Care Quality Commission

Mountain Healthcare Limited

Topaz Centre

Inspection report

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Overall summary

We carried out this announced inspection on 7 March 2024 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 undertaken by 2 CQC inspectors.

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

Topaz Centre Sexual Assault Referral Centre (SARC) is located in Nottingham and provides services to adults aged 18 and over. Children aged 16 or 17 may be seen at the centre if appropriate. The service is available 24 hours a day, 7 days a week and provides forensic medical examinations, advice to police and patients, support following sexual abuse, and onward referrals to independent sexual violence advisors (ISVA).

Summary of findings

The SARC is commissioned by NHS England and provided by Mountain Healthcare Limited. As a condition of registration, the provider 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. At the time of our inspection, the service had a registered manager in post who oversaw the service as well as a newly appointed manager who was applying for CQC registration.

The SARC is based in new purpose-built accommodation owned by Nottinghamshire Police. The accommodation is secure and discrete and has a range of facilities including two forensic suites with adjoining waiting areas and shower rooms, video assisted interview rooms, a laundry room, family rooms and secure gardens.

At the time of our inspection, the local team was made up of a service manager, two full-time forensic nurse examiners and three part-time administrator/crisis workers (1 whole time equivalent). The team was supported by an associate head of healthcare and a regional contract director.

The registered manager is a member of the Faculty of Forensic and Legal Medicine (FFLM).

Before the inspection, we spoke to the commissioner of the service and looked at a range of policies, procedures and other records to learn about the service. During the inspection, we undertook a tour of the environment, spoke with 5 staff members, and reviewed care records for 6 patients who had attended the SARC in the previous 12 months.

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 environment appeared clean and well maintained.
- The service had robust systems to help them manage risks presented to the service.
- The provider had clear safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- The service had thorough staff recruitment procedures.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The referral and appointment system met patients' needs.
- Staff dealt with complaints efficiently.
- 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 had good information governance arrangements.

The service had effective leadership and a culture of continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Question	Finding
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?	No action ✓

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, equipment and premises)

The provider had systems and practices to keep patients safe. Staff understood their safeguarding responsibilities and had received appropriate training. Assessments had questions that helped staff identify patient's vulnerability, risks and needs. Records showed that staff identified safeguarding concerns, made timely safeguarding referrals and followed them up.

The provider had an up-to-date comprehensive safeguarding policy that clearly set out local procedures and protocols. The service had good working relationships with local agencies such as the police, social services and local hospitals.

The provider had robust processes for recruiting staff underpinned by a comprehensive recruitment policy. Only suitably qualified, skilled and experienced people were employed. All staff had to complete Disclosure and Barring Service (DBS) checks, which were repeated at regular intervals.

The provider supported staff safety. The SARC premises had safety alarms in every room and internal and external security cameras. The alarms in rooms used to see patients were linked directly to the police control room. Out of hours, staff had access to on-call managers, emergency contacts, and the provider's 24-hour call centre. If needed, they could also seek assistance from the nearby SARC in Derbyshire.

The SARC was located in new purpose-built premises with excellent facilities for patients and staff. SARC staff and Nottinghamshire Police had collaborated on the design of the premises to ensure they would be fit for purpose. For example, examination rooms had staff changing rooms attached to minimise contamination. Patient areas had been designed specifically to prevent ligature risk and locked bathroom doors could be opened from the outside.

The police were responsible for the maintenance and general cleanliness of the SARC building. SARC staff reported any faults on the police system and received timely responses. A maintenance team completed weekly checks on the building that included testing the alarm systems.

Nursing staff carried out forensic decontamination cleaning and ensured that clinical areas met the appropriate infection control standards. Managers completed health and safety audits and infection control audits to check high standards were being maintained. Staff maintained routine weekly and monthly deep cleaning logs.

Staff had access to the clinical equipment and medicines needed to perform their roles effectively. Equipment was safe and serviced as recommended. Protective personal equipment (PPE) was readily available. Harmful substances were stored safely. There were good stock levels of consumables that were stored tidily in separate boxes, labelled, and arranged according to their level of risk. Staff knew how to use a colposcope (specialist equipment used for making records of intimate images during examinations, including high-quality photographs and videos). Staff managed forensic samples in line with guidance from the FFLM. Staff disposed of waste in line with clinical standards.

Risks to patients

The provider had good systems in place to assess, monitor and manage risks to patient safety. Staff used holistic assessments to identify a range of risks including those associated with the patient's general health, their domestic circumstances and presenting injuries.

Staff assessed patients' injuries, and their need for post exposure prophylaxis after sexual exposure (PEPSE) and emergency contraception. Staff continued to assess risks to patients throughout their journey.

Staff made onward referrals where needed, for example, for safeguarding, to sexual health services and to the patient's GP. Staff were invited to, and attended, local multi-agency risk assessment conference (MARAC) meetings.

Are services safe?

Staff knew how to respond to a medical emergency and were up to date with their basic and immediate life support training. Emergency equipment and medicines were readily available, such as an emergency response bag and defibrillators.

Patients received safe examination and treatment. Staff had good knowledge of clinical risks and took appropriate action to minimise them, in line with relevant good practice standards, for example, infection control and sharps' management. The provider had a range of comprehensive health and safety policies, procedures and risk assessments that were up to date and reviewed regularly.

The provider had business continuity plans in case of events that might affect service delivery. Most recently, the service had experienced staffing gaps for nurses, which had affected their ability to cover all shifts. The service had made police aware of any gaps and liaised with a local SARC to make sure that patients received timely care.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. The service ensured its procedures and documentation were in line with FFLM guidance.

All the records the service held complied with data protection requirements. The service stored patients' care records securely in lockable cabinets. The service also used an electronic system to log appointments, referrals and correspondence. The service had clear procedures for the management of photographic digital evidence. This was stored with a unique identification number so as not to identify the patient.

Our review of records showed that staff completed records to a high standard. Records were accurate, legible and contained body maps. Staff had good knowledge of local agencies and services and made appropriate and timely referrals where needed.

Safe and appropriate use of medicines

The provider had an up-to-date comprehensive medicines management policy for handling and administering medicines within the SARC.

Staff ensured medicines were stored securely. Medicines were stored in a fridge in a locked room or in a locked safe, as appropriate. Staff checked the stock levels and expiry dates regularly; they checked room and fridge temperatures daily.

The SARC had two freezers for storing forensic evidence. Staff checked and recorded the temperature of the freezers daily.

The service had Patient Group Directions (PGDs) for medicines such as hepatitis B and HIV prophylaxis that were managed in line with the UK Health Security Agency's requirements.

Records showed that staff gave patients appropriate information about any medicines they offered to patients.

Track record on safety, lessons learned and improvements

The provider had a comprehensive system for managing incidents underpinned by specific policies such as 'Managing Incidents' and 'Health and Safety Accident and Incident'. The provider had a system for receiving and disseminating national medicines and equipment safety alerts.

Staff knew how and when to report safety concerns and incidents. They completed online forms that created an incident management record that managers and clinical leads reviewed regularly to decide the next steps, and to check if the duty of candour applied. We reviewed the incidents reported in 2023 and 2024 (to date) and found that staff reported a wide range of incidents and events openly and honestly.

Every 2 months, the provider took the opportunity to arrange review and learning sessions after a particular incident or event. These were open to the whole staff group and often had good attendance. The provider produced lesson learned bulletins from these, which were available to all staff via their intranet.

Are services safe?

There were several forums through which incidents, near misses, safety alerts, changes in practice, and learning were discussed. These included 1-1 staff supervision sessions, team meetings, daily case meetings and safeguarding calls. They were also shared with partner agencies such as the police and local authority where relevant.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider had robust systems in place to ensure that practice kept up to date with current and relevant legislation, standards and guidance from the FFLM and the National Institute for Health and Care Excellence (NICE).

The provider had developed a range of standard operating protocols, tools and templates that helped staff carry out their roles and duties in a safe and effective way. The provider had clinical policies in place for the administration of emergency contraception, HIV PEPSE and over the counter remedies such as paracetamol.

Staff completed comprehensive assessments that included patients' past and current medical histories, and family and social circumstances, and offered appropriate treatment and aftercare. Staff had very good knowledge of local services that could offer further help and support such as sexual health services, counselling, women's aid, and substance misuse services. They advised patients of these, and made referrals, where appropriate.

Monitoring care and treatment

Staff monitored patients' care and treatment effectively. They completed detailed forensic medical examination records that showed the procedures undertaken, any treatment provided (including any medication issued) and relevant outcomes. They made onward referrals to GPs, safeguarding teams, or sexual health services, as required. Staff followed up referrals made to the local authority to monitor their outcomes and identify any outstanding needs.

The service held meetings every morning to discuss patients. Staff routinely contacted patients 6 weeks after their attendance at the SARC to check on their wellbeing. Where patients were deemed high risk, they made contact after 48 hours, and escalated any concerns appropriately.

The service had paper files that held official forensic documentation such as the medical examinations and police reports. They used an electronic system to log appointments, follow ups, contacts, referrals, and other documents.

The provider had a schedule of audits that included quarterly checks on the quality of clinical records. Managers were keen to identify the root causes of any issues found by audits and arrive at appropriate solutions. They developed action plans to monitor changes and improvements.

Effective staffing

The provider had robust systems and practices in place that helped ensure staff were competent and effective in their roles.

Due to the specialist nature of the service, the provider had a rigorous recruitment process that helped ensure that only suitably qualified, skilled and experienced people were employed. Newly recruited forensic nurse examiners (FNEs) received a comprehensive induction in line with the provider's policy. This included mandatory training and shadowing shifts. The service liaised with a nearby SARC in Derbyshire to offer new staff the opportunity to gain as much experience as possible.

At the time of our inspection, the SARC was made up of a service manager, 2 full-time forensic nurse examiners and 3 part-time administrator/crisis workers. The service manager was on site during the working week and there was good access to regional managers. The team had crisis workers who received training specific to their roles and supported patients from the initial referral to the end of the process. The service had access to a number of bank crisis workers to cover absences.

The service had been short-staffed for some months due to 2 vacancies for forensic nurse examiners (FNE), which had affected their ability to fill every shift in a 24-hour, 7-day service. The service had taken several actions to manage the

gaps. The service had used a bank FNE to cover some shifts; nurses with the appropriate qualifications in management positions had also covered some shifts. The manager had made changes to shifts to ensure busy periods were covered. Mindful of their staff's wellbeing, the team manager had liaised with Derbyshire SARC to ensure that between them, there was always a service available to patients. The service had informed the police of any gaps in service provision. On receipt of a referral, staff ensured patients could access one of the SARCs without delay. They discussed transport arrangements with referrers to ensure patients could get to the location.

During our inspection, we were informed that 2 nurses had been recruited and were due to start in the coming months.

Staff were up to date with their mandatory training that included life support, infection prevention and control, information governance, and safeguarding people. The provider offered a wide range of additional training to staff such as counselling skills and sexual health awareness. Staff received specific training on how to use a colposcope. The staff we spoke with commented on the amount of training and resources available to them.

The provider had a supervision policy that set out minimal supervision requirements for their staff. All staff received supervision at least every 3 months that included clinical supervision, managerial supervision, and safeguarding supervision according to their roles. All staff received annual appraisals.

Staff received good support from their local managers and colleagues. They had access to regular full team meetings as well as role specific meetings (nurses, crisis workers, administrative staff). They could also attend relevant regional and provider-wide forums. Staff could access the provider's intranet called 'The Peak'. This held information and resources for staff including a training calendar, policies and procedures, health and safety notices, and bulletins.

The service had access to independent sexual violence advisers (ISVAs) although there was a waiting list. Staff fast tracked cases where patients needed urgent help. They also considered other counselling services that might be able to offer help.

Co-ordinating care and treatment

The SARC had clear and effective referral pathways. The SARC's website provided referral criteria, information and advice. The provider actively promoted their service in the local area and had made links with a range of community services including GPs, sexual health clinics, hospitals, universities, police, and charitable organisations. The service offered talks as well as distributing information leaflets, posters and cards.

The provider worked closely with other services, in particular, the police and safeguarding team to ensure that care and treatment was coordinated for the benefit of patients. The service had pathways into other services and made referrals or shared information with the patient's consent. These services included GPs, sexual health, substance misuse, mental health, counselling, and advocacy.

The service showed a strong commitment to patient-centred care. This was evident in interviews with staff, care records, policies and practices, and feedback from patients.

Consent to care and treatment

Staff sought patient consent to care and treatment in line with national guidance and continued to review patient consent throughout the medical examination. Staff sought advice when they were uncertain about a patient's capacity to consent.

Our interviews with staff and our review of patients' records showed that consent was an essential element of the process. Patients were asked to sign to give consent for specific examinations, sharing of information and onward referrals. Staff gave patients treatment options and explained any risks associated with them. Records showed that patients understood their rights and made their own choices.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness and respect and were appropriately sensitive to their needs and distress. The staff we spoke with showed strong commitment to their patients and were keen to consider any improvements that would enhance patients' experience while at the service.

Waiting rooms were comfortable, homely and warm. They were pleasantly decorated and non-forensic rooms had features such as cushions, soft lighting, plants, and smart televisions. The SARC had private, secure gardens that patients could use. Staff offered patients food and drink, and tea, coffee, soft drinks and snacks were readily available.

Patients had access to shower facilities after their examination and were given a care bag containing toiletries. The service also held spare clothing if needed, which staff had selected thoughtfully, for example, 'every day' items such as leggings, bralettes, t-shirts and flip flops.

Involving people in decisions about care and treatment

The service actively involved people in decisions about their care and treatment. Crisis workers supported patients throughout their attendance, advising on the process, offering emotional support and ensuring patients' comfort.

Staff offered information and explanations during assessments and examinations, and checked that patients understood and consented to care and treatment. The records we reviewed showed that patients were encouraged to express their views and feelings, ask questions, and make informed choices.

Patients' communication needs were identified at referral stage to allow time to arrange appropriate support, if needed. Staff had access to interpreters either in person or via telephone for patients who did not speak or understand English. Accessible information was available.

The service's website had useful information about the SARC and the services and treatments available. In addition, it offered information about other support services in the community. Waiting rooms at the SARC also held a range of information and resources.

Staff ensured that 'every contact counted' by offering patients assistance and advice if they identified additional needs, for example, housing, and substance misuse. Records showed that staff made timely referrals where needed.

Privacy and dignity

Staff ensured patients' privacy and dignity was protected at all times, which was enhanced by the purpose-built facilities. The provider, police and NHS commissioners had all been involved in the design of the centre to ensure that the specification met the needs and requirements of staff and patients.

The SARC was based in a new stand-alone building situated in a residential area near to a police station. It had some private parking with plenty of street parking available nearby. It was easily accessible by public transport. It had two discrete entrances and pleasant gardens that were secure and private. Local police used some facilities in the building but entered by a different entrance, which kept them away from the SARC rooms.

The internal layout of the facilities gave patients privacy. Staff used a screen to protect patients' privacy and dignity throughout the forensic medical examination. Patients had access to a shower room and changing facilities, which they could use alone.

Staff stored paper and electronic records securely in offices away from public areas. Staff had to use swipe cards to access patient areas.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

The service offered care and treatment to their patients according to their individual needs. Staff supported patients throughout the whole process, providing emotional support, comfort and care. Staff offered patients follow up appointments 6 weeks after their visit, or sooner if they thought the patient was vulnerable. Staff identified patients who needed to be 'fast tracked' for counselling or other support services due to concerns about their health and wellbeing.

Patients who self-referred to the SARC and did not wish to pursue a police investigation could store their evidence at the SARC for 2 years in case they wished to involve the police at a

later stage.

The SARC had access for wheelchair users and facilities were all on one level. There were additional facilities, such as video recorded interview rooms, on the first floor, which were accessible by lift, if needed. There was an evacuation chair available in case of an emergency.

The service identified any patient specific communication needs at the referral stage and made appropriate adjustments such as arranging for interpreters.

The provider was proactive in advertising their service through connections with local health services, charities, universities, and distributed information cards throughout the locality.

They had a website and there were links to the SARC from other agencies' websites. They distributed leaflets, posters and cards to GP surgeries, sexual health clinics, hospitals, universities, police stations, and charitable organisations. The service reached out to local services and offered talks and presentations about their service. They had stalls at health and wellbeing fairs and local community events and they attended freshers' fairs at the local universities.

Taking account of particular needs and choices

Staff asked patients about their specific needs and circumstances during the referral and initial assessment stages. This helped identify any unmet needs including safeguarding concerns.

Staff asked patients if they had gender preferences and tried to accommodate them. This approach applied to all aspects of the care and treatment offered, including interpretation services. The SARC was staffed by female staff but if needed, staff could request a male examiner from another service.

Staff offered patients appropriate clothing and toiletries. Patients had access to drinks and snacks throughout their attendance. Staff accommodated any specific dietary preferences.

Family rooms had a stock of books, toys and games should a child come to the SARC with an adult. Staff supported the child if there was no other adult present.

Staff actively sought support that might help patients with their individual needs and had made links with a wide range of community-based services including GPs, sexual health clinics, hospitals, universities, police, and charitable organisations.

Timely access to services

Patients could access care and treatment from the service 24 hours a day, 7 days a week, 365 days a year. The service had a website that provided information about opening times and contact details, as well as advice. The service had an efficient appointment system and facilities to accommodate 2 examination appointments at the same time.

Are services responsive to people's needs?

The service accepted patient self-referrals and police referrals either through their 24-hour central call centre or made directly to the SARC during office hours. Staff advised patients of the timescales associated with the examinations they needed and then offered suitable appointments. The service was able to see patients within 60 minutes of the referral time, if needed.

Due to staff vacancies, there were occasions when the SARC could not be staffed fully. The service worked with a neighbouring SARC to ensure patients received a service without delay.

Listening and learning from concerns and complaints

The provider had an up-to-date complaints policy, which set out a clear process for making and investigating informal and formal complaints.

The service's website held information about how to make a complaint and patients received information on how to make a complaint when they attended the site.

The service received complaints via incident forms completed by staff or directly from patients or professionals via email. All complaints were logged electronically and their progress tracked in line with the provider's policy. Managers reviewed all complaints, and commenced investigations where needed. The provider monitored themes of complaints and shared learning with staff.

We found the service did not receive many complaints.

Are services well-led?

Our findings

Leadership capacity and capability

The provider's organisational structure provided regional and national support to the SARC team. Regional managers and the SARC manager had the capacity and capability to manage the service effectively. On call rotas ensured management cover was always available for staff working in the SARC, and managers at a regional and national level were visible within the SARC and easily contactable. Staff told us they felt well supported by leaders.

Vision and strategy

The provider had a clear set of values and guiding principles including 'be kind' and 'do the right thing'. The SARC team had moved to a new premises in the last 12 months and had worked hard to build relationships with key stakeholders and enhance the new building to improve service users experience at the SARC.

While the service meets the needs of the local population and has a good understanding of the local demographics, including students and the travelling community, staff were working to promote the SARC and target harder to reach groups such as the Chinese community.

Culture

Staff we spoke with during the inspection felt there was a supportive culture locally and at an organisational level. There was a cohesive team of crisis workers and clinicians who spoke positively of the peer support and felt confident to raise concerns with managers and be listened to. Crisis workers told us that they received debriefs after seeing patients which added to the supportive culture within the service.

Governance and management

The provider had a clear system of accountability in place and clearly defined roles and responsibilities for staff to support good governance. The regional contract director and SARC manager worked in line with organisational governance procedures to review the service and identify areas for improvement.

A comprehensive range of policies and procedures were tailored to the needs of the SARC and were subject to regular review. Information for staff was stored electronically to ensure easy access to the most up to date information.

Various forums were in place to provide operational oversight of the SARC including daily safeguarding calls, daily case reviews between the Nottingham and Derby SARCs, regular performance and team meetings, and quarterly peer review sessions between staff.

Processes for managing risks, issues and performance

Managers attended quarterly contract review meetings with the police and NHSE commissioners to manage issues and review performance.

An audit schedule was in place for the coming financial year (2024-25). Audits were given a risk level, for example safeguarding, infection control and record keeping were rated high. Findings from audits were shared routinely both locally and nationally to contribute to service improvements and identify and trends for learning.

A register was in place which was reviewed and updated regularly to highlight ongoing risks such as staffing vacancies and recruitment challenges. This included clear mitigating actions and timescales for review of actions.

Appropriate and accurate information

Are services well-led?

The provider had robust information governance arrangements. Patient information was managed appropriately and stored securely in line with the General Data Protection Regulation 2018. Staff completed regular e-learning in information governance and those we spoke with during the inspection understood their responsibilities to manage information appropriately.

The provider collated data such as learning from incidents, feedback from patients and staff to monitor and improve performance. Information was routinely shared with NHSE commissioners to evidence performance against key targets.

Engagement with patients, the public, staff and external partners

The SARC team had built very good working relationships with the local police. Shared facilities within the new premises had enhanced partnership working, and one staff member told us, "It's nice when they're in" referring to police colleagues coming to work from the SARC.

Staff worked closely with sexual health services and we saw evidence of good communication with these services to ensure patients received the support they required in a timely manner.

Staff within the SARC worked hard to promote the SARC to local services and make connections with stakeholders. This included engagement with local sexual health and A&E departments, attendance at the local university freshers' fayres, membership of the local GP forum, and participation in the local university's 'expert panel' for sexual violence awareness week. Managers had recently joined the local 'Consent Coalition and Sexual Violence Awareness Network (SVAN).'

The service requested and collated feedback from professionals and patients visiting the SARC. They asked patients a number of questions about their experience at the SARC. We reviewed the collated feedback for the past 12 months and found that the feedback was generally very positive.

The waiting room had a notice board that showed patients' feedback in a "you said, we did" section. The main suggestions made were about the range of refreshments and the contents of care bags, which the provider had addressed.

Continuous improvement and innovation

The service actively sought opportunities to improve and innovate. One example of this was the joint working the provider had carried out with Nottingham Trent university to offer placements for nursing students.

The provider offered continuous improvement for staff through numerous learning and development opportunities such as training, peer review sessions and clinical and safeguarding supervision.

Staff acted upon feedback from patients and staff to continually improve the service, one example was expanding the age band for offering condoms to people which had changed from only those aged 18-25 years to all ages.