

Norfolk Community Health and Care NHS Trust

Norwich Community Hospital

Inspection report

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Overall summary

Summary findings

We carried out a focused inspection of healthcare services provided by Norfolk Community Health and Care Trust (NCHCT) at The Harbour Centre Sexual Assault Referral Centre (SARC) on 13 September 2022.

We carried out this focused inspection using our inspection powers under section 60 Health and Social Care Act 2008. The purpose of this focused inspection was to determine if the services provided by NCHCT were meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 following an earlier inspection in January 2022 where a breach of regulation 17, 'Good Governance' was found. The inspection was led by a CQC inspector who was supported by another CQC inspector.

During this inspection we only focused on the following question:

Are services well-led?

We found that this service was providing well-led care in accordance with regulation 17.

We do not currently rate services provided by SARCs.

Background

The Harbour Centre is a sexual assault referral centre (SARC) based in Norwich. NHS England (NHSE) and Norfolk Police and Crime Commissioner commission the service. The SARC is available 24 hours a day, seven days a week (including public holidays) for patients over 13 years of age.

The children's service (under 13 years of age) is available Monday to Friday (9-5 pm inclusive). Access to this service is by police or social worker referral only and following a strategy discussion. The service offer is to provide advice to police and patients, deliver acute forensic examination, provide support following recent and non-recent sexual assault and violence, and onward referrals to Independent Sexual Violence Advisors (ISVA).

Summary of findings

The Harbour Centre has two health providers: Norwich Community Health and Care Trust (NCHCT) providing Forensic Medical Examiners (FMEs) for children and Mountain Healthcare Limited providing Forensic Nurse Examiners (FNEs) for those over the age of 13 years, including adults. The Police provide crisis workers and Independent Sexual Violence Advisors (ISVAs) and are responsible for the overall running of the SARC building including the forensic cleaning and maintenance.

This report will focus solely on the health provision for the children's service provided by NCHCT. During this inspection we spoke with the Quality Assurance Matron for NCHCT, two consultant paediatricians who are FMEs and the Clinical Quality Director. We also reviewed the following documents:

- Competency tracker
- Quality assurance report of the SARC environment
- SARC quarterly report to commissioners
- Emergency equipment documentation
- Record keeping audit from June 2022
- Proposed SARC specific record keeping audit for October 2022
- Leaflets for children, parents / carers and leaflets in easy-read format
- Lone worker policy
- Disclosure and barring service (DBS) policy

During our inspection in January 2022, we identified that the provider was in breach of CQC regulations. We issued a Requirement Notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulation Activities) Regulations 2014; Good Governance.

For more details, please see the full report which is on the CQC website at:

<https://api.cqc.org.uk/public/v1/reports/05eda7c0-31d2-4e79-b5ee-4ef9504eff3f?20220510070043>

At the revisit inspection we found the trust had ensured:

- Paediatric life-saving equipment was onsite, and all staff were trained in intermediate life support.
- Assessment templates met the requirements set by the Faculty of Forensic and Legal Medicine (FFLM).
- Staff undertook record keeping audits to demonstrate that documentation was legible, complete and included discharge planning and onward referrals.
- There is a training competency framework in place.
- Staff have access to changing and shower facilities whilst working in the SARC.
- Children and young people and their parents/carers attending the SARC, received age-appropriate leaflets including an easy read format option.
- The trust had reviewed risks for staff and were confident that no one was working alone in the SARC.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

We found that the trust was compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Leadership capacity and capability

At our initial inspection in January 2022, we found that leaders had insufficient oversight of staff proficiency. For example, there was no competency framework in place, which meant that FMEs were unable to demonstrate their skills and experience. During this focused inspection we saw a competency framework had been introduced. The framework included a full induction for new starters, external forensic training, colposcope competency, and intermediate paediatric life-support training.

We saw that the induction process for new starters included a 'buddying' period. A new FME would shadow an experienced colleague before progressing to leading on examinations under supervision. The timeframe for this process was flexible and dependent on learning needs. Staff must be assessed as competent by an experienced FME before they undertake examinations independently. Since our previous inspection four FMEs were in the process of obtaining FFLM licentiate.

Governance and management

At our initial inspection we found gaps in the completion of assessment forms for example there was no evidence of discharge planning, and we found some records were illegible. There had been no record keeping audits completed since 2019. Since the inspection the trust completed a record keeping audit on 1 June 2022. The trust subsequently developed a 'SARC specific' qualitative record keeping audit. This was created in August by an FME working group and will be used for the first time in October.

Since our previous inspection only two children had been seen in the SARC. We reviewed both sets of records. We found records were legible and complete. The records included a typed court report, discharge information and evidence of onward planning. The record keeping template had been revised, making it more specific to the SARC and this meant there were fewer obsolete pages in the document.

At the initial inspection the SARC did not have paediatric resuscitation equipment in place. During this inspection the provider took immediate action to address this by providing the appropriate resuscitation equipment and ensuring a trained intermediate life support practitioner was available onsite whenever a patient was present. At this inspection we found all FMEs were trained in paediatric intermediate life support.

The previous inspection highlighted that the trust's governance arrangements were inconsistent. During this visit we saw that the trust quality team now had oversight of the SARC and changes have been introduced, for example, staff accessed changing and shower facilities in the SARC. In addition, the lone worker policy had been reiterated. We saw that the lone worker policy stated FMEs should attend for prearranged appointments and be accompanied by a junior doctor or another FME and a daytime crisis worker.

Previously NCHCT did not produce an annual report for the service although achievements and concerns could be verbalised in SARC operational group meetings. The trust now produces an annual report which is shared with commissioners and stakeholders. We saw that the annual report included information on workforce, training compliance, clinical activity, incidents, patient feedback, and quality improvement projects.