

Mountain Healthcare Limited

Beech House

Inspection report

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Overall summary

Summary findings

We carried out this announced inspection on 2nd and 3rd August 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a second CQC inspector and 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.

Are services safe?

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

Are services effective?

Summary of findings

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 not providing well led care in accordance with the relevant regulations. Once the shortcomings 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.

Background

Beech House SARC (Sexual Assault Referral Centre) is situated in Maidstone and provides services to adults and children who have experienced sexual abuse or sexual violence either recently, or in the past. The service is provided by Mountain Healthcare Limited (MHL) and delivered from secure rented premises in a quiet commercial estate. There is parking to the front of the building. The service is on the ground floor.

The SARC includes two forensic suites, (one for adults and one for children) each contains an adjoining forensic waiting area, medical examination room, shower room and a non-forensic aftercare room.

For the purpose of this inspection we focused on provision for 0-18- year olds. The adult service was inspected by the CQC in 2018. The service is provided by MHL and is commissioned by NHSE (National Health Service England) and the Kent Police and Crime Commissioner. Throughout this report we have used the term 'children' to describe people who use the service to reflect our inspection of the clinical aspects of the SARC.

The paediatric team for children 0-13 years consists of one Forensic Medical Examiner (FME) and one whole time equivalent crisis worker. They are supported by the SARC manager, forensic nurses and crisis workers. The FME is a member of the Faculty for Forensic and Legal Medicine (FFLM) and provided a holistic assessment for the children she cared for.

Children over the age of 13 were generally seen by Forensic Nurse Examiners (FNEs) and adult crisis workers, however in exceptional circumstances the FME or a community paediatrician would support the FNE, for example if a child has a learning disability.

The under 13 service offer is 9am - 5pm Monday to Friday excluding Bank Holidays. If children need be seen outside of this time frame to meet the forensic window alternative arrangements are made.

During the inspection we interviewed eight staff members: the registered manager, the regional director, the FME, two FNEs, a paediatric crisis worker, an adult crisis worker and male outreach worker.

Summary of findings

We looked at policies, procedures and other records about how the service was managed.

We reviewed nine care records for children aged 0-18 years old who had accessed the SARC within the last 6 months.

Our key findings were:

- The provider had suitable safeguarding processes 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.
- Clinical staff provided care and treatment in line with current guidelines.
- All staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment/referral system was adaptable and met children's needs.
- The provider encouraged staff and patient feedback about the services they provided.
- The provider had suitable information governance arrangements.
- Infection control procedures reflected published guidance.

We identified areas where the provider could make improvements.

They must:

- Ensure there is an effective mechanism to identify and remove out of date consumables, for example swabs and bandages.
- Ensure all records are legible and corrections meet record keeping standards.
- Ensure effective mechanisms are in place to monitor and mitigate risk.
- Ensure staff receive outcomes and learning from incidents they have reported.

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

They should:

- Provide written information for children and families who do not speak English.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Are services safe?

Our findings

Safety systems and processes

There were systems and processes in place at Beech House to keep children safe.

The FME and all FNEs were trained to level 3 safeguarding children this meant that staff were trained in accordance with the guidance 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff' (2019). Training was monitored by the registered manager via an online portal and was updated every three years in line with the guidance.

A strategy meeting was held before any child attended the SARC. This was attended by the FME or FNE for over 13-year olds. For a child under the age of 13, the FME then conducted a detailed telephone interview with parents or guardians to identify any specific needs or vulnerabilities. This practice was introduced as a protocol during the pandemic to reduce the amount of time spent in the SARC but continued in response to positive feedback from children, parents and carers.

We reviewed nine sets of records. In the records review we saw evidence that SARC staff liaised regularly with social care. Staff completed a follow up call for every child two weeks following their attendance at the SARC to ensure all needs were being met.

Children who were over 13 years old were seen face to face for initial assessment to allow them opportunity to share their experience without parents or carers present if they preferred.

Staff

We examined staff rotas and saw safe staffing levels both prior to our visit and planned for the next four weeks.

The provider had a staff recruitment policy which ensured only suitably qualified staff were employed. Every staff member had an up to date Disclosure and Barring Service (DBS) check. These were repeated every 3 years and managers prompted staff when they were due to expire.

The provider had an up-to-date whistleblowing policy in place which was available to staff on the online portal. FNEs and crisis workers we spoke with told us that they felt able to raise concerns with their line manager. The provider operated a 24-hour call centre for referrals, and lone working procedures were in place. The policy states staff should avoid lone working but sometimes this did occur. In mitigation staff called the call centre to advise when they are working alone in the SARC property. During the week of our inspection personal alarms were being distributed to staff to be used whilst on duty.

Staff completed mandatory training in line with the provider's policy which covered topics such as health and safety, basic life support, infection prevention and control, and information governance. Training was provided via an online portal which all staff could access, and the system prompted staff when a course was due to expire. Managers monitored training completion. The registered manager generated a report which was reviewed regularly to identify any non-compliance.

Clinical staff completed continuing professional development (CPD). Two of the FNEs had completed the Staffordshire University Advanced Forensic Practice Course.

Risks to children

The provider had systems in place to assess, monitor and manage risks to patient safety. In the records we reviewed, we saw that the FME and FNEs carried out holistic assessments to identify risk factors such as neglect, abuse and underlying health conditions. Children who had acute health needs were seen in the accident and emergency department prior to treatment at the SARC.

Are services safe?

All staff had received up to date life support training and knew how to respond to a medical emergency. There was a paediatric response bag situated in the corridor of the forensic suite and a defibrillator located in the entrance of the SARC, we saw a completed record sheet demonstrating that both were examined daily.

The FME and FNEs assessed patients for post exposure prophylaxis following sexual exposure (PEPSE), emergency contraception and hepatitis B prophylaxis. Referrals were made for sexual health screening where appropriate. There was evidence of multiagency working and onward referrals were followed up.

The provider used a Positive or Adverse Incidents and Events Reporting System (PAIERS) to record incidents, complaints and compliments. The system was overseen by managers who investigated incidents and complaints and recorded outcomes.

Premises and equipment

Fire safety equipment had been inspected and was seen to be up to date. We saw records which staff signed to demonstrate they had read and understood the fire safety policy. Most portable electrical equipment had been checked and labelled to show that it was safe to use. However, we found a recording discrepancy on two pieces of equipment which meant the provider could not be assured the equipment had been tested. The provider rectified this immediately by retesting both pieces of equipment.

Infection prevention and control measures, including waste management, were appropriate and adhered to. A cleaning schedule was in place and infection prevention and control audits were regularly carried out to evidence compliance. There were processes in place to prevent patients and staff from acquiring healthcare-associated infections. We examined a clear, detailed and up-to-date infection control policy, and staff we spoke with were aware of this and their own responsibilities.

The provider had identified issues regarding the premises. These issues were noted in the provider's risk register and actions had been taken to mitigate risk. Due to the tenancy agreement the provider was unable to make improvements to the SARC building. The provider had raised concerns with NHSE about specific issues however these remained unresolved. Examples of concern included the door handles in the forensic bathrooms being a ligature risk and the lack of radiator or door guards in rooms used by children. MHL mitigated these risks by ensuring a member of staff was in the room next to the bathroom whenever a child used it.

At the time of our inspection the paediatric forensic waiting room had not been used since 19 May 2022 as it had been deemed unfit to use by the provider. MHL had noted the flooring was marked despite being deep cleaned, wall paint was flaking, and walls were damaged meaning they could not be assured of forensic integrity. The provider mitigated this risk by seeing children under 13 directly in the forensic examination room or by using the adult suite.

The paediatric forensic examination room had not been used by the provider since 27 July 2022 when the SARC manager deemed the examination couch unusable because of a visible tear. We saw evidence that a replacement couch had been requested on 01 August 2022. The provider mitigated this risk by using the adult forensic suite for children. The issues with the paediatric forensic waiting room and forensic examination room were discussed during the inspection. The provider stated they were in discussion about future plans for the SARC premises.

The examination room was opened for inspection. It was clean to the eye and uncluttered. We saw evidence that cleaning protocols had been followed for the waiting and examination rooms to prevent the cross-contamination of evidence. These met the guidance issued by the FFLM. Documents examined, and staff we spoke with, confirmed they had received training on cross-contamination and infection control. Each room was cleaned and sealed after use with a numbered cable tie and we saw that those numbers were recorded in a file along with the time and date of each seal being broken and re-sealed. Each change was signed by the member of staff entering and exiting the rooms leaving a clear and identifiable audit trail.

Are services safe?

Staff were unaware that the forensic bathroom window opened outward. This was a risk to the forensic integrity of the suite. This risk was only identified at inspection, new window locks were booked to be fitted, and the suite would remain closed until the work was completed.

During our checks we found four out of date forensic swabs and a crepe bandage that expired in 2020. The provider took immediate action and removed these from the room, however this showed there was no effective mechanism in place to ensure consumables were in date.

Safe and appropriate use of medicines

Clinical staff at Beech House routinely used a very small number of medicines, none of which were controlled drugs.

During our visit, we reviewed medicine systems in place. We found that medicines were stored safely and securely, and that there was an effective system for reconciling the medicines through weekly audit. The room temperature was recorded daily and had not risen above acceptable levels despite a period of hot weather. Stock and administration records were seen to be accurate with clear accountabilities provided by staff administering medicines. Audits of patient records were also undertaken to ensure that medication was given appropriately, safely and was recorded accurately. If discrepancies were noted then we heard that action would be taken to ensure the safety of the patient, and then to review the incident and take action to reduce the risk of repetition.

Emergency contraception and PEPSE were issued according to need under a patient group direction (PGD). A PGD 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 was up to date.

The provider regularly audited the use of prophylactic medicines and oral contraception. Audits examined showed that the assessments of patients for these medicines were accurate and that the medicines were provided safely in accordance with guidelines issued by the British Association of Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH) respectively.

Information to deliver safe care and treatment

Records were kept in paper and electronic formats. The paper records were stored in loose-leaf folders which were kept in a locked filing cabinet behind a coded door with discs of photographic evidence. FMEs and FNEs recorded their clinical findings using body maps and proformas. The FME would automatically write a court statement which was stored in the record, should it be required. Files were stored on site for two years before being transferred to Iron Mountain storage. The electronic record for each child included evidence from the strategy meeting, demographics and referrals.

The records reviewed on inspection evidenced children's vulnerabilities had been assessed e.g. children on a child protection plan, learning disability, or required support with communication, those at risk of or known to be experiencing FGM, and other contextual safeguarding concerns such as risk of exploitation. Records evidenced multiagency working, consent and holistic approaches to care. One record contained a verbatim first-person account for a young person. This ensured their voice was captured and included notes on when the child chose to stop talking or moved away, capturing their response and rationale for completion. Three records did not meet record keeping standards – this is referred to in the well-led section (below).

The records contained completed body maps and were stored securely in locked metal filing cabinets, in a code locked room. The SARC staff were the only staff with access to the records and had information sharing agreements with the NHS trusts who provided paediatrician cover, which complied with data protection requirements.

All clinicians were trained to use the colposcope. This is a specialist piece of equipment for making records of intimate images during examinations, including high-quality photographs and video.

Track record on safety

Are services safe?

Staff we spoke with were able to demonstrate they understood their responsibilities to report concerns and near misses and that they understood the incident reporting processes. However, staff were not clear on lessons learned and reported that they were not assured that concerns were escalated beyond their manager.

Staff received medicines and equipment safety alerts by email from the provider. This ensured staff were aware of any medicines or equipment that required to be withdrawn from the service.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, and coordinating care and treatment

Children attending Beech House were holistically assessed according to national FFLM guidance. We examined nine records and saw that assessments considered physical health, emotional resilience, mental health and a range of social attributes for example the family, their support networks and school attendance. Staff made referrals, with appropriate consent, to multi-agency and multi-disciplinary partners such as GPs, sexual health services, access to Child Independent Sexual Violence Advisers (CHISVAs), Child and Adolescent Mental Health Services (CAMHS) or substance misuse services.

We examined referrals made to multi-agency partner services and saw that they contained enough detail so that the person receiving the referral could make an informed decision about how to proceed. Staff followed up all referrals to ensure they were accepted.

There were a range of evidence-based policies and procedures in place to ensure safe and effective practice by staff. Policies were up to date at the time of the inspection. All staff we spoke with had access to policies and procedures through the providers electronic system.

The SARC manager, regional director and head of safeguarding completed audit programmes which included; medicines, records audits, peer record audits, health and safety, disability access, information governance, infection protection control, ligature assessments and safeguarding audits. The SARC manager reviewed and recorded the results of the audits on an action log.

The FME offered bi-weekly peer review meetings to discuss recent cases with both FNEs and community paediatricians who were on the SARC rota, these were well attended with all staff attending at least monthly but usually more. Staff reported that they provided learning opportunities, time for reflection and peer support.

The provider made sure all staff were competent to undertake their roles safely. All staff had received an annual appraisal and attended one to one supervision meetings every six weeks to receive support and development. Training needs were identified within the appraisal process. New staff undertook the providers induction programme which prepared them for their role to ensure they were skilled and well supported. New staff would shadow examinations and undertake specific training related to forensic medical examinations, such as colposcopy training and taking forensic samples.

Crisis workers also had one to one supervision and accessed training; any external training was completed in their own time.

Consent to care and treatment

The FME and FNEs supported children and their carers to make informed decisions about their care and treatment. They followed national guidance to gain children's consent and understood the relevant consent and decision-making legislation, including the Mental Capacity Act 2005. Staff told us they knew who they could contact for advice should they need to. All clinical staff were able to describe what actions to take if the parent was unavailable to provide appropriate consent. We saw in two sets of children's notes examples of where parents had been able to give appropriate consent verbally over the telephone following detailed discussion, this consent was documented in the records. Staff understood Gillick competencies when assessing if a child had the capacity to consent to treatment.

Effective staffing

Staffing levels during the pandemic had been maintained by implementing a business continuity plan across Kent, Surrey and Sussex SARCs.

Are services effective?

(for example, treatment is effective)

During the pandemic the FME provided sole medical cover for every strategy discussion and forensic paediatric examination. MHL provided other FMEs in the organisation to cover annual leave and sick leave and recognised that the workload for the FME during the pandemic was an unsustainable offer.

Are services caring?

Our findings

Kindness, respect and compassion

The provider collected feedback from children and their families and displayed this on a board so all staff and visitors to the SARC could see this. Staff were also sent this monthly in a bulletin format.

Positive feedback from May 2022 included: 'I felt comfortable, they were kind and caring'; 'Very helpful and happy that it's not my fault'; 'Felt that XXXXX believed in me'.

The CQC comments box contained four card responses: 'very thoughtful gave me time and put me at ease'; 'good the nurses were lovely'; 'lovely staff felt comfortable not judged'; 'made a difficult situation much easier'.

Staff talked with care and compassion about the children they saw, and their role in advocating for them at a vulnerable time in their lives. Staff told us they encouraged the child to set the pace of the examination and took time to explain processes and next steps using age appropriate language. Interviews with staff and review of records showed staff were kind, respectful and compassionate as well as knowledgeable about the impact and trauma of sexual assault. They had introduced a 'cuddle teddy', a toy a child could take with them through the examination process and then take home to keep.

Aftercare packs and new clothing was available for children if required following examination. There were available contact details of support organisations, sexual health centres, and other information to assist victims and their families to seek help and advice should they wish to do so.

Involving people in decisions about care and treatment

Leaflets were included in easy read format for children to understand the SARC experience and there were also parent information leaflets provided. There were no printed leaflets in languages other than English. Leaders told us they had completed an audit of languages spoken in the area which showed that there were too many different languages for the SARC to produce leaflets in. An in-person interpreter was used whenever a child and/or family could not speak English.

Beech House SARC provided a website detailing information on what to expect when attending the SARC, contact numbers, opening hours and information promoting other support agencies.

Privacy and dignity

The service respected and promoted children's' privacy and dignity throughout their visit. For example, children could change their clothing in private and use shower facilities if appropriate to do so. Staff remained close by to ensure they were safe from harm.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

Referrals into the service were made by the police or via safeguarding processes. All examinations had been undertaken by prior appointment and, even when these were made at short notice, we saw that children were seen in a timely manner to meet their needs. We saw comments on the children and parent feedback boards about the positive impact effective joint working between the SARC and police staff had on the patient experience.

Easy read forms were used to ascertain and support Gillick competency, they provided prompts and questions which included 'do you understand why you are here?' and 'what we will be doing?' In records reviewed we saw that staff were guided by the child's response.

All staff worked together to ensure emotional support was given to patients and supported onward referrals to CAMHS, talking therapies and their GP. All referrals were consented to.

There were kitchen facilities available at the SARC and children and their families were offered drinks and snacks. The aftercare room at the SARC had a range of age appropriate toys and was clean, comfortable and inviting. Young people used the adult aftercare room, which was seen during inspection as a neutral, well decorated space.

We noted on the monthly feedback that two people had been unaware that they could request the choice of gender of their examiner. Following this feedback, SARC leaders implemented a new process to ensure all children were offered a choice of gender of sexual offence examiner. There was no male FME/FNE currently working for the service. Should a patient request a male nurse or doctor this could be requested from another area.

Timely access to services.

FNEs provided the forensic medical examination service 24 hours a day, 365 days a year for those children over 13 years of age. The children under the age of 13 service was provided Monday to Friday 9am to 5pm. Children could be seen outside of this time frame to meet the forensic window either at the SARC or would be offered transport to The Haven SARC in London.

Contact details and information about the SARC was clearly documented in the SARC patient leaflets and on the SARC website.

Listening and learning from concerns and complaints

There had been no complaints at the time of our inspection. We saw the service was responsive to feedback. For example, DVD's are now available for children to watch while they wait in the service.

Are services well-led?

Our findings

Leadership capacity and capability

The SARC manager was a senior FNE who had the appropriate skills to run the forensic service. The manager provided direct supervision for all FNEs and crisis workers in the SARC. On-call support was available to FNEs from the 24-hour call centre.

A regional director had oversight of Beech House SARC. MHL had a clear management structure and there was line management for the SARC manager and the FME external to the SARC.

All staff reported good working relationships with police colleagues and social care. The SARC manager had initiated meetings with local safeguarding teams to improve joint working.

Vision and strategy

All staff reported they put children's needs first and endeavoured to offer the best care possible. They worked closely with their police partners and onward services to ensure that the child's experience of the SARC was according to best practice and all staff were aware of their responsibilities.

Children were encouraged to give feedback using the 'You say, we do' board visible in the non-forensic aftercare room. Ideas were used to improve practice, for example children asked for DVDs to watch whilst they were waiting, and for a cuddly toy that they could take away with them.

Staff were aware of the growing number of children in Kent requiring the service and were meeting the need.

Culture

All staff felt part of a close team that worked well together and supported each other.

Clinical staff spoke of a culture of peer learning which they highly valued. The FME shared her expertise with both community paediatricians and FNEs and cases were reviewed weekly to ensure that best practice was maintained.

Crisis workers report they receive appropriate amounts of varied and comprehensive training.

MHL has invested in identifying and training wellbeing ambassadors in each team and this was promoted to the team on a wellbeing board in the staff kitchen.

Governance and management

There are quarterly contract review meetings between NHSE, Beech House managers and MHL Directors.

We saw evidence of team meetings the regional director attended to give company updates. Staff reported their line manager listened to issues they raised. Some staff told us they did not see responses from more senior leaders within the organisation. For example, the worn paediatric couch had been identified in routine checks for six months prior to inspection, however staff were unaware of the plan to manage this.

We found some concerns relating to the governance of the service:

The provider had not identified the window in the paediatric forensic room opened. As this risk had not been identified, no mitigating actions had been put into place. After we identified this risk, the provider took immediate action.

We found four out of date forensic swabs and one bandage in the paediatric forensic room. This meant there was no effective mechanism in place to identify out of date forensic swabs and bandages and remove them from clinical areas.

Are services well-led?

There was an issue with the recording of PAT testing. At the time of our inspection, the provider could not be assured that all items had been correctly PAT tested because two items could not be identified by their description. The provider took immediate action and retested the two pieces of electrical equipment to assure themselves all equipment was properly tested.

We reviewed nine sets of records, in three records some of the handwriting was illegible. Errors were altered by writing over rather than scoring through. Correction fluid was used in one record. The record keeping audit did not identify these issues. We issued the provider with a requirement notice to ensure governance arrangements improve in the SARC.

Appropriate and accurate information

Appropriate and accurate information is collected which allows leaders and commissioners to be assured the service is providing timely, safe and effective care. Performance is reported to NHSE, and MHL maintain a data dashboard which is updated quarterly.

Engagement with clients, the public, staff and external partners

Staff feel that they can easily raise issues in SARC especially to their direct manager but are not confident that issues are addressed higher up in MHL. Staff were aware of the need to report incidents. Staff told us they knew how to use the PAIERS process, but they did not receive outcomes or feedback from reported incidents.

MHL conducted regular staff surveys. The current thoughts of the staff at Beech House reflected the last staff survey from August 2021, the most recent issue is due to be published shortly. Themes were raised around communication throughout MHL and that staff wanted to be more involved in decision making.

Staff welcomed new processes being considered for example the new record keeping proforma, however they were not consulted in its development.

Continuous improvement and innovation

An example of innovative local practice was given, Beech House SARC recently appointed a male outreach worker. He has raised the profile of the service at military days and plans to undertake outreach work in prisons.

The SARC achieved accreditation with an external company monitoring and promoting quality standards particularly for services supporting male victims of sexual violence.

The SARC is visible to potential service users with its website and has used television articles and provided outreach presence at other local event days.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><i>17(1); Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part</i></p> <ul style="list-style-type: none">• The provider must operate an effective system to make sure that timely action is taken against all risks that have been identified <p><i>17 (2) (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</i></p> <ul style="list-style-type: none">• The provider must operate an effective system to make sure that all equipment is in date and fit for use. <p><i>17 (2) (c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;</i></p> <ul style="list-style-type: none">• The provider must ensure that records are legible and adhere to record keeping standards.