

## Mountain Healthcare Limited

# Hackenthorpe Lodge SARC

## Inspection Report

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### Overall summary

We carried out this announced inspection over two days on 29 and 30 October 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. Two CQC inspectors, supported by a specialist professional advisor, carried out the inspection.

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.

#### Background

Hackenthorpe Lodge SARC 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. Hackenthorpe Lodge is a two-storey building situated on the edge of a housing estate, it has its own carpark. The building, which is police owned, is also used by the police to support

vulnerable people to give evidence. The local victim support service has an office on the upper floor but does not see clients at Hackenthorpe Lodge. The SARC was purpose built and has several discreet entrances which staff use to ensure patients do not meet any other visitors to the building.

Hackenthorpe Lodge is designated as the region's accessible SARC. All patient areas are situated on the ground floor. There is an accessible entrance, which is step free with wide doors. There are two forensic examination rooms, each with their own shower and toilet. One room is designed to better meet the needs of disabled patients, it has additional space and a wet room shower area. The mobility of all patients are fully assessed on first contact with the service, before they enter the building. If the patient's needs mean they cannot access this SARC the patient can be seen in their place of residence.

The contract for adult SARC provision across Yorkshire and Humberside is jointly commissioned by NHS England and the Police and Crime Commissioners. Services are available for patients 24 hours a day, seven days a week by appointment. The SARC provides services for people of any gender aged 16 and over. Patients can self-refer into the service or be referred by a professional. Most patients access the SARC by a police referral. Children and young people under the age of 16 who require care from a SARC in South Yorkshire are referred to the Child

# Summary of findings

Sexual Assault Assessment Service which is provided by Sheffield Children's Hospital. Services provided by Sheffield Children's Hospital were not part of this inspection.

The staff team included a centre manager, Forensic Nurse Examiners (FNEs) and crisis workers who also took on administrative duties. Staff offer referrals to Independent Sexual Violence Advisors (ISVAs) and counsellors, these services are provided by victim support and were therefore not part of this inspection.

The service is provided by a limited company and as a condition of registration 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 Hackenthorpe Lodge was also the medical director for Mountain healthcare Limited. The registered manager was a member of the Faculty of Forensic and Legal Medicine (FFLM). We have used the terms 'registered manager' and 'centre manager' to differentiate between the two roles.

During the two-day inspection we spoke with staff members, including the provider's medical director, the director of nursing, the associate head of healthcare, the centre manager, two forensic nurse examiners and two crisis workers. We reviewed five recruitment files. We looked at the records of 14 patients.

We left comment cards at the location the week before we visited, and we received six responses from people who had used the service. We looked at policies and procedures and other records about how the service is managed. 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:

- The staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with emergencies. Appropriate medicines and 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 and referral system met clients' needs.
- 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 staff had policies to deal with complaints positively and efficiently.
- The staff had suitable information governance arrangements.
- During our inspection we found there were ligature points around the building that staff had not assessed as per the organisation's policy. Staff rectified this within the week of our inspection.

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

- Offer, whenever possible, a choice of gender of forensic examiner to all patients.
- Complete the planned programme of level three children's safeguarding training, including multi agency sessions, for all relevant staff.
- Consider how the communication needs of patients whose first language is not English are met.
- Consider how the communication needs of patients with learning needs are met.
- Complete an accessibility audit for the location.

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

- Ensure effective systems and processes are in place to assess, monitor and improve the quality and safety of the services provided in the location.
- Ensure decontamination of forensic suites is carried out in accordance with the organisation's policy.
- Ensure unused equipment is not stored in forensic suites.
- Ensure the examination couch in the forensic suite is fit for purpose.
- Devise and implement a policy covering the safe use and disposal of sharps containers.

**Full details of the regulation 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 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.

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### **Are services effective?**

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

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### **Are services caring?**

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

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### **Are services responsive to people's needs?**

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

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

At the time of this inspection we found this service was not providing well-led care in accordance with the relevant regulations. We told the provider to act (see full details of this action in the Enforcement Actions section at the end of this report). We revisited the service on 23 December 2019. We were assured that improvements had been made to some aspects of the service please see the report dated xxxx

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# Are services safe?

## Our findings

### Safety systems and processes

We found some shortfalls in a minority of the systems and processes in place to keep patients using Hackenthorpe Lodge SARC safe.

We found that the service's policies and procedures intended to keep people safe from avoidable harm were up to date, with planned review dates. Staff were aware of these policies and told us they were consistently implemented. We noted that all staff had received annual mandatory training on safety topics such as infection control, basic life support, safe disposal of sharps and health and safety procedures.

Hackenthorpe Lodge had effective adult and child safeguarding procedures in place. Staff understood their responsibility to protect people from abuse. All patients were screened for vulnerabilities and staff made appropriate referrals to support services. We saw an example of a domestic abuse assessment tool being used to determine the level of risk a patient was exposed to, this led practitioners to refer the patient to a local organisation for further support. In records reviewed we saw an appropriate safeguarding referral was made to adult social care after the patient was assessed as a vulnerable adult. We saw evidence that staff considered the safety of the children of adults who attended the service. In one record reviewed we saw that staff made an appropriate referral to social care when a patient disclosed circumstances that posed potential risks to her children.

Young people aged 16 and 17 used the service, staff understood local children's safeguarding procedures and made automatic safeguarding referrals for anyone accessing the SARC who was under 18 years old. All 16- and 17-year olds accessing the SARC were screened to determine their risk of child sexual exploitation. However, staff at Hackenthorpe Lodge had not completed the number of hours of child safeguarding training national guidance recommends. In addition to this, staff had not had the opportunity to participate in multiagency training. The organisation had recognised this issue from previous CQC inspections and was in the process of sourcing additional appropriate courses, so that staff could attend the required amount and type of safeguarding children training.

The organisation held a weekly safeguarding conference call, which staff could join to seek non-urgent support and advice. The service had recently introduced a safeguarding tracker tool. This meant staff were able to track all safeguarding referrals made and ensure an outcome had been received from the local authority within 72 hours of the referral being made.

### Staff

We saw rotas from the three months prior to our inspection which showed that the service was staffed consistently with at least one FNE and one crisis worker per daytime shift. Leaders assured us that any gaps in Hackenthorpe Lodge's out of hours rota were covered by staff from other Mountain Healthcare SARC's in the region. We saw data that demonstrated all patients were seen within required timescales, patients who required an urgent appointment were seen within one hour.

Staff were employed in line with the provider's recruitment policy. Potential employees were interviewed and were subject to an enhanced Disclosure and Barring Service (DBS) check and additional police vetting. Employee references, qualifications and memberships of professional bodies were routinely checked for authenticity. Mountain Healthcare Limited had invested in a new HR computer system, following feedback from previous CQC inspections the centre manager was able to access the employment records of all centre staff. We noted some staff files from employees who had transferred to Mountain Healthcare from previous providers contained unverified references. Leaders had recognised this was an issue and planned to ask the employee's current manager to submit a reference to cover this gap. At the time of the inspection this process was not yet fully established therefore we were unable to assess its effectiveness. The centre manager was notified when DBS checks or professional registrations were due to expire so that the provider could ensure all documentation was kept in date.

There was a lone working standard operating procedure developed specifically for this location. Staff stated they always worked in pairs and police officers would always be present when patients required assessment outside of office hours. Staff informed the national call centre on arriving and leaving the building out of hours to ensure their safety. The provider had added lighting and electric gates to the outside of the premises for additional security.

# Are services safe?

## Risks to patients

From the first point of contact with the service patients were screened for additional vulnerabilities such as learning disabilities, mental ill health, risk of self harm and safeguarding concerns. When concerns were identified the information was documented on the patient's record. Staff continued to assess patients throughout the episode of care. Staff used tools to identify and assess risks such as domestic abuse and child sexual exploitation. Staff knew how to deal with physical and mental health emergencies.

Patients were screened for the need for post exposure prophylaxis after sexual exposure (PEPSE) to reduce the risk of HIV transmission and female patients were assessed for the need for emergency contraception. The SARC stocked and administered medication to meet these needs as required.

Effective systems were in place to meet the needs of patients who attended the SARC frequently. A care plan was formulated for any patient who attended the SARC on three or more occasions. In one record reviewed we saw that staff had made a safeguarding referral and attended multiagency meetings for a vulnerable young person who had attended the SARC frequently.

The service had a localised business continuity plan with procedures to follow should a significant event prevent the service from operating normally. Staff would be able to see patients in other Mountain Healthcare SARCs in the region. In the event of the freezers (used to store samples) failing, staff were able to source replacement equipment quickly and transport samples safely to other sites if required.

The organisation had an audit schedule to ensure key risks to patients were assessed and improvements identified at least annually. However, we identified that there were ligature points in the premises which staff had not identified and had not been risk assessed in line with the organisation's policy. The ligature points were pull cords for call bells. Leaders assured us the cords had a break free point. We brought this to the attention of managers who acknowledged the risk of the cords being used to self-harm. The cords were alarmed so if used as a ligature staff would become aware. The cords were in the forensic suite bathrooms and the doors could be locked by patients from the inside. At the time of the inspection the staff who showed us the room were not immediately aware of any procedure on how to override the door lock. The lack of

planning for this event is significant as this would add a time delay to the patient receiving assistance. Furthermore, leaders had identified the risk of patient suicide post sexual assault in their risk log and scored the risk as high.

The lack of a written policy also increases risk to zero-hour contract workers (the location employs zero-hour contract workers) who particularly need clear, written instructions on risks in environments they may not be familiar working in. The organisation's policy stated a ligature audit should be conducted annually. Managers were certain this had been completed but could not locate a copy of this during the inspection. Managers submitted an updated ligature audit to us in the week of the inspection.

## Premises and equipment

We identified that effective systems and processes were not in place to ensure the environment was fit for purpose. On the day of the inspection staff were not able to assure us that cleaning had been conducted in line with the organisation's policy, that used sharps had been disposed of safely, that all equipment was in date and suitable for use or that the correct ligature risk assessments had been conducted. We discuss our findings on these issues in detail in the section on well led.

The provider had in date policies on the management of spillages, handwashing and infection control. Staff reported they carried out monthly deep cleans of the forensic suites but the dates of these cleans were not consistently recorded in one place. Staff and leaders present during the inspection accepted our findings, they told us this was not reflective of the service's normal high standards. The centre manager took immediate steps to rectify the issues we had found.

The building was police owned therefore the police have responsibility for the building's health and safety checks. We saw fire safety signs and fire extinguishers were present in the building. The staff we spoke to were aware of the evacuation procedures to follow in the event of a fire.

Staff were trained in the use of equipment in the SARC. The centre did not have a defibrillator. Hackenthorpe Lodge SARC has a piece of specialist equipment, known as a colposcope, 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.

# Are services safe?

There were effective arrangements for ensuring the safe storage and security of these records in accordance with guidance issued by the FFLM. Staff at the SARC also had access to a portable colposcope, this meant that patients who were unable to attend the SARC could still access this element of care.

## Information to deliver safe care and treatment

The documentation used to record patient care prompted staff to fully assess patients' physical, emotional and mental health needs. The recording of consent was in line with FFLM guidelines. Body maps were used to record any injuries. Record keeping was noted to be legible and detailed.

The provider had two methods of documenting care. An electronic record keeping system was used by the organisation's call centre to document the details obtained on the initial referral call and to record any follow up of the patient after they left the SARC. Assessments and care delivered in the SARC were recorded on a paper system.

We noted some records contained lists relating to potential patient vulnerabilities that were left blank. It was not clear if the lists were left blank because the professional deemed them not applicable or if they had been left blank in error. Leaders agreed to add a 'not applicable' box to make it clear these vulnerabilities had been considered.

Recent patient records, including images were stored securely in locked cabinets. The provider's computer system was password protected and only accessible by SARC staff. Archived records were kept in unlocked cabinets in a store room. To access the store room staff had to have a key and a swipe card. The store room also contained refrigerators which stored DNA evidence. We were told that only Mountain Healthcare staff have access to this room and any maintenance person or police colleague entering the room would always be accompanied by a staff member.

There were effective arrangements in place to obtain and record consent for making images with the colposcope. The provider stored images taken by the colposcope safely and in line with FFLM guidance. DVD's of colposcope images were encrypted and stored in evidence bags. Specialist software was required to be able to access the DVDs. The service had safe boxes to transport records to another site if required.

Appropriate and timely referrals to other services such as the ISVA service and sexual health clinics were offered to patients. When patients consented to a referral their information was sent by secure email. This safe information sharing meant ongoing support could be accessed by the patient.

## Safe and appropriate use of medicines

A small number of medicines were stored and supplied at the SARC. None of the medicines required refrigeration. Registered nurses were able to supply 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 the presentation. All the PGDs were in date.

Medicines were stored safely and securely in a locked cabinet. The medicines were checked weekly and stock records were accurate. We saw that the administration of medicines was documented in patient records.

## Track record on safety

We have discussed some shortfalls we found regarding keeping people safe earlier in the report, however we noted that Hackenthorpe Lodge had systems in place to monitor safety. For example, we were assured patients were seen within the required timescales and that the centre was safely staffed as staffing levels and call out times were reported to senior leaders every quarter, we saw that the location's risk register which described current risks and calculated a risk score was updated regularly.

## Lessons learned and improvements

Mountain Healthcare Limited was committed to continuous improvement. The organisation used a system to report incidents and examples of excellence so that learning could occur. The system called PAIERS (Positive, Adverse and Irregular Events Reporting) was used in Hackenthorpe Lodge. Staff told us they felt confident to submit PAIERS when things went wrong and when they felt something had gone well. Staff received feedback individually if they were involved in the incident and new learning from PAIERS across the organisation was discussed at team meetings.

Leaders told us they used the PAIERS system to identify themes and trends across the organisation. This information was monitored quarterly and was used to

## Are services safe?

identify training needs. Learning sessions on the topics identified were then delivered to staff. For example, the organisation has recently rolled out staff wellbeing days in response to trends identified from the PAIERS system.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

Patients attending Hackenthorpe Lodge SARC received comprehensive, holistic assessments to identify their physical and emotional health needs. The provider had clinical pathways to guide best practice for different types of sexual assault. Forensic examinations were conducted as advised by the Faculty of Forensic and Legal Medicine (FFLM). Identified health needs were treated in line with relevant guidance. For example, emergency contraception was issued in accordance to the Faculty of Sexual and Reproductive Healthcare (FRSH) recommendations and PEPSE was issued as advised by the British Association of Sexual Health and HIV (BASHH). All patients were offered a referral to an Independent Sexual Violence Advisor (ISVA).

All staff attended a clinical refresher day at least annually to ensure they were kept up to date with the latest guidance. In addition to this staff attended regular team meetings where they were informed of any safety alerts or new learning from across the organisation.

### Consent to care and treatment

Staff understood the importance of gaining informed consent. In all the records we reviewed patients had given written consent to their examination and to the taking, storage and use of intimate images. Staff told us they sought written consent from patients only when they were assured the patient fully understood their treatment options. Staff told us they spent as much time as was required with the patient explaining the treatment options and any associated risks. Written information was provided; however, this was not available in easy read formats. Verbal consent was gained at every point of the patient's treatment in the SARC.

The service had recently introduced a new proforma which prompted staff to assess and document an assessment of mental capacity if concerns about a patient's ability to consent existed. The consent form used had also been changed to incorporate an easy to read 'thumbs up' symbol to indicate if the patient was happy to proceed.

### Monitoring care and treatment

The centre manager at Hackenthorpe Lodge had only been in post for two weeks prior to our visit. The centre manager had implemented a spreadsheet to ensure routine

monitoring about patients care and treatment was conducted. The tool included checks to see if patients had attended for continuing PEP treatment, that outcomes from social care referrals were sought and that all patients received a six-week telephone support call.

Staff had completed regular audits over the previous 12 months including audits on record keeping, infection control and medications. All FNE's took part in monthly peer review sessions, this means that colleagues review each other's work to promote shared learning.

### Effective staffing

The provider had developed comprehensive, role specific induction packages to train all new crisis workers and FNEs to carry out their duties safely and effectively. All new FNE's had a minimum of six months' probation which could be extended if required. Staff completed mandatory classroom based and online training. Other learning opportunities include shadowing cases across the region, observed practice and reflective learning sessions. All staff completed a role specific training log book and kept a 'safeguarding passport' a specific record of the adult and child safeguarding training they had completed. Staff competencies were based on nationally recognised standards such as the Royal College of Nursing (RCN), FFLM and BASH guidance. All new staff were assessed by a regional training lead before they practiced without supervision, which ensured consistent standards of competence across the region.

We saw that all staff had received an annual appraisal in the previous 12 months. Staff were encouraged to engage in informal debrief sessions after each case.

Staff attended regular supervision sessions to reflect on the care they had provided. Full time staff received supervision monthly, part time staff and workers on zero-hour contracts attended supervision at least quarterly. FNE's received one to one supervision while crisis workers attended group supervision. Staff described supervision as emotionally supportive and educational.

### Co-ordinating care and treatment

We found the service worked effectively with other health disciplines and other agencies such as the police and social care to co-ordinate patients care and treatment. We saw appropriate information sharing and onward referrals to services such as GPs, sexual health services and ISVAs to



# Are services effective?

(for example, treatment is effective)

ensure patients received ongoing care. Patients who required PEPSE treatment were followed up to ensure they

had access to the full course of treatment. When patients declined onwards referrals they were provided with information so that they could access services later if they changed their minds.

# Are services caring?

## Our findings

We found the staff at Hackenthorpe Lodge treated patients with kindness, respect and compassion. Staff understood the impact of sexual abuse and told us caring for patients' emotional health was a priority. Patients arriving at the service were greeted by the crisis worker who would care for them during their visit. Crisis workers and forensic nurse examiners (FNEs) recognised the value of establishing trust-based relationships with patients. Staff told us they ensured each step of the process was fully understood by patients, who were then able to accept or decline any part of the examination and care offered. Patients could be accompanied by a friend or relative if they wished. Enough time was allowed for appointments to ensure patients could be examined at their own pace. Patients were offered refreshments and the centre stocked drinks and snacks to meet different dietary needs.

We received six completed comment cards from patients who used the service in the two weeks before our inspection. All the comments were positive. One patient described staff as delightful and another as kind and respectful.

The service regularly collected feedback. All patients were asked to complete an anonymous survey at the end of their visit. This data was collated and analysed by staff to identify any emerging themes and trends. We saw feedback from the three months prior to the inspection. All the feedback was positive. Patients stated the service was friendly and welcoming, they used words such as 'brilliant' and 'amazing' to describe staff. Patients stated they appreciated being offered refreshments and they thanked staff for not rushing them through the examination.

Patients were not offered a choice of gender of care professional at Hackenthorpe Lodge. All the centre's FNE's were female. Staff told us if a patient requested a male examiner they would make every effort for this to happen. However, patients were not routinely made aware they could choose the gender of their examiner.

### Privacy and dignity

The service respected and promoted clients' privacy and dignity. The building had multiple entrances which led to self-contained areas, this layout protected patient

confidentiality as it meant patients did not see any other users of the building. Staff went out to the carpark to greet patients as they arrived to guide them to the correct entrance.

Examination rooms contained curtains so that patients could undress with some privacy. Dressing gowns were available for patients to wear during the examination and FNEs ensured patients' dignity was always preserved, for example, by only exposing one part of the body at a time during examinations. Every patient received a wash bag containing toiletries after their examination and could shower if they wished to do so. New clothing, in a range of sizes, was available patients to return home in if they did not want to or were unable to wear their own clothing.

### Involving people in decisions about care and treatment

Patients were involved in decisions about their care and treatment at Hackenthorpe Lodge SARC. The service website was clear and easy to navigate. It contained information about the services available at the SARC and provided phone numbers should anyone want to speak to a member of staff for further details. The website informed people that they could 'choose to use as much or as little of the service as they want to'.

Staff members involved people in decisions about their care consistently throughout their visit. Every step in the process was fully explained to the patient and informed consent was gained repeatedly. Patients were told they had the right to change their mind and staff would stop any procedure the patient asked them to.

Patients who self-referred were given the option of involving the police. Patients who chose not to inform the police of their assault were still offered the opportunity to have DNA samples taken and stored so that the patient could report the assault later if they changed their mind.

Patients were given written information as well as verbal information about the care and treatment options available. However, there were no easy read materials available in this SARC. The service had used photographs on a Facebook page to orientate people to the forensic suite before they entered however these photographs were not available at the time of the inspection. This meant that an opportunity to reduce patient anxiety by allowing them to see what the forensic suite looked like before they entered was lost.

## Are services caring?

Patients whose first language was not English and who attended via a police referral were provided with an interpreter on site. Patients who self-referred were provided with a telephone interpreting service. The service did not have leaflets in languages other than English at the time of the inspection. The service used an online tool to translate information into other languages, however the accuracy of

the translation had not been tested. Following feedback on this matter in previous inspections leaders told us they were working with a local university to develop leaflets in other languages.

Patients were given information on health and advocacy services which could continue to support them after they leave the SARC. Patients were offered referrals to services such as Independent Sexual Violence Advocates (ISVAs) and sexual health clinics.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the Hackenthorpe Lodge SARC responded to and met people's needs. The service continuously asked patients for feedback on their experiences and used this information to improve. Every staff member had received training on Equality, Diversity and Human Rights and staff were keen to ensure anyone who needed their service could receive this. The service had a mobile colposcope and grab bags containing all the equipment necessary to undertake forensic examinations. This equipment was used to visit people who were unable to attend the centre.

Staff were responsive to patients' emotional needs. As well as ensuring emotional needs were met during their visits to the SARC, patients were offered onward referrals to a range of services such as counsellors, mental health services and Independent Sexual Violence Advisors (ISVAs). All patients were offered a follow up support call six weeks following their visit.

### Taking account of particular needs and choices

Hackenthorpe Lodge is the region's accessible SARC. The location has onsite parking, step free access with wide doors and corridors accessible to wheelchair users. The accessible forensic suite was a spacious room, with a wet room shower facility including a toilet which had hand rails and a call bell. There was no hoisting facility and no hearing loop system. The service had not completed an accessibility audit to establish how easily people with disabilities (including the visually impaired) could access the building. All patients were assessed by the contact centre before attending the SARC to ensure the premises were accessible to them. The lack of an accessibility assessment was a missed opportunity to identify areas for improvement and to inform the call handlers which patients were likely to require a visit in their own homes.

Staff ensured people with medical conditions had their needs met. Staff told us they visited emergency departments or hospital wards if patients needed immediate medical attention and had requested a forensic examination. If a patient was identified as in need of immediate mental health care, staff were able to refer to the local area's mental health crisis team or the local emergency department.

The provider recognised many of the patients attending the SARC had additional vulnerabilities. Staff assessed patients who were experiencing alcohol withdrawal using a nationally recognised tool and alcohol was available to be given if required. Tools were used to screen for domestic abuse and child sexual exploitation and staff made appropriate referrals if concerns were identified.

### Timely access to services

Patients could access the service 24 hours a day, seven days a week by appointment. Information about contacting the service for support, opening hours and how to book an appointment were included clearly on the centre's website. Forensic Nurse Examiners (FNEs) assessed patients to determine when best to perform their examination. All patients who needed to be seen within a certain time to collect forensic samples were seen within the required timeframe.

Staff were available at the centre during office hours and operated a call out rota to cover the service outside of these times. The provider kept data which showed the one hour call out timescale was consistently met out of office hours.

### Listening and learning from concerns and complaints

Mountain Healthcare Limited has a clear complaints policy which states any complaints must be thoroughly investigated and logged using the organisation's Positive, Adverse or Irregular Events Report (PAIERS) system. We saw that a poster and leaflets detailing how to complain were present in the family room which is used by all patients following their examination. We noted that there was an easy to read leaflet on how to complain which meant that patients with learning difficulties could also benefit from this information.

The location had not received any complaints in the six months preceding our visit. There was evidence that staff responded to suggestions. A 'you said, we did' board was displayed which detailed changes made in response to patient feedback. The service had added magazines that would interest different people to the family room and added cushions and blankets to make the room friendlier in response to patient feedback.

# Are services responsive to people's needs? (for example, to feedback?)

Staff told us they were kept informed of the outcomes of any PAIERS that had been submitted for this location and across the organisation if the learning was relevant for them.

# Are services well-led?

## Our findings

### Governance and management

We found shortfalls in the governance of Hackenthorpe Lodge SARC. The part time centre manager had only been in post for two weeks prior to our inspection. The centre manager had introduced improvements in the few shifts she had been in post; however, the service had been operating for three months without a manager prior to her appointment.

During our inspection we found several issues of concern. In the main forensic waiting room, we found the area had not been cleaned as per the organisation's standard operating procedure. We found food crumbs on the centre of the sofa seat, drink stains on the table and dust on surfaces. We had broken a seal to enter this room. The seal should have only be applied once the room was forensically clean.

In the main forensic examination room, we found the examination couch had a very small but obvious tear in it. Staff had not identified or reported this tear previously, this meant no risk assessment had been conducted on the possible impact of the tear on infection control or on the integrity of forensic samples.

In a second forensic room, we found a sharps box that had been assembled in Feb 2017 and an out of date evidence collection kit. We found a colposcope in the second forensic room with a sticker on the plug stating the equipment was due to be PAT tested in September 2014. At the time of the inspection staff were unable to tell us this was incorrect and could not show us any equipment testing log to demonstrate the machine had been tested. We were later sent photographic evidence that the colposcope was in date and the in-date sticker was on the machine rather than the wire.

Both forensic rooms had material privacy curtains which looked clean, however there was no documentation to assure us that the curtains were cleaned regularly. Staff reported the curtains were cleaned as part of a deep clean which is performed by an external company every three months.

In a store room we found a sharps box that had been closed for four months before our visit but had remained

uncollected. Staff told us an external company was contracted to remove the centre's sharps bin however as they called outside of office hours the company had not been able to access the building to collect the sharps bins.

The location's parent company Mountain Healthcare Limited had a detailed integrated governance policy, however parts of this policy had not been effectively implemented. This meant the location's annual ligature risk assessment had not been conducted.

The issues we identified were less likely to have occurred if a centre manager had been consistently in post to oversee the effective use of systems to assess, monitor and improve the quality and safety of the services provided.

Due to these findings we issued the provider with an enforcement notice and asked Hackenthorpe Lodge SARC to become compliant with Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 07 December 2019.

Leaders and staff made rapid changes to procedures to prevent the issues from reoccurring. During our visit the centre manager immediately took steps to improve the documentation of cleaning activity. Within four weeks of our inspection, decontamination policies had been updated to include management of sharps bins and all staff had received refresher trainer on cleaning forensic rooms. The provider informed us advice had been taken from the forensic regulator and the impact of the tear in the examination couch had been negated using disposable covers. The provider had plans to replace the couch entirely. The colposcope was removed from the second forensic room and privacy screens had replaced material curtains.

Mountain Healthcare Limited leaders told us they found recruiting a suitably experienced manager for Hackenthorpe Lodge difficult. The organisation does not have funding to create assistant manager or senior FNE roles. To overcome this the provider has established a leadership training camp which is held annually for any member of staff who wishes to progress into management.

The registered manager of the centre is the organisation's medical director. The registered manager had recognised that this responsibility should be devolved to the newly appointed centre manager who is on site during working hours and is therefore better placed to oversee the centre's operations.

# Are services well-led?

We found all the service's policies and standard operating protocols were in date, with scheduled review dates. Staff were aware of this information and described using these procedures every day.

## **Leadership capacity and capability**

Mountain Healthcare Limited provides sexual assault referral centres across England. We met with senior leaders from the organisation, including the registered manager who demonstrated their knowledge and expertise in this area of work.

Leaders had knowledge of issues and priorities relating to the quality and future of services. For example, the service's risk register indicated that the freezer space required to store forensic samples was reaching capacity and a business plan had been developed to address this issue. Leaders were also aware that demand for the service was steadily increasing and that additional staff would be required in the future to ensure patients would continue to be seen within timescales.

## **Vision and strategy**

Mountain Healthcare Limited has a clear vision to 'provide the best possible standard of care to vulnerable individuals' and to 'keep clients at the heart of everything we do'. The service strategy is to provide the best possible standard of healthcare, through innovative and efficient service design.

## **Culture**

Hackenthorpe Lodge staff told us the team had been through an unsettled period with no dedicated leader at this SARC. However, a centre manager had recently started in post and staff stated they now felt supported and positive about their job role.

Staff described their colleagues as supportive and described a culture of looking out for each other's emotional wellbeing.

Staff told us they felt able to approach the centre manager with any concerns. Staff used the PAIERS incident reporting system to alert leaders to irregular incidents and positive practice. The organisation has a duty of candour statement in its integrated governance policy and encourages staff to report any issues. A staff council has been formed to further encourage communication between front line staff and senior leaders.

## **Appropriate and accurate information**

The service collected data on demand and performance daily and submitted information to the wider organisation every three months. The organisation used data to plan future service provision, for example the service is aware that demand has steadily increased and has predicted the need for additional staff to ensure patients are seen within required timescales.

Mountain Healthcare Limited has employed a data analyst to collect and interpret the data submitted by SARCs. The provider can now predict periods of high demand. The organisation and commissioners are looking at this data to see if staffing arrangements can be altered so that more staff are on duty during periods which are predicted to be busy.

The service had clear information governance arrangements in place. Staff were aware of the need to protect patient information and ensured records were stored in locked rooms and computer systems were password protected. Referrals were made by secure email.

## **Engagement with clients, the public, staff and external partners**

Hackenthorpe Lodge engaged with the public, staff and external partners to increase awareness of the service and improve the quality and of their care.

Feedback was requested from every patient visiting the SARC. We saw that the feedback was collated and analysed for themes and trends. We looked at comments from the last three months which were very positive. Staff acted rapidly on suggestions for improvement. For example, following patient comments staff now only wear clinical scrubs during examinations and staff have added to the selection of food and drink available so that there are now options to meet differing dietary requirements.

Mountain Healthcare Limited asks all staff for feedback on an annual basis. Staff requested improved communication with senior leaders, so the organisation developed a staff council, representatives from each location now meet with senior leaders on a quarterly basis to raise and discuss issues.

Staff at Hackenthorpe Lodge described positive working relationships with their NHS and police commissioners.

# Are services well-led?

Staff work closely with police officers daily and have an officer designated as their single point of contact which has improved communication between the SARC and the police force.

## **Continuous improvement and innovation**

We found there were systems and processes for learning, continuous improvement and innovation at Hackenthorpe Lodge. The service used feedback and their incident reporting system to continuously improve.

Service leaders attend the local area's Rape and Serious Sexual Offence (RASSO) board and are aware there is a gap between the number of reported crimes and the number of patients who attend the SARC. Staff have increased awareness of their service in the local area by engaging with GP surgeries and visiting the local Emergency Department.

All staff participated in a detailed induction programme, completed annual mandatory training and attended

clinical refresher days at least annually. The centre manager had oversight of training and assured us that FNEs and crisis workers would not be rostered to work if their training was not up to date. We saw that all staff were offered an annual appraisal in the previous 12 months.

Additional learning and development opportunities were available. Staff could apply to a fund to access learning from external sources and some of the FNE's had completed a post graduate certificate in forensic nursing. Within the service staff reported they benefitted from a range of compulsory supervision and peer review activities.

The organisation was aware of the potential impact of SARC work on employee's emotional health. Staff had been invited to a wellness day which was dedicated to teaching staff techniques to improve their wellbeing. Staff were able to access free emotional support via the organisation's employee engagement and wellness scheme.



This section is primarily information for the provider

## Enforcement actions

### 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided in the location.</b>