly, and actions were taken to rectify any issues identified.

Personal protective equipment (PPE) was worn by staff before entering the forensic examination room. FNEs and crisis workers completed a checklist to ensure they wore the appropriate PPE before entering the examination room. The FNE explained that it was essential to explain to patients the reasons for this before the examination to help them feel comfortable and reassured.

Information to deliver safe care and treatment

Patient notes were completed on loose paper and contained within a paper folder and these were not in chronological order. This meant it was difficult to find information quickly in the records and paperwork could be misplaced. The SARC manager explained they planned to review the record keeping of patient information and ensure these were clearly referenced and indexed. Patient files were colour coded to help staff quickly identify if the patient self-referred or were referred by the police.

Management of photo documentation and intimate images were stored securely and DVDs containing intimate images

were sealed in evidence bags. DVDs were encrypted and labelled with a SARC number to protect patient anonymity and the security of these items were retained in accordance with FFLM guidance.

The Casa Suite SARC worked in partnership with neighbouring SARCs to help deliver safe care and treatment to patients. Within one case record we found that the provider carried out an examination on a patient due to the neighbouring SARC being busy. Information regarding appropriate and timely referrals to other agencies had been completed and appropriately followed up.

Safe and appropriate use of medicines

We checked the management of medicines and found that one pack of paracetamol was out of date. The provider immediately acted on this and after the inspection sent us information to explain that the paracetamol was destroyed and in date stock was purchased. An incident form was submitted following our inspection to ensure that staff could learn locally and organisationally from this, in addition the staff member would be supported to reflect and learn from this incident.

All medicines held at the SARC were stored safely and securely. Staff complied with the current guidance on Patient Group Directions (PGDs); these are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The arrangements for the security, storage and labelling of medicines used within a PGD, such as emergency contraception was comprehensive and in accordance with the providers policy. PGDs were reviewed and signed and there was a clear process of PGD audits being undertaken by the FNE.

Track record on safety

Systems were in place for monitoring, review and learning from incidents. The providers risk register was used to map the likelihood and impact of risk in the SARC and this was reviewed in response to incidents and concerns that occurred in the service. Information showed that the storage of samples for patients who self-referred into the service was at full capacity in the SARC. This was raised at the SARC board meeting and resulted in an additional freezer being sourced to ensure the risk was managed.

Are services safe?

Lessons learned and improvements

Lessons were learned and improvements made to reduce risks to patient safety. Incidents were recorded using the providers reporting system called Positive, Adverse and Irregular Events Reports (PAIERS). This system was used to review incidents and identify trends and themes that occurred in the service. The SARC had two incidents reported in the last year and these had been dealt with appropriately, new learning had been shared during staff meetings.

Improvements had been made to the service following a mock CQC inspection of the CASA suite SARC. One of the recommendations of the mock inspection was for nurses to carry out weekly reviews of safeguarding referrals to make sure they were being followed up. We found evidence that these weekly reviews were taking place.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patient needs were assessed and their care and treatment was delivered in line with current legislation, standards and guidance. Patient health needs arising from exposure to unprotected sexual activity, such as PEPSE and emergency contraception, were assessed in accordance with the guidelines issued by the British Association of Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH).

Patient records took account of their physical, emotional and mental health and the impact and trauma of the alleged sexual abuse. The provider had made links with a mental health service who had spoken with staff about spotting the signs of patient mental ill health and how they could identify the signs of stress. This helped staff to recognise the symptoms of patients experiencing trauma post assault and the impact this may have on their mental health. Referrals were sent to mental health services to ensure patients could seek the necessary treatment and care.

Patient information was available about where to seek further help and support. Contact details of external support advisory services were available, such as the Samaritans and the rape crisis helpline. The provider's website and patient information leaflets listed telephone numbers to speak to a member of staff at the SARC or alternatively Mountain Healthcare's call centre with any queries or concerns they may have about their care and treatment.

Consent to care and treatment

Treatment options, including potential risks were explained to patients to enable them to make informed decisions about their care. Consent was obtained from the patient throughout their visit and at every point in the examination. Consent was sought from the patients before moving onto the next part of the procedure. We found that informed consent for the examination and for the management of images were clearly documented in all the cases we reviewed, in line with the faculty of forensic and legal medicine's guidelines. In more recent records we saw the introduction of a prompt used to encourage staff to use the Communicate, Understand, Retain and Employ (CURE) test to assess patients' mental capacity. This was

completed in notes consisting of the new paperwork that was implemented by the provider to improve practice on how patients' consent should be assessed and recorded. Consent to provide aftercare was declined by one patient and we found that the provider offered a letter to the patient to enable them seek advice about aftercare directly from their GP.

Easy read 'youth rights booklets' were available for patients under the age of 18 years old. The booklets gave clear explanations about young people's right to consent to treatment and the exceptions to this if patients were unable to consent for themselves. The service had recently introduced learning for staff on how to effectively obtain consent for patients under the age of 18.

Monitoring care and treatment

Case records demonstrated clients' current needs, past treatment and medical histories. In one case we found that an assessment tool had been used to screen the patient who was withdrawing from alcohol and the patient had been offered further ongoing support to help them with their substance misuse needs.

Risk analysis regarding the safe discharge of patients was not recorded in the notes. Staff described many of the patients being in the care of the police when they arrive and when they leave, however, this was not documented. Many of the adults attending the SARC were vulnerable adults, staff could describe the services the patients could or did access when they left the building, but this was not documented clearly within patient records.

Routine monitoring was carried out to assess patient care and treatment and their outcomes. Audits of patient's medical care records were undertaken in all the records that we checked. The tool highlighted if any ongoing referrals had been made and that follow up had been actioned by the staff to improve patient care. This ensured that staff could quickly identify what referrals had been made in respect of patient care, confirmation of the referral and the outcome of patients ongoing referrals.

Effective staffing

All staff were up to date with their annual mandatory training. Most of the required training was delivered via an online hub and staff could access sessions from home as well as at work. Topics included safeguarding children and adults, PREVENT training, a module on Female Genital

Are services effective?

(for example, treatment is effective)

Mutilation (FGM), infection control, Child Sexual Exploitation (CSE), honour-based violence, equality and diversity and health and safety. Managers and staff received alerts when the training was due to expire. Managers could view individual's dashboards to ensure they had completed the required training modules. We found all staff were up to date with their training according to the organisation's training policy, however the policy on safeguarding children's training was not compliant with intercollegiate guidelines.

The associate head of health care for Mountain Healthcare provided induction training for all new employees. In addition to the corporate induction, new employees completed further practical training during a period of preceptorship specific to their role. FNEs were given a range of case types to observe, to include role play and perform under supervision before being assessed and signed off as being competent to practice independently. FNEs had completed modules on the criminal justice system, holistic clinical assessment, identifying and responding to vulnerabilities such as mental health and learning disabilities, forensic standards and trauma informed care.

Crisis workers confirmed they had completed specific training for their role. The centre manager had oversight of staff members attendance at performance and development reviews, training, supervision sessions and peer reviews. The manager assured us attendance was monitored frequently and she spoke to staff personally if they were not up to date.

Staff were offered a range of development opportunities. Many of the FNEs had completed a post graduate certificate in forensic nursing. All staff were given the opportunity to apply for additional funding to access

external training and could opt into further learning. Training records demonstrated that staff had accessed non-mandatory courses provided by the organisation on working with children and young people and courtroom skills.

Crisis workers were engaged in regular one to one supervision sessions to discuss their work practice or concerns that arose about their role. Full time, part time and zero-hour contract FNEs attended face to face supervision on a quarterly basis and we saw evidence that all staff had attended their minimum number of hours of supervision.

Co-ordinating care and treatment

Effective pathways were in place to co-ordinate the care of patients with other professionals and agencies. Referrals were made appropriately to other health providers such as GP surgeries, sexual health clinics and mental health services. Professionals from other agencies were invited to team meetings to contribute to learning about patients' health needs and how these could be assessed.

Staff assessed each patient's physical and mental health needs before they were examined. Additional vulnerabilities such as low mood, intoxication and learning disabilities were screened for during this process and individual plans of care were developed. Patients were offered individualised care and kept safe during their time at the SARC. All patients were offered a referral to an Independent Sexual Violence Advisor (ISVA). Where patients declined to see an ISVA the reason for this was clearly documented. In all cases where an ISVA referral was accepted staff followed up the referral within six weeks to ensure the patient had received ongoing support.

Are services caring?

Our findings

Kindness, respect and compassion

Patients reported they were treated with kindness, respect and compassion. The CQC comment cards completed by patients showed they were supported by kind and caring staff. Two patients had written that staff were welcoming, friendly and treated respectfully and felt comforted by staff when this was needed. Another patient had praised the staff whilst being in their care and thanked them for being kept fully informed during their attendance at the SARC.

A choice of gender of care professional was not always offered to patients. In all the cases reviewed we did not see evidence that the patient had been offered a choice of clinician based on gender. The registered manager explained there was a male examiner that could support patients in another SARC, if patients asked for this, however patients may be unaware they could specify the gender of the examiner they would prefer.

Snacks and drinks were available for patients, relative and carers. Staff explained they would speak with the examiners to determine if food could be offered pre and post forensic examinations. Although food and drinks were available for patients during their visit in all the cases reviewed the offer of food and drink was not documented. After the inspection the provider sent us proformas to show the paperwork had been amended to prompt staff to indicate if food and drink had been offered to patients who accessed the service.

Shower facilities were accessible for patients and these were clean and tidy. Toiletries and a change of clothes were available for male and female patients, which showed the provider considered the needs of all patients who accessed the SARC.

Privacy and dignity

The provider respected and promoted the privacy and dignity of patients. Staff gave us detailed descriptions about the measures they took to preserve the dignity of patients who attended the SARC. Crisis workers accompanied the patient throughout their examination and acted as an advocate for the patient. Screens were provided in the examination room to make sure treatment

was carried out to respect patients' right to dignity. Patient privacy was protected when they accessed the service. The main entrance door displayed a colour coded notice based on a traffic light system, to indicate to routine facility workers not to enter the building when patients were attending the SARC. For example, if the notice on the front door was displayed as red, the gardener and cleaner would come back at later time in the day, to protect patient anonymity.

There was safe storage of patient records, these were held and stored securely in locked cabinets. Patient information such as referrals, were sent by secure emails which means that patient information was always kept safe. Staff had received training on data security and General Data Protection Regulation (GDPR) to reinforce the message about the importance of protecting patient rights in line with the key principles of GDPR.

Involving people in decisions about care and treatment

Consideration of language needs, faith and culture was documented in all the records we reviewed. The use of face to face interpreters was noted on a patient record we checked which demonstrated that the patient was supported to communicate their views clearly and their wishes could be fully understood.

Accessible information provided for patients who could not speak English was not available. The providers website used a translation service to provide information about the SARC in different languages, however the effectiveness of the translation service used had not been tested nor had patient feedback been sought in respect of this.

Information leaflets were displayed in the communal hallway about the range of treatments available at the service and access to community and advocacy services to ensure patient views were heard and their wishes were respected. The provider's website displayed clear information about how to access the service and methods to help patients understand how they would be supported with aftercare. Easy read guides for young people and adults were available and gave an overview of the Casa Suite SARC about how patients would be cared for to help them understand and make informed choices about the service offer.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was no written assessment on the accessibility of the building for patients with a disability. Staff were able to describe who is likely to be able to access the building and the arrangements that would be made if patients could not access the building. Leaders recognised an accessibility audit of the building was required and stated this would be conducted. There was an accessible SARC in the region which patients could be rerouted to and staff had access to a mobile colposcope and a grab bag to visit people who could not attend any SARC due to their mobility needs. Toilet facilities were fit for purpose for patients with disabilities and included an accessible toilet with hand rails and a seated bath shower to aid them to mobilise more easily.

Feedback had been acted on to provide a better experience for patients. All patients were encouraged to complete anonymous feedback forms about the quality of the service provided and the majority of the feedback was positive. Staff collated comments to monitor themes and trends on what was working well and what the provider could do better. One patient had written they wanted to listen to music when they accessed the SARC and following this Bluetooth speakers were installed in the patient waiting and examination rooms. Drinks such as hot chocolate were offered alongside tea and coffee after patient feedback. Another patient had asked for a phone charger and this was now provided in rooms to ensure that patients could keep in contact with their family and friends.

Professionals such as the police and interpreters were invited to give feedback about the services delivered. There were no recent examples, but an interpreter had written complimentary feedback about how kind and caring the staff were.

Timely access to services

Patients received access to care and treatment within an acceptable timescale. The information we checked showed

that patients were seen by crisis workers and FNEs within the required response times and had immediate access to treatment and care. This was confirmed by patient feedback.

The service operated 24 hours a day seven days a week and there was an appointment-based system coordinated by the organisation's call centre to respond to patient needs. Where incidents had been reported by the police, arrangements were made for an appointment at the SARC on behalf of the patients. Patients who self-referred were offered the choice of accessing the services provided within the SARC without police involvement, if they did not feel ready to report the incident or needed more time to consider their options. Patients who wanted to self-refer could contact the provider to make an appointment directly. A safeguarding assessment was made for all young people aged 16 and 17 who self-referred into the service.

Information about the Casa Suite SARC, including opening times was available on the provider's website and in the premises. All patients attending the SARC were given information on what would happen next. Patients were offered a booklet detailing information about who they had seen, what to expect during the examination and about any medicines they had received in the SARC. There was a guide for family and friends to help them understand how survivors of sexual assault may feel and respond after a traumatic experience and whom they could contact once they leave.

Listening and learning from concerns and complaints

The provider had a complaints policy which outlined to patients how to make a complaint and timescales for addressing patient concerns. Systems were in place for monitoring and addressing complaints, which included follow up with the complainant, to ensure that the patient was satisfied with the outcome of their concerns. There had been two recorded complaints which had been resolved and outcomes shared with members of the staff team to learn from this.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had knowledge of issues and priorities relating to the quality and future of services. Mountain Healthcare had carried out an annual review in 2018 of their PAEIRs to map themes and trends occurring across their services. The review made recommendations to the risk management and integrated governance board to demonstrate how they could improve practice. This included the development of workstreams in key areas, such as information governance, decision making and safeguarding groups. The groups delivering these workstreams had taken the lead in addressing identified organisational risks, as well as contributing to delivering the service strategy and meeting the organisational objectives for 2019. The three keys objectives are to make organisational learning visible, making staff their priority and improving user experience via e-learning.

The provider was in the process of monitoring challenges and mapping good practice from previous CQC inspections across the Mountain healthcare sites. This work was ongoing and required a period of sustained improvement to evidence improved outcomes and embedding best practice.

Staff were invited to complete an anonymous online survey every year. The most recent results were largely positive. Front line staff commented that communication from senior managers could be improved and the provider explained that in response to the survey they were are taking steps to address this by introducing “freedom to speak up” champions. Staff council meetings had been introduced and records showed any concerns that staff had were discussed and shared with leaders to address areas they could improve on.

Processes for the development of leadership capacity and skills, included planning for the future leadership of the service. Management arrangements had changed to ensure designated roles and responsibilities were shared to support governance arrangements. The centre manager had worked at the location for several years and understood the services provided for patients and told us they were being supported by leaders to understand the management of systems and processes required to operate the service. The centre manager also told us about some of

the challenges they experienced traveling between the Hull and York sites and dividing their times between both services. Leaders explained that they were aware of these issues and that they were due to contractual arrangements. These challenges were being addressed during regular meetings with commissioners.

Vision and strategy

The provider had a clear vision and set of values that aligned with the delivery of care that patients received. Organisational aims and objectives were delivered by committed staff who were passionate about providing the best possible standards of care for survivors of sexual violence and sexual abuse. Staff told us they felt valued and appreciated and enjoyed supporting patients who accessed the SARC.

Strategy and supporting business plans were in place to achieve organisational priorities. The recent contract performance report showed that the provider was consistently meeting patient needs in terms of access and responsiveness.

Culture

The culture of the service was positive and leaders, the centre manager and clinical staff placed emphasis on putting patients’ needs first. There was an open and candid culture of reporting incidents and concerns when they arose to ensure compliance with the requirements of the duty of candour. Staff told us there was a good team culture and ethos and team morale was strong. They were proud of the work they did and took great satisfaction that when patients left the service they had received the right treatment, advice and care. Staff explained their biggest challenge was how busy the service could sometimes get as it was difficult to predict need. Staff were encouraged to follow a wellbeing checklist before leaving their shift. The checklist provided guidance for staff and asked them to consider their wellbeing as a result of managing challenging and complex cases and where necessary seek support through their organisation

Governance and management

During our inspection we found some areas for improvement. The issues raised were acknowledged by service leaders as needing to be addressed following our visit. Protocols and procedures were accessible for staff including standard operating procedures which provided

Are services well-led?

guidance on how the service should run. We found the policies on complaints, safeguarding adults, handwashing and clinical supervision required a review. After the inspection the provider sent us documentation to demonstrate that these policies had been updated. The provider also submitted evidence to demonstrate proformas had been amended to prompt staff to indicate if food and drink was offered to patients, and new paperwork for the safe discharge of patients. The provider will need to make sure that these changes are embedded into practice. A safeguarding workplan had been produced and the organisation had highlighted that becoming compliant with the intercollegiate guidelines on the number of hours and format of level three safeguarding children training was a priority.

Appropriate and accurate information

Practice was regularly reviewed in the SARC through a comprehensive audit schedule. The organisation held a live audit tracker which helped the senior leaders immediately check the audit schedule was being adhered to. We saw evidence to demonstrate the centre manager audits ten sets of records for each FNE each year. Individual feedback was given, and themes and trends were shared and discussed at team meetings. Medicines management was audited, and staff completed peer audits to review and identify examples of best practice.

Engagement with clients, the public, staff and external partners

The SARC manager contributed to the staff newsletter for the North Yorkshire and Humberside SARC updates. Recent development included the mental health pathway whereby patients can be referred directly into mental health services without the need to go through the GP.

Annual conferences were available for staff to attend. The provider had facilitated a conference to be held in October 2019 to focus on strengthening a collaborative approach to identifying and responding to vulnerabilities. Planned speakers included a range of professionals to discuss gang crime and substance misuse services. The conference was also planned to include patients' personal accounts of their vulnerabilities and needs.

Continuous improvement and innovation

Systems and processes for learning, continuous improvement and innovation were embedded in the service. Preceptorship had been introduced for newly qualified nurses to induct them into the role of working within a forensic environment to ensure the organisation recruited and retained new clinical employees who were confident in their role.

There was a service commitment to continuing professional development. A specific focus recently had been on staff competency in relation to how they obtained consent for patients under the age of 18. An assessment tool had been devised for staff to demonstrate their knowledge and enhance their practice on this topic.

Quality assurance processes were used to improve the delivery of the services. A workplan was in place to ensure improvements to safeguarding practice were implemented in a timely manner.

Leaders within Mountain Healthcare had established partnership working with external partners such as the health and justice commissioning manager for Yorkshire and The Humber at NHS England as part of a prison project. This partnership was working to ensure that the prisons in Humber and Yorkshire understood the SARC service and was developing a pathway to access services for victims of sexual assault within the prison service.