

Mountain Healthcare Limited

Solace Centre SARC

Inspection report

Cobham Community Hospital
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Overall summary

We carried out this announced inspection on 30 and 31 March 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 two CQC inspectors as well as a specialist professional advisor.

This service was last inspected on 20 and 21 November 2018, focusing on only services that were provided to anyone who was aged 13 and over. We undertook this visit to inspect a specific part of the service that is offered to patients under 13 years of age, and who had been affected by recent sexual abuse and sexual assault ('recent' means less than 72 hours from when the incident took place).

Services provided to patients under 13, and who had been affected by non-recent sexual abuse and sexual assault are undertaken by a different provider and were not inspected as part of this inspection ('non-recent' means more than 72 hours since the incident took place).

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.

Summary of findings

Background

The Solace Centre is based in Cobham and offers a range of support services to anyone across all ages, living within the Surrey area who have experienced sexual abuse or sexual assault, either recently or in the past. The service is accessible 24 hours a day, seven days a week to help people that have been affected by sexual abuse and sexual assault.

For those patients aged 13 and under, forensic medical examiners employed by Mountain Healthcare lead on recent cases. They were supported by pediatricians from a local NHS trust, however, no joint working arrangements for this had been formalised at the time of the visit. This service is available between Monday and Friday (9am-5pm). Referrals are made to an alternative service outside of these hours when needed.

The service is provided by Mountain Healthcare Limited and as a condition of registration they must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibilities for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was the SARC manager.

The service is located on the first floor of Cobham Community Hospital and has full access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the hospital including a number of spaces for blue badge holders.

On the days of the inspection, we spoke with the registered manager, the nominated individual who is also the national SARC director for Mountain Healthcare Limited, the medical director of Mountain Healthcare Limited, a forensic medical examiner, a crisis worker, as well as a pediatrician from a local NHS trust.

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

Our key findings were:

- The staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and patients.
- The service had thorough staff recruitment procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving 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/referral system met clients' needs.
- The service had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The service asked staff and patients for feedback about the services they provided.
- The service staff dealt with complaints positively and efficiently.
- The service appeared clean and mostly well maintained.
- The staff had infection control procedures which reflected published guidance.

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

- Have effective governance systems in place to make sure that there was sufficient oversight of key services provided. For example, there were no formal working arrangements, such as service level agreements which clearly outlined the roles and responsibilities of different providers when providing regulated activity.

Summary of findings

- Manage the forensic suite in line with its own policies and procedures. For example, leaders had not ensured that the forensic suite had been cleaned after use and some equipment was not suitable for use.
- Manage risk effectively. Formal risk assessments had not always been completed on occasions when risks had been identified.

Full details of the regulation the provider was not meeting are at the end of this report.

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

- Ensure that the voice of patients, parents and carers are consistently captured within medical records.

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 (including staff recruitment, equipment and premises)

Staff at the Solace Centre used a suite of policies and procedures that had been written by a central team at Mountain Healthcare, who were responsible for making sure that all documents available were reflective of best practice guidelines and up to date legislation. The policies and procedures that we reviewed as part of this visit were all up to date.

There was an up to date policy in place for safeguarding children. This clearly described important topics such as different types of abuse, what level of training was required by staff as well as roles and responsibilities.

All directly employed staff had been recruited safely and enhanced disclosure and barring service checks had been completed. The provider operated a system whereby disclosure and barring service checks were required to be renewed every three years to check for any new convictions.

However, leaders did not have assurance that recruitment or disclosure and barring service checks had been completed for pediatricians employed by a local NHS trust who assessed patients at the Solace Centre. This meant that there was an increased risk that they would not be aware of important information.

The general environment at the Solace Centre was well maintained and fit for use. Leaders had recognised that some elements of the environment did not meet standards that had been set out by the Faculty of Forensic and Legal Medicine and plans were in place to move to a different location by 2024. Shortfalls identified had been added to the risk management system and mitigating actions had been put in place.

Appropriate equipment was readily available and there was evidence that portable appliance testing had been completed annually. Leaders kept a central asset database to make sure that checks had been completed in a timely manner.

However, effective systems had not been operated to make sure that cleaning of the forensic suite met standards issued by the Faculty of Forensic and Legal Medicine. We found that during March 2022, there had been four occasions when the forensic suite had been entered but there had been no record made of the room being cleaned and resealed. Leaders informed us that the forensic suite was sometimes accessed via a separate entrance and that the suite had not been cleaned when this had taken place.

The provider had sub-contracted an external company to undertake deep cleans of the forensic suite every five weeks, which was in line with their own policy. On occasions when the external company had been unavailable to undertake this, there was evidence that staff had completed deep cleans themselves.

We found that not all equipment had been maintained appropriately. For example, there was a crack in the preparation table located in the forensic suite as well as damage to vinyl chairs that were found in the aftercare suite. Leaders informed us after the inspection that a new table had been ordered and that the damaged chairs had been removed.

All other areas of the Solace Centre such as waiting areas appeared clean and toys that were used by patients were cleaned after they had been used. Completed checklists and logs had been kept appropriately.

There was a lack of evidence that some important equipment, such as the emergency response bag had been routinely checked. Records indicated that this had been completed on 18 March 2022 but had not been checked before that date. This meant that there was a risk that emergency equipment would not always be readily available when needed.

Risks to clients

Are services safe?

Leaders made sure that appropriately trained staff were available to keep patients safe. When patients attended the Solace Centre, examinations were always undertaken by two members of medical staff; a forensic medical examiner as well as a paediatrician from a local NHS trust.

We reviewed patient records, we found that safeguarding had been considered in all cases and onward referrals to the local authority had been made in a timely manner when needed. The content of safeguarding referrals was generally good and there was evidence that staff at the Solace Centre worked closely with the police when managing safeguarding concerns.

Specific vulnerabilities and risk factors including child sexual exploitation, Female Genital Mutilation and learning disabilities had been considered as part of the patient pathway. This meant that appropriate support could be put in place or onward referral to other services could be made when needed.

There was evidence that risks to patients' physical health was managed appropriately. Assessments had been undertaken when needed for post-exposure prophylaxis after sexual exposure (PEPSE) as well as emergency contraception.

Staff were aware of how to manage emergencies and had received training in adult and paediatric basic life support. Although some emergency equipment was available, the Solace Centre did not have access to an automated external defibrillator (a portable electronic device that diagnoses and treats life-threatening cardiac arrhythmias). Importantly, leaders had not risk assessed this, making sure that actions had been taken to reduce the risk posed by this as much as practicably possible.

Other important risk assessments such as those for ligatures, fire safety and control of substances that are hazardous to health had been completed and were in date.

Information to deliver safe care and treatment

Staff at the Solace Centre worked with the police as well as other agencies to make sure that they had appropriate information for all patients who visited the Solace Centre. When visiting the Solace Centre, all patients were assessed, providing the opportunity for additional needs or specific vulnerabilities to be identified.

Staff at the Solace Centre used a combination of paper based and electronic records when documenting care and treatment. This included standardised forms and pathways to support staff in documenting all aspects of care that had been provided. On reviewing eight of the nine records for patients who had been examined between 1 January 2021 and 30 March 2022, we found that record keeping overall was of a good standard. When onward referrals had been made to other services, this had been clearly documented.

However, we noted that the voice of the child was not always clear in records. This is important as it allows for more individualised, comprehensive child focused assessments to be completed.

Staff had received training in the use of the colposcope (a piece of equipment used for making records of intimate images during examinations, including high quality photographs and videos), and procedures were in place to make sure that obtained images had been safely stored.

Safe and appropriate use of medicines

All medicines that were used at the Solace Centre were individually prescribed by the examining doctor. The Solace Centre did not stock controlled drugs.

Records indicated that patients had been screened appropriately, and medicines had been prescribed in line with the provider's procedures when this had been indicated.

Temperature sensitive medicines such as post-exposure prophylaxis after sexual exposure (PEPSE) and emergency contraception were all stored appropriately. Fridge temperatures that had been used to store medicines at the Solace Centre had been monitored daily.

Are services safe?

Track record on safety

Records indicated that only a small number of clinical and non-clinical incidents, and no serious incidents had been reported to the provider's electronic incident reporting system in the last 12 months. None of these had related to the provision of services that was inspected as part of this visit.

Lessons learned and improvements

The Solace Centre used an electronic reporting system to report clinical and non-clinical incidents. Staff members, including leaders had access to this system and were aware of how to report incidents when needed.

Leaders were committed to making sure that lessons were learned when things had gone wrong. This was supported by all reported incidents being sent to the Mountain Healthcare governance team, who were responsible for overseeing any investigations that took place. Learning was shared with staff at the Solace Centre through team meetings, as well as those in other SARC's that were run by Mountain Healthcare.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Pathways used for patients at the Solace Centre reflected the most up to date guidance and legislation, such as those from the Faculty of Forensic and Legal Medicine and the National Institute of Clinical Excellence (NICE).

Staff at the Solace Centre followed up to date guidance that had been issued by organisations such as the British Association of Sexual Health and HIV (BASHH) when undertaking assessments and prescribing medicines for post-exposure prophylaxis after sexual exposure (PEPSE) and emergency contraception.

Changes to best practice guidance and updates to relevant legislation were monitored by Mountain Healthcare's central governance team, who made changes to policies, procedures and pathways when needed. This information was then communicated with leaders at the Solace Centre.

Monitoring care and treatment

Leaders informed us that there was a retrospective case note review completed for all examinations that had been undertaken for patients under the age of 13. This provided an opportunity for any learning to be fed back to clinicians for improvements to be made.

However, there was no mechanism for feedback to be given to pediatricians who were employed by a local NHS trust following case note reviews. This meant that improvements may not always be made when needed.

Following learning from other SARCs nationally, the provider had implemented a quality assurance tool to quality assure safeguarding on a case by case basis. However, this had not been consistently completed at the Solace Centre. Records indicated that although the review process had made sure that timely safeguarding referrals had been made to a local authority, other important parts of the template had not been completed, limiting the opportunity for monitoring safeguarding practice and identifying areas for further improvement if needed.

Effective staffing

There were sufficient numbers of staff to meet the needs of the patients who used the service. There was evidence that all examinations of patients under the age of 13 who had suffered recent sexual abuse and sexual assault had been undertaken by a forensic examiner as well as a pediatrician.

All new staff who were directly employed by Mountain Healthcare were required to complete a comprehensive induction course which included important topics such as forensic examinations, patient pathways and confidentiality. Staff had the opportunity to shadow other experienced members of staff as well as to be supervised while undertaking various elements of the induction framework to ensure their own competency.

Work had been started to make further improvements to the induction and training process, to make sure that all learning was in line with recommendations by the Faculty of Forensic and Legal Medicine.

Mandatory training records indicated that most staff who were directly employed were up to date with all elements of mandatory training that needed to be completed annually. This included key topics such as basic life support, information governance, infection prevention and control as well as safeguarding.

However, leaders did not have assurance of whether pediatricians who were employed by a local NHS trust were up to date with their mandatory training. This meant that there was an increased risk that they would not be up to date with any changes to national guidance or legislation across key areas.

Are services effective?

(for example, treatment is effective)

All four forensic medical examiners employed by Mountain Healthcare had relevant experience of forensic medicine as well as in examinations for patients. Two of the four had undertaken specific qualifications in forensic medicine which had been accredited by the Faculty of Forensic and Legal Medicine, while two were in the process of completing this qualification.

There was evidence that the service had made sure that all staff had access to ongoing supervision as well as a formal annual appraisal. This was important as it provided staff with the opportunity to identify strengths and areas for development in their current practice.

Co-ordinating care and treatment

Staff at the Solace Centre worked closely with each other, as well as with other external partners such as the police. This supported staff in making sure that the best possible care was provided to patients who accessed the service.

There was evidence that staff had worked well with other services and professionals, including GPs, school nurses and dermatologists. Effective onward referral pathways to a range of services were available when needed. Staff worked closely with the police and information was shared appropriately.

Staff informed us about the importance of being involved in safeguarding discussions prior to patients attending the Solace Centre. However, we were informed that staff had not always been invited to these, meaning that there was an increased risk that appropriate information would not always be available to make safeguarding decisions. Leaders had recognised this and had started to work closely with external stakeholders in an attempt to make improvements to this process.

Consent to care and treatment

Medical records reviewed indicated that parents or carers had provided signed consent for examinations to be undertaken, onward referrals to be made and for images to be kept. This was in-keeping with guidance from both the General Medical Council (GMC) as well as the Faculty of Forensic and Legal Medicine.

Staff were aware of their responsibilities when obtaining consent from patients. This was supported by policies, processes and pathways.

Are services caring?

Our findings

Kindness, respect and compassion

All staff who we spoke with as part of the inspection demonstrated a clear commitment to providing the best possible care to patients. There was a culture of caring as well as there being a child-centric approach in making sure that individual needs were met.

Evidence in medical records for patients demonstrated that examinations had been conducted at a pace that was suitable for the child. This was important so that they did not feel under pressure and that enough time was given for them to feel comfortable with all parts of the examination process.

Staff did everything they could to help put patients at ease. This included making sure they had access to child friendly areas at the Solace Centre as well as making appropriate toys available for patients to use while waiting.

Involving people in decisions about care and treatment

The Solace Centre's website provided clear information on how to make referrals to the service as well as providing a description of what services were provided.

The service produced leaflets about a range of topics that children, parents and carers could access. Leaflets included child friendly language and pictures, supporting children in having a better understanding of the services provided and what examinations would be like. We were informed that the service tried to make sure that this information was available before patients attended their appointment at the Solace Centre.

Staff informed us that interpreters were easily accessible if needed so that the needs of children, parents and carers who spoke a language other than English could be met. The need for an interpreter was identified at the stage of initial referral to the service.

There was evidence in some medical records that parents and carers as well as children themselves had been involved in the examination process and that their opinions and views had been sought. However, the voice of the child as well as parents and carers was not always clear. Leaders informed us following the inspection that this had been recognised as an area for improvement and that training would be developed for staff in the future.

Privacy and dignity

There was evidence that all examinations were carried out in a way that was child focused. For example, patients were provided the opportunity to change behind a screen for privacy. Access to shower facilities were available at the end of the examination process.

The entrance and signage to the centre was clear but discreet and there was an entrance that could be used at the rear of the building, bypassing the main corridors and corridors of the hospital if that was preferred.

All paper records were stored securely, protecting privacy and reducing the risk of patient confidentiality being breached.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

The examination process included a comprehensive assessment of patient's medical needs, including whether onward referral to other services were needed.

A large range of services were available to staff when considering if onward referrals were needed to meet specific needs of patients, as well as their families and carers. For example, referrals had been made for patients to access the STARS service (who provide independent advice following sexual abuse and sexual assault). Referrals to other services such as community-based services could also be made when needed.

There was easy access to the Solace Centre for patients, families and carers who had physical disabilities, such as needing to use a wheelchair.

Taking account of particular needs and choices

Staff provided soft toys for patients to use while waiting for an acute forensic examination, helping to put them at ease prior to an examination taking place. Toys that had been used had been cleaned following use during the examination process.

Once acute examinations had been undertaken, patients were cared for in a designated room that was suitable for children. This included soft and hard plastic toys, as well as an interactive 3D television.

Records indicated that some patients who had accessed the service had been offered the opportunity to choose the gender of the clinician that they wanted to be examined by.

Timely access to services

The Solace Centre was open 24 hours a day, seven days a week for advice and referrals. Examinations for patients under the age of 13 who had been subject to recent sexual abuse and sexual assault were undertaken between 9am and 5pm, Monday to Friday. Referrals to another SARC could be made if examinations were needed outside of these hours.

Contact details and information on how to make a referral to the centre were available on the providers website and leaders had worked closely with external organisations such as the police to make sure that the pathway for making a referral was clear.

The service made sure that all patients under the age of 13 who had experienced sexual abuse and sexual assault were seen within 72 hours of the incident occurring. This was important to make sure that evidence from forensic examinations could be secured in line with guidance from the Faculty of Forensic and Legal Medicine.

Listening and learning from concerns and complaints

The Solace Centre had access to a Mountain Healthcare complaints policy to use, which gave clear guidance to support staff in managing any complaints and concerns that had been raised. Leaders described the process that they would follow to make sure that there was learning from this if needed.

We were informed that there had been no complaints or concerns raised against the Solace Centre in the last 12 months.

Information was available to give to parents and carers if needed, providing information on how to raise a concern or make a complaint, as well as explaining the process that would be followed if this was needed.

Are services well-led?

Our findings

Leadership capacity and capability

The manager of the Solace Centre was also the registered manager with the Care Quality Commission. They were responsible for the day to day running of the Solace Centre and worked closely with leaders of other Mountain Healthcare SARCs as well external providers and stakeholders.

The centre manager was supported by Mountain Healthcare peer networks (meetings with managers from other SARCS) as well as their direct line manager who was the contracts director for the region. All members of the leadership team at the Solace Centre had clear roles and responsibilities which they understood.

Leaders were passionate about delivering the best care possible and strived to make sure that all patients were cared for in a way that was personalised to their needs.

Vision and strategy

There was no formal Solace Centre improvement plan to demonstrate how improvements would be made to the current service. This meant that timeframes in which improvements would be made was not always clear, as well as how this would be monitored.

However, leaders were aware of key challenges that the service faced, such as the current environment not meeting required standards set out by the Faculty of Forensic and Legal Medicine. Action had been taken to make some improvements in the areas that had been identified.

Culture

There was an open and transparent culture at the service. Leaders and staff felt well supported and were proud to work for the service.

Leaders demonstrated an open and honest approach to dealing with concerns raised and were able to describe duty of candour. The duty of candour legislation is to ensure that providers are open and transparent with people who use services. It sets out specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Leaders had recognised additional pressures that all staff had faced during the coronavirus pandemic as well as some of the difficult and sometimes traumatic cases that staff at the Solace Centre encountered. As a result, mental health champions were available for staff to access, as well as other support if needed.

Governance and management

Leaders had not recognised prior to the announcement of this inspection that they had responsibility for overseeing the regulated activity that was being undertaken for patients under the age of 13 who had suffered recent sexual abuse and sexual assault.

This meant that there were no formal working arrangements, such as service level agreements which clearly outlined the roles and responsibilities of different providers who contributed to the examination and overall care of patients who had accessed the service.

Leaders recognised this as a shortfall and following the inspection, information was provided which evidenced that some steps had been taken to make improvements, although this was in its infancy.

Are services well-led?

The Solace Centre had a suite of policies which had been written by the Mountain Healthcare central governance team. This included key policies such as health and safety, safer recruitment, infection prevention and control, safeguarding as well as information governance. All policies that we reviewed as part of this inspection were in date and reflected the most up to date guidance and legislation.

Leaders at the Solace Centre were aware of their own responsibilities to make sure that all staff followed appropriate policies and procedures. We were informed that any updates were discussed at team meetings. A formal record had been kept to evidence that staff were aware of the policies and procedures that were available to them.

Regular governance reports had been written to evidence compliance across several key areas. This included reports that were provided to the Mountain Healthcare senior leaders as well as contract monitoring reports that had been provided to commissioners of the service. These reports included important information such as numbers of patients who had accessed the service, an overview of reported incidents as well as the number of onward referrals that had been made to other services.

Processes for managing risks, issues and performance

We found that identified risks had not always been mitigated, timely action had not always been taken and that risk assessments had not always been completed.

For example, leaders had not completed a formal risk assessment to reduce the associated risks of the Solace Centre not having an automated external defibrillator available in case of emergencies. This meant that we could not be assured that sufficient action had been taken to mitigate risk as much as practicably possible.

We found examples of when policies had not been adapted to reflect the services that were provided at the Solace Centre. For example, the policy to support staff in the management of emergencies was missing important information.

Appropriate and accurate information

The Solace Centre had access to an information governance policy which provided clear guidelines on how to reduce the risk of breaches of patient confidentiality. We saw evidence that this had been applied, for example, medical records had been stored securely.

The service shared the outcome of all examinations that had been undertaken with the child's GP using a secure online system.

Engagement with clients, the public, staff and external partners

Leaders at the Solace Centre had worked closely with external stakeholders, such as the local safeguarding children's partnership and the police to make sure that the service was accessible and to raise awareness of when a referral to the centre would be needed.

There was an opportunity for families, carers and children to leave feedback about their experiences at the centre. Leaders informed us that although they had made efforts to make sure that this was completed, there continued to be a poor uptake of this. This meant that the service had limited information available to determine the satisfaction of children, parents and carers who used the service.

Continuous improvement and innovation

All reported incidents, identified safeguarding, concerns and complaints were reported using the electronic reporting system. Oversight of these was kept by the Mountain Healthcare central governance team, who supported leaders at the Solace Centre to complete full investigations, as well as to identify and action areas for improvement when needed.

An annual thematic review of incidents and actions taken had been completed by Mountain Healthcare nationally. This had enabled learning from reported incidents to be shared across all SARC services, including the Solace Centre.

This section is primarily information for the provider

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>The provider had not ensured that effective governance systems were present to maintain oversight of the services provided and that risk management systems were used to mitigate identified risk as much as practicably possible.</p>