

## Mountain Healthcare Limited

# The Horizon SARC

### Inspection report

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## Overall summary

We carried out a focused inspection of healthcare services provided by Mountain Healthcare Limited at The Horizon SARC (Sexual Assault Referral Centre) on 2nd November 2021.

The purpose of this inspection was to determine whether Mountain Healthcare Limited were meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008.

During this inspection we focused on compliance with the warning notices issued on 19 August 2021 relating to:

Are services safe?

Are services well-led?

We found that the provider was compliant with Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We do not currently rate the services provided in sexual assault referral centres.

### **Background:**

Mountain Healthcare Limited (MHL) provides sexual assault referral centre (SARC) services in different parts of the country. NHS England has commissioned MHL to provide the 'West Midlands Children and Young Person Sexual Assault Service' for children who live in the West Midlands geographical area covering 14 local authorities and four police forces. This SARC provides forensic medical examinations and some related health services for children aged under 18 and young people aged 18-25 years with complex needs who have experienced sexual assault or abuse. This service is registered with CQC as The Horizon SARC to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder or injury.

# Summary of findings

As Mountain Healthcare are a limited company, they must have a manager registered with the Care Quality Commission as part of the conditions of their registration. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the provider runs the service. The registered manager for this service is the organisation's Clinical Services Director who is also part of the MHL senior leadership team. However, a SARC manager, who is part of the Forensic Nurse Examiner (FNE) team, conducts the day-to-day management of the SARC.

We last inspected the service in August 2021 and found that Mountain Healthcare were in breach of CQC regulations. We issued warning notices on 19 August 2021 in relation to Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This focused inspection was conducted by two CQC Children's Services Inspectors.

During this focused inspection we reviewed seven case records and documents submitted by Mountain Healthcare Limited to demonstrate how they have achieved compliance.

At this inspection we found:

- The provider was compliant with Regulation 13(1) and Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Following our previous inspection, gaps in information sharing were recognised by the provider and the issue was noted in the location's risk register. There were clear actions to mitigate this risk.
- The provider had effective systems to monitor the quality of the service and mitigate risks to children using the SARC.
- In three of the cases, information had not been shared with children's social care in the original safeguarding alert and the Multi Agency Referral Form (MARF). The providers' operational governance process identified these gaps and ensured missing information was shared with children's social care.
- A supervision and appraisal tracker were being well utilised to demonstrate operational and safeguarding supervision had taken place for Forensic Nurse Examiners (FNEs) and Forensic Medical Examiners (FMEs).
- Child voices were more evident in case records, however there are still opportunities for improvement.

# Summary of findings

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

We asked the following question(s).

|                               |                    |
|-------------------------------|--------------------|
| <b>Are services safe?</b>     | <b>No action</b> ✓ |
| <b>Are services well-led?</b> | <b>No action</b> ✓ |

# Are services safe?

## Our findings

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

We found that the provider was compliant with Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### **Safety systems and processes**

The provider used a template known as a 'safeguarding alert form' to communicate information to local authorities in relation to children who were already known to children's social care and a 'Multi Agency Referral Form' (MARF) for children who had no current involvement with children's social care.

We reviewed seven patient records and found in three case records safeguarding information had not been shared with children's social care in the original alert form or MARF to help them identify, assess and respond to risks. However, the daily case review and weekly safeguarding audit recognised the missing information and rectified this a timely manner. The SARC manager used a safeguarding tracker to ensure that multi-agency referrals were made and that follow up actions were completed.

We found the voices of children were more consistently demonstrated in their records and the provider is continuing to make improvements. This includes implementing bespoke training for staff to evidence how well children had engaged with the assessment and examination.

# Are services well-led?

## Our findings

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

We found that the provider was compliant with Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### **Governance and management**

Since our last inspection in August 2021, the provider has developed effective systems to monitor the quality of information sharing to ensure risks were identified and the right referrals made. The provider operated a robust safeguarding governance process that incorporated daily case review and weekly safeguarding audit to identify shortfalls in information sharing with partnering agencies.

The daily case review enabled the provider to be assured that activities relating to each examination were carried out and that all follow-up actions, including safeguarding referrals were completed. The provider introduced a weekly safeguarding audit to review 100% of cases completed within the last seven days. This ensured relevant safeguarding information contained within the examination notes had been shared with children's social care. The seven cases we reviewed were subject to the weekly safeguarding audit, which recognised missing information in the original referrals in three of the cases. Following this audit, missing information from the original referrals was shared with children's social care. The SARC manager provided staff with individual feedback and group learning was undertaken to improve performance.

The provider conducted an in-depth thematic review of 62 cases that identified staff development needs in areas such as alcohol misuse, substance misuse and mental health. The provider implemented bespoke training packages for staff and the daily case review form was amended to ensure this information was correctly identified and shared.

The provider used a risk register that showed a number of identified risks with an assessment of their seriousness based on the likelihood and impact on the service or on children using the service. Each risk had a clearly defined outcome, with clear direction and accountability. The risks in relation to limited information sharing with children's social care and/or other partnering agencies to support safeguarding decision making had been recognised and actions taken to mitigate this risk were evident.