

# Mountain Healthcare Limited

# Hackenthorpe Lodge SARC

## Inspection Report

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### Overall summary

We carried out this unannounced, focussed inspection on 23 December 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 had met the requirements of a warning notice we issued under Section 29 of the Act following our previous inspection on 29 and 30 October 2019.

The inspection on 23 December was carried out by a CQC inspector and focussed on the question of whether the location was well-led, one of the five key questions in the CQC's regulatory framework.

#### Background

Hackenthorpe Lodge is a sexual assault referral centre (SARC). The SARC provides health services and forensic medical examinations to patients aged 16 and over in South Yorkshire who have experienced sexual violence or sexual abuse. Patients under this age receive a similar service elsewhere in Sheffield by a different provider.

The SARC occupies part of a two-storey building owned by South Yorkshire Police, which is used for other purposes as well as the SARC. The centre is purpose-built and occupies the entire ground floor of the building with its own discrete entrances. Further details about the layout of the building are outlined in our report of the previous Inspection.

Hackenthorpe Lodge is jointly commissioned by NHS England and the Police and Crime Commissioners across Yorkshire and Humberside. The centre provides a 24 hours-a-day and seven days-a-week service. Most patients are referred by the police but patients can also self-refer or be referred by another professional.

At the time of this inspection the staff team included a centre manager, Forensic Nurse Examiners (FNE) and crisis workers who also took on administrative duties.

The service is provided by a limited company, Mountain Healthcare Limited. As a condition of their registration the company must have a person registered with the Care Quality Commission as a registered manager. Registered managers have legal responsibility for meeting the requirements on the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager at Hackenthorpe Lodge was also the medical director for Mountain Healthcare Limited.

During our previous inspection of 29 and 30 October 2019, we found a number of shortfalls in the governance of the service that amounted to a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. On 05 November 2019 We issued a warning notice which required the provider to make a number of improvements by 07 December 2019.

# Summary of findings

The provider subsequently submitted an action plan, which showed the steps they had taken to meet the requirements of the warning notice along with supporting documents and photographs. We reviewed these in advance of our visit on 23 December.

During our visit on 23 December we spoke with both the centre manager and the registered manager. We also reviewed additional documents whilst on site and carried out observations of the physical environment.

We found that the requirements of the warning notice had been met and that the new processes introduced by Mountain Healthcare provided assurances about the ongoing governance of the service.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services well-led?**

We found that this service had complied with the requirements of a warning notice that was issued following our previous inspection and was providing well-led care in accordance with the relevant regulations.

**No action**





# Are services well-led?

## Our findings

### Governance and management

We carried out a previous inspection of Hackenthorpe Lodge SARC which included visits to the location on 29 and 30 October 2019. At the time of that inspection the part time centre manager had only occupied that position for two weeks before the inspection and the location had been operating for three months without a permanent centre manager in post. During that inspection we found a number of shortfalls in the governance of the service that amounted to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The shortfalls were:

- A lack of oversight of the application of forensic cleaning protocols in the examination suites. The waiting room had been sealed to certify it had been forensically cleaned although inspectors found that it was not clean with evidence of crumbs and dust.
- The failure to report a small but obvious tear in an examination couch and the lack of effective risk assessment in relation to its impact on infection control or forensic integrity.
- Ineffective processes for disposing of used sharps' bins. There was evidence of a sharps' bin remaining open and in use for too long and of a sealed sharps' bin remaining uncollected for disposal.
- Ineffective stock rotation of evidence collection kits; one kit was found to be out of date.
- The uncertainty as to whether a colposcope had undergone portable appliance testing (PAT) for the last five years.
- Limited assurance about infection risks arising from cloth privacy curtains.
- No assurance as to whether a ligature risk-assessment was up-to-date.

We issued the provider with a warning notice under section 29 of the Health and Social Care Act 2008. This required Mountain Healthcare Limited to provide evidence that they had become compliant with the Regulation by 07 December 2019.

The provider subsequently sent us an action plan with a number of supporting documents and photographic evidence. They told us that they had made significant improvements in the governance processes and that they had mitigated the risks arising from the shortfalls we had found.

On 23 December 2019, we carried out an unannounced visit to Hackenthorpe Lodge. The purpose of this visit was to validate the action plan and evidence the provider had submitted and to assess whether the requirements of the warning notice had been met. We met the registered manager and the newly appointed centre manager for the location who advised that they had been in post since the end of November 2019.

We reviewed a number of key documents and pieces of photographic evidence in relation to the location, spoke with the registered manager and centre manager and carried out observations of the physical environment.

We reviewed the following documents:

- The provider's 11-point action plan designed to meet the issues in the warning notice served on 07 November 2019.
- The provider's 17-point forensic action plan based on standards issued by the Faculty of Forensic and Legal Medicine (FFLM).
- A Standard Operating Procedure (SOP) in relation to management of sharps' containers which had been amended on 05 December 2019.
- A SOP in relation to the forensic cleaning of the examination suites also amended on 05 December. This took account of monthly deep cleaning activities, processes for cleaning after each client and arrangements for auditing this using a checklist and spot checks.
- Email records of forensic cleaning training that had been provided to staff following the issue of the warning notice and showing staff had been assessed as competent.
- A schedule of monthly deep clean dates and a checklist of deep clean activities for each deep clean in accordance with the SOP.



## Are services well-led?

- Records of the first deep clean following the warning notice that was carried out on 19 November 2019 and the second deep clean from 13 December 2019 for each examination room by two staff members. We noted the next deep clean was scheduled for 16 January 2020
- Records of the weekly deep clean of the family room for the preceding month on 06, 13 and 20 December 2019.
- Templates for the managers spot checks of the rooms – these were on their third iteration since the warning notice and had been further developed by the new manager to incorporate a check of PAT tested equipment and the age of the sharps' bins. Spot checks had been carried out on 22 November, 03, 05 and 10 December 2019.
- Certificates of PAT testing issued by an independent contractor. This was a comprehensive list of certificates issued to each item in the SARC including the numbers of the three certificates that were stuck to each part of the colposcope.

The centre manager advised us that newer and smaller sharps' bins were now used and that all bins were dated and disposed of within three months of starting each one. We saw that these were also checked during the manager's spot checks in accordance with the revised SOP. New sharps' bins were in-situ in the examination suites. The older bins had been collected immediately following the last inspection.

We checked the unused colposcope which had been moved into a storage room and was under lock and key. The registered manager told us that the images extant on

the machine were subject of review and that new equipment had been ordered to upload those images to hard storage. We were advised that these images would be held in storage in the same way as the arrangements for storing images from current examinations. The manager told us that the colposcope would then be disposed of once the images were safely removed but that the equipment had been decommissioned in any event.

The colposcope had PAT certificates on each part of the device (camera, drive and cable) which corresponded to the numbers on the certificated list (20728, 729 and 730) which were due to expire on 07 March 2020.

There were two brand new couches and brand-new washable privacy screens in-situ in the examination suites.

There were new instructions to staff on checking the dates of equipment and stock rotation was also included in the manager's spot checks.

We saw evidence that showed the Contract Manager on behalf of the Police and Crime Commissioner and NHS England commissioner had visited in the week prior to our visit and had been satisfied with the standard of cleanliness and of the robustness of the new management auditing arrangements.

We were assured that there were robust management arrangements in place to ensure compliance with the Regulation. We were also satisfied that all aspects of the warning notice had been mitigated through a robust action plan and that there were clear arrangements in place to ensure good managerial oversight through spot checks and observance of SOPs.