Mountain Healthcare Limited

The Hazlehurst Centre SARC

Inspection report

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Overall summary

Summary findings

We carried out this announced inspection on 16 and 17 February 2021 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 remotely by a specialist professional advisor, carried out this 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?

Are services safe?

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

Are services effective?

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

Summary of findings

Are services caring?

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

Are services responsive to people's needs?

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

Are services well-led?

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

Background

The Hazlehurst Centre is a sexual assault referral centre (SARC). The centre provides health services and forensic medical examinations to people of any age, in West Yorkshire who have experienced sexual violence or sexual assault. The centre occupies two floors of a new building, situated in a business park in Morley, Leeds. The building has a secure carpark accessed via an intercom system. Staff protect patient's privacy when they enter the SARC by greeting all visitors at the dedicated SARC entrance. The building has lifts and therefore offers some accessibility to people with limited mobility. All patients' mobility needs were screened before they were given an appointment at the SARC. If required, patients can be seen at home or will be offered an appointment at an accessible SARC suite elsewhere in the region.

The adult SARC is located on the first floor and has two forensic examination suites, a kitchen, patient waiting room, staff shower rooms, toilets and staff offices. The paediatric suite mirrors this on the second floor, however for health and safety reasons the kitchen is used by staff only.

The Hazlehurst Centre is jointly commissioned by NHS England and the Police and Crime Commissioners across Yorkshire and Humberside. Adult services are available 24 hours a day, seven days a week by appointment to people of any gender, aged 16 and over. Patients can self-refer or attend via a police referral. The paediatric service is available to children and young people of any gender, age 0-15. This service operates during the day, seven days a week. Referrals into the paediatric service must be made by a professional, however should a young person contact the SARC, staff will ensure help is arranged and a strict safeguarding protocol is followed. The paediatric SARC also provides a clinic during the week, for children and young people, who have suffered alleged historical sexual abuse.

The Hazlehurst Centre has a centre manager who has responsibility for the adult and paediatric suites. The adult SARC staff team includes forensic nurse examiners, crisis workers and administration staff. The paediatric SARC staff team includes a paediatric service lead, a specialist sexual health nurse advisor, a strategy coordinator, forensic medical examiners, crisis workers and administration staff. Every patient attending the SARC is offered a referral to an Independent Sexual Violence Advisor (ISVA) or Children and Young People's Independent Sexual Violence Advisor (CHISVA) depending on their age. These services, however, were offered by another provider 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 The Hazlehurst Centre was the centre manager. Mountain Healthcare Limited's medical director and associate medical director were members of the Faculty of Forensic and Legal Medicine.

Summary of findings

Social distancing measures were in force at this time of this inspection; therefore, we conducted some interviews virtually and two inspectors visited the centre for one day. During the inspection we spoke with 12 staff members. We were unable to speak to any patients during the inspection. Throughout this report we have used the term 'patients' to describe people, including children, who use the service to reflect our inspection of the clinical aspects of the SARC.

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

Our key findings were:

- The service had systems to help them manage risk.
- The staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The service had thorough staff recruitment procedures.
- 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/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 clients for feedback about the services they provided.
- The service staff dealt with complaints positively and efficiently.
- The staff had suitable information governance arrangements.
- The service appeared clean and well maintained.
- The staff had infection control procedures which reflected published guidance

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?	**No action** ✓

Are services safe?

Our findings

Are services safe?

Safety systems and processes

The Hazlehurst Centre SARC had systems and processes in place to keep patients safe from avoidable harm.

Staff were employed safely, in line with Mountain Healthcare's recruitment policy. All staff were subject to an enhanced Disclosure and Barring Service (DBS) check, rigorous interview process and reference checks before commencing their employment. The centre manager was able to access a central HR system which meant they were assured all staff had been safely recruited to the SARC. We reviewed two staff files during the inspection and found they contained full information about the recruitment process.

The staff we spoke with had a good working knowledge of the centre's safety policies. The policies were up to date and had planned review dates. All staff were up to date with their annual mandatory training on safety subjects. We spoke with staff who told us they felt confident in health and safety procedures, basic life support techniques and infection and prevention control measures. Creative ways to keep up to date with practical training during the pandemic had been devised. For example, staff received part of their basic life support training virtually and were assessed for their practical skills during socially distant, one to one, in person sessions.

There were effective adult and child safeguarding procedures in place. We spoke with staff who were aware of their responsibilities to protect people from abuse. We reviewed case records and saw that all patients were screened for additional needs and vulnerabilities, such as communication difficulties, learning disabilities, mental health needs and known safeguarding concerns before attending the centre. Once present in the SARC, patients were assessed further for safeguarding risks using a safeguarding screening tool. We saw that appropriate referrals were made when risks were identified, for example, adult patients were referred to domestic abuse services when necessary.

Children and young people were referred into the centre by professionals and a strategy meeting held prior to them attending the SARC. The provider employed a full time Strategy Coordinator. They were responsible for triaging children and young people accessing the service, had a presence in strategy discussions or meetings with relevant professionals and booked appointments for attendance. Staff reviewed strategy meeting minutes to confirm the examination was appropriate before the child arrived at the centre.

In records reviewed we saw staff used a tool to assess the risk of child sexual exploitation (CSE), in children and young people, and made appropriate referrals to relevant agencies. One record we saw showed an incomplete assessment which we raised with the paediatric SARC manager. This was followed up immediately with the relevant member of staff during our inspection visit. We were told the young person had become distressed during questioning which was then stopped. However, we did see safeguarding procedures had been followed for this young person. The manager told us they would discuss this with staff to remind them to record why an assessment was incomplete.

There were procedures in place to ensure safeguarding issues were addressed. The centre used a safeguarding tracker and each case was reviewed the next working day to confirm all safeguarding issues had been identified and appropriately managed. We saw records contained referrals and correspondence with social workers. The local authorities most likely to serve Hazlehurst SARC patients, accept telephone safeguarding referrals only. However, SARC staff completed a form detailing the contents of their telephone referral in order to maintain a complete record of the referral process.

Are services safe?

All staff were up to date with safeguarding training for adults and children. Staff were required to undertake safeguarding supervision, at least quarterly, and attendance at these sessions was monitored by the centre managers. Staff described these sessions as useful and informative and the sessions encouraged reflection on their own practice. They also told us these sessions could be requested outside of the planned meetings if they wanted to discuss something.

Clinical staff had completed the required number of hours of continuing professional development their profession required and Mountain Healthcare Limited supported staff to access training opportunities. For example, the centre manager had been funded to complete the forensic examiners course and to become a basic life support champion.

The SARC had two forensic examination suites for children and young people and two forensic examination suites for adults. Each suite consisted of a forensic waiting room, forensic clinical room, forensic bathroom and aftercare room. We entered a suite on both the adult and children's floor of the SARC and found the suites to be clean. Staff had been trained on cleaning these rooms and told us that the rooms were cleaned in line with the Faculty of Forensic and Legal Medicine's guidance. The forensic suites were sealed after they had been cleaned.

The SARC had effective processes to ensure all clinical equipment was safe to use and in good working order. Staff had been trained to use devices safely. All electronic devices had been PAT tested and displayed a sticker with the date of the next test due. The centre has a colposcope in each forensic suite. A colposcope is a piece of specialist equipment 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. 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.

There were up to date infection and prevention control policies in the SARC. We saw that the building was clean and well maintained. All staff had received training on infection prevention and control and reported they had access to all the personal and protective equipment required. All patients were screened before they arrived for signs and symptoms of COVID-19. Where a patient with COVID-19 has attended the SARC, staff were able to describe effective decontamination procedures, including storing waste for 72 hours in a fallowed room before disposal.

Risks to clients

We reviewed rotas from the three months prior to our visit and saw consistently safe staffing levels. The provider ensured a good skill mix of adult and child crisis workers, forensic examiners and administration staff were available which meant care was delivered in a timely manner and within forensically required timescales when required.

Patients were assessed for the need for post exposure prophylaxis after sexual exposure (PEPSE) and emergency contraception (when appropriate). Medication to meet these needs was available in the SARC and was supplied as required. All patients attending the SARC were offered screening for sexually transmitted infections (STIs), onward referrals were then made for adult patients to attend local sexual health clinics for follow up.

Children and young people benefitted from in house follow up from a specialist sexual health nurse advisor. Pre pandemic, this nurse was able to visit children, young people and their families at home to advise on test results and offer treatment, support and advice. Due to social distancing measures this care was being offered in the SARC premises. The service had received very positive feedback; children and young people appreciated continuity of carer and not having to visit a new building or a sexual health clinic.

SARC staff recognised alcohol addiction and were able to use alcohol withdrawal assessments if required.

Staff knew who to contact in event of an emergency. Patients were only seen out of hours if accompanied by the police. Clinical rooms contained alarms that staff could sound if emergency assistance was required. The provider had a lone worker policy to support the safety of staff accessing the building out of hours and the call centre were informed of their arrival and departure from the location.

Are services safe?

A thorough ligature risk assessment had been completed for the forensic suites. The bathrooms had ligature proof blinds and shower rails. The shower water cable had been replaced after this was identified as a ligature risk. Staff were aware of a risk from door hinges, to mitigate this staff continually assessed the mental health state of their patients and did not leave anyone they deemed to be at risk unsupervised.

Infection prevention and control measures, including waste management were appropriate. A regular cleaning service is in place and infection prevention and control audits were regularly carried out to evidence compliance.

Forensic specimens were stored in freezers and daily temperature checks were recorded by staff to ensure the correct temperature was maintained. We noted these checks were not carried out over weekends. The registered manager told us that this would be rectified immediately, and staff instructed to include daily temperature checks seven days a week. This is important in case there is a break in power to the building which would affect the temperature of the stored exhibits. The registered manager told us there were contingency plans in place with the Police should this occur.

Fire equipment had been appropriately maintained and serviced and both managers were fire marshals, we were told a coordinated fire drill with the Police was being planned soon. We saw fire exits were clear and free of hazards.

Information to deliver safe care and treatment

Proformas were used by SARC staff to assess patients and document their care. The proformas were in line with national recognised guidelines. The proformas prompted staff to fully assess patients for any additional needs, physical needs, mental health issues and safeguarding needs. Children and young people under 18 had a specific proforma, which reminded practitioners of the legal status of a child.

In the 13 records we reviewed we found documentation to be accurate, complete and legible. The records were well ordered, and the different sections were easily identifiable through the use of coloured tabs. We did find occasional gaps documenting if food and drink had been offered however, staff told us this was offered, and we saw this reflected in patient feedback. One record we saw did not contain a copy of the alleged assault which would be necessary for the examiner to conduct the examination. We raised this with the registered manager, and it was swiftly rectified. We saw the managers carried out regular audits of records, and where areas for improvement were identified, individual staff development plans implemented to improve practice.

Patient records were stored safely in locked filing cabinets in a locked room. When consent was given, information and referrals were appropriately shared with other health professionals via secure email. These referrals were made in a timely manner and each referral was acknowledged as accepted by the receiving service. Arrangements were in place for the safe storage of intimate images taken with the colposcope.

Safe and appropriate use of medicines

The Hazlehurst Centre had effective systems for appropriate and safe handling of medicines. None of the medicines kept in the SARC required refrigeration, all medicines were stored in a locked cabinet, in a locked room. Medicines were checked weekly and stock and administration records were accurate. The supply of medicines was clearly documented in patient records.

Registered Nurses were able to supply medicines under patient group directions, which are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. All the patient group directions were up to date which means that registered nurses could lawfully administer the medications as required.

The provider had identified a training need in relation to the administration of medicines. As a result, additional training had been provided and one registered nurse had been appointed to become a member of the providers medicine management forum. This meant staff were kept up to date with relevant information and to share best practice.

Track record on safety

Are services safe?

Safety is monitored consistently by the centre managers and senior leaders within Mountain Healthcare Limited. Staffing levels and call out times were reported on a quarterly basis to the

senior team. We saw evidence of weekly safety checks being carried out to ensure all equipment was in good working order and that policies relating to infection control and medicines management were being followed.

We saw the provider had a risk register and centre managers acted to address any issues identified. For example, the registered manager informed us of an issue with the main building alarm, which was being addressed with West Yorkshire Police who own the building.

Lessons learned and improvements

The provider's incident reporting system to log positive, adverse and irregular event reports is known as PAIERS. Staff told us they were encouraged to record all incidents, near misses and positive feedback on this system. Staff told us they received information on the response to submitted PAIERS in one to one conversation or during team meetings. Senior leaders in the organisation reviewed all submitted PAIERS in order to identify themes and trends in the centre, across the region and nationally.

The provider commissioned an environmental audit of its forensic rooms to check cleaning procedures were effective. The audit identified slight improvements could be made; all relevant staff were retrained, and the audit is due to be repeated. In addition, the provider had nominated an experienced crisis worker to oversee the training of staff responsible for cleaning the suites, in addition an annual competency assessment for all staff had been introduced.

The provider had systems for receiving and acting on safety alerts including external safety, patient and medicine safety alerts. For example, medicine alerts received by the Medicines Management Committee were disseminated where required, for the centre managers to act accordingly.

Are services effective?

(for example, treatment is effective)

Our findings

Are services effective?

Effective needs assessment, care and treatment

We reviewed documentation which assured us that a comprehensive health assessment had been undertaken as part of the forensic examination. Forensic assessments were conducted in line with Faculty of Forensic legal medicine (FFLM) guidance. We saw up to date guidance from the FFLM in the examination rooms for staff to refer to when required. Due to the COVID-19 pandemic, part of the initial assessments, where suitable, were carried out virtually prior to the patient attending in person.

Health needs resulting from the patient's sexual assault were assessed and met in line with the British Association of Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH) guidelines. We saw up to date guidance and patients were offered referrals to Independent Sexual Violence Advocates (ISVA) services for ongoing emotional support. This included support for children and young people.

The provider had clear clinical pathways and protocols that supported timely healthcare and treatment. Commissioning arrangements stated children up to the age of 15 years should be examined by Forensic Medical examiners (FME) and young people over 16 years and adults, by forensic nurse examiners (FNE). Records we reviewed confirmed this. Children and young people examined by FMEs received a comprehensive physical examination. Both centre managers told us they worked collaboratively together and vulnerable adults with learning disabilities could be examined in the paediatric suites if this was felt more appropriate to meet their individual needs.

Consent to care and treatment

Staff had received training in mental health and the mental capacity act. All staff we spoke with told us it was essential to gain consent from patients regardless of their age, and records we viewed reflected this. We saw consent was sought from the patient, their parents or their legal representative, prior to examination and included consent to images being taken. Where the patient withdrew their consent, this was respected. Crisis workers told us how important it was that they acted as the patient's advocate to make sure the patient understood what was happening and felt in control.

Staff involved a patient's relatives or carers, where appropriate, and made sure there was enough time to explain treatment options clearly. This included ensuring an appropriate guardian or next of kin was available to support a young person. Where staff had doubts around a patient's ability to give consent, such as intoxication, they would not proceed with the examination.

Leaflets about the service were provided to patients which included an easy read version in a storyboard form for children. There were also leaflets for young people and one designed for parents and carers. This aided patients and visitors to understand the process involved and the staff they would meet during their visit. All information reinforced to patients they had choice and control over their care and treatment.

Monitoring care and treatment

Managers and staff at the Hazlehurst centre were involved in regular quality monitoring activities to ensure the service was effective in meeting patients' needs. There were regular audits of staff notes with findings and learnings fed back to staff to improve practice. Staff we spoke with found this positive and welcomed the process along with regular peer review. Themes identified in audits and reviews were discussed at team meetings and one to one meetings with individual staff. Where necessary development plans were put in place to support staff in improving practice. The registered manager told us notes were then audited to evidence positive change in practice.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff rotas were appropriately managed by the centre managers and the provider's contact centre.

Staff we spoke with told us shifts were consistently covered by the appropriate professionals and all the teams had worked flexibly to provide cover during the COVID-19 pandemic.

We looked at training arrangements and records and spoke with staff, and management, regarding competence both in forensic medical examinations and in assessing and meeting the individualised needs of patients. Staff told us the training provided was comprehensive and compliance was regularly monitored.

There was a comprehensive induction programme for all new staff and new FNEs were also mentored by a senior FNE. All staff completed a competency-based portfolio of clinical evidence, which was signed off by an experienced mentor. Competencies were based on nationally recognised standards such as Royal College of Nursing (RCN), FFLM and BASHH guidance. Staff described a variety of training methods including formal taught courses, shadowing opportunities and reflective learning sessions.

Staff were supported with shadowing until both individual staff and centre management were satisfied, they were competent to work alone. Training records we viewed showed staff were up to date with mandatory training which included safeguarding, infection prevention control and female genital mutilation (FGM). Staff attended the required number of hours of level three safeguarding training in line with intercollegiate guidelines, which included participation in Multi Agency activities.

Co-ordinating care and treatment

There were clear pathways and referrals to other health services in place. Staff referred patients to ISVAs as well as GPs, mental health care providers and sexual health clinics. We saw the provider had a policy for safeguarding children and young people who did not attend for planned appointments. Records we viewed showed this had been followed when a young person did not attend for their sexual health clinic appointment and the relevant social worker was informed.

The provider also had care plans in place for patients who attend SARCs frequently. This meant all staff were aware of the care, support and treatment the patient required.

Information was provided to patients after their examination, which detailed a summary of their care. It included which staff had carried out their examination and what follow up appointments had been made for them. There was also a section for staff to complete for additional support services the patient may wish to contact themselves. Information was available on the provider's website which included details of organisations that could provide additional advice and support to patients, for example, a men's support organisation.

Are services caring?

Our findings

Are services caring?

Kindness, respect and compassion

We found all the staff we spoke with, including the management team, to be kind, sensitive and compassionate. There was a shared commitment to care and to support patients in a way that met their unique circumstances and needs. Staff told us patients' needs were paramount, enough information was provided so that the patient make informed choices. One FNE told us the ethos of all staff was to make the patient feel their story was being heard. Th patient surveys and comments, we read were overwhelmingly positive about the care they had received. Several staff told us they felt working at the SARC was a privilege.

Crisis workers told us they spent time talking to patients, parents and carers to explain the examination process and answer any questions. Staff told us patients were given time to make decisions and examinations were conducted at the pace the patient was comfortable with. Staff described observing body language and facial expressions to ensure the patient was comfortable.

We saw good examples of the voice of the child captured in records demonstrating that staff had taken time to listen to the child, or young person. Records captured what the child had said to the examiner with some direct quotes. This showed a sensitive approach and evidence that the child's views about their experience had been heard.

We saw evidence that staff had undertaken training in respecting people's equality and diversity and were able to give examples of how they put this into practice.

Staff told us patients were asked if would like to choose the gender of the staff supporting them. We saw in call centre records this was offered. All the centre staff were female, but the managers told us if a male was requested, they would liaise with other centres within the region to see if this could be accommodated. We saw on patient feedback from a male patient, they had been happy to be supported by a female and had not wanted a male member of staff. One staff member told us it was important not to make assumptions of what patients wanted.

Privacy and dignity

The layout of the suites supported the privacy and dignity of patients and staff gave examples of how they respected this, for example the use of screens and allowing patients to undress in privacy. There were showers and a change of clothing for patients along with a hygiene pack, provided through a charitable scheme to support victims of sexual assault. Patients' records and intimate images were stored securely and computers containing sensitive information were not accessible to people visiting the building.

Involving people in decisions about care and treatment.

Staff told us how important it was for patients to be actively involved in decisions about their care and treatment. The provider's website advised patients they could choose to use the service as much or as little as they wanted and reinforced the centre's commitment to treating patients with dignity and respect. These principles were reflected in the patient notes we saw, and patient feedback echoed this. Comments we saw stated patients felt staff respected them, listened to their story without judgement and did not rush the process. One patient had commented on how compassionate and understanding staff were.

The Hazlehurst Centre provided a range of information leaflets in a variety of accessible formats. Materials had been developed to meet the needs of children and young people, their families and for patients with learning difficulties.

Are services caring?

Due to the COVID-19 pandemic the service had removed toys and leaflets from waiting areas. However, we saw knitted teddy bears available for children to have during their examination which they could then take home with them. In addition, children and young people, prior to attending, were asked if there was a personal item, they would like to bring with them. This meant the patient would have something they were familiar with that might provide comfort and reassurance during their visit. We also saw murals on the walls and ceiling of the paediatric suites designed to make the clinical area more engaging for the younger patients.

Patients who access the SARC whose first language is not English were offered interpreting services. Patients who were referred by the police were offered a face to face interpreter, for patients who self-referred access to a telephone interpreter was available. The provider had included an internet search engine translation link, on their website, to enable patients to translate information about the SARC into their first language. The provider was keen to improve the range of information available in other languages and was proactively working with partner agencies to achieve this.

Are services responsive to people's needs?

Our findings

Are services responsive to people's needs?

Responding to and meeting people's needs

We found The Hazlehurst Centre was responsive to the needs of patients. The SARC had re located to a new site in June 2020 during the middle of the COVID-19 pandemic and had continued to provide a full service. Commissioners commented positively on the resilience and flexibility shown by the provider and staff during this time.

In order to meet the needs of patients who were unable to visit the centre, we saw a mobile colposcope and 'grab bags' which contained the necessary equipment to carry examinations outside of the centre. This provided a flexible approach to patients who may be unable to leave their home, for example patients with a disability. The registered manager told us these had recently been used to perform examinations of children within a hospital setting.

A range of information was provided for patients about local support. The follow up care provided by the sexual health nurse demonstrated commitment in meeting the needs of children and younger patients. We saw in patient notes referrals had been made to the local ISVA service and information was shared (when permission was granted) with the general practitioner. If a child or young person was under the care of a paediatrician, they were also informed. SARC staff carried out a follow up call to patients six weeks after their attendance to make check on patient welfare and ensure that any required follow up support was in place.

There had been limited opportunities to engage in outreach work during the COVID-19 pandemic. Staff continued to raise the profile of the SARC by keeping in touch with domestic violence charities and general practitioners to inform them the centre was still open. The provider's website also reinforced the message that the service was still available. Plans were in place to engage with "at risk" groups such as sex workers, and outreach work into local churches, mosques and sports club was planned for when restrictions are lifted.

Patient feedback about The Hazlehurst Centre was encouraged and analysed for themes. In response to patient feedback about the adult suite waiting room appearing very clinical, the registered manager told us mural artwork has been commissioned from a survivors of sexual assault group, to put on the walls.

Taking account of needs and choices

The centre was situated on two floors of the building with a lift for access and disabled accessible toilets and showers in the examination pods, with alarm call bells in easy reach. There was a large car park with disabled access and a loop induction system to assist the hearing impaired which helps reduce or cuts out background noise. At the time of our visit the centre did not have an evacuation chair but were awaiting delivery of one. This is a special device which is used for patients with mobility difficulties and provides a smooth descent of stairways in the event of an emergency, such as a fire. Until the chair had been delivered, any patient unable to use the stairs would be seen at a nearby SARC.

Timely access to services

The provider's website was easy to read and displayed clear contact details. The organisation's national call centre telephone number was displayed on the website's home page with a reminder that the service was still operating 24 hours a day, despite the pandemic. Patients who contacted the centre were assessed and a decision was jointly made as to the best time and place for their examination, depending on the urgency of the forensic examination.

Patients who were prioritised as urgent were routinely seen within one hour. Commissioners we spoke with told us this timescale had been consistently achieved even throughout the pandemic.

Are services responsive to people's needs?

The provider had a complaints procedure which staff were aware of. Information on how to complain was displayed around the centre, in the Summary of Care leaflet given to all patients and on the provider's website. One complaint had been received in the 12 months prior to our inspection visit. This was still under investigation. The centre manager shared with us how she was keeping in touch with the complainant and working with partner agencies towards ensuring a single comprehensive response was made to address all the concerns raised.

Are services well-led?

Our findings

Are services well-led?

Leadership capacity and capability

Mountain Healthcare Ltd provides sexual assault referral services across England for both adults, children and young people. In the management of the Hazlehurst SARC we found an established, well-coordinated leadership team, with a goal to provide the best possible outcome for patients attending the centre.

Vision and strategy

Staff consistently spoke of putting the patient at the centre of their own care and to empower them to make decisions about the support they required. We found a shared vision amongst staff to follow Hazlehurst centre's principles and overarching statement on their website, to provide a

"High quality, inclusive and holistic service for survivors of sexual violence and sexual abuse."

Information provided to us prior to our inspection, staff interviews and patient records demonstrated this.

The management team and commissioners told us of the challenges faced by staff in planning and moving into the new building, during the pandemic. Staff had remained resilient during this time and those we spoke to told us of their commitment to ensure the service to patients was not affected.

We saw the provider had a business continuity COVID-19 recovery plan in place which was shared with commissioners. This incorporated potential risks at various stages of the pandemic and how the risk could be managed. For example, risks had been identified around staff absence and the potential for increased disclosures and therefore referrals from children and young people on their return to school.

Culture

Staff told us they felt supported by the management team at all levels and felt their views and opinions were valued. The centre managers told us they promoted an open-door policy with staff and, they in turn, received support and guidance from senior managers.

We saw there was a strong reporting culture amongst staff regarding incidents and concerns. Staff told us they felt comfortable to report concerns in the knowledge they would be actioned and learning shared. One staff member told us they had escalated a recent concern to senior management and were supported, with a satisfactory resolution found. We found the centre managers had a clear understanding of their responsibilities under the duty of candour.

Governance and management

Prior to our inspection visit the provider supplied us with their policies and procedures which were all in date and reviewed regularly. Staff we spoke with were aware of the policies and how to access them.

Outside of normal working hours, staff told us they could contact the provider's call centre if they needed additional support. A lone worker policy was in place to provide guidance to staff on their safety.

All staff spoke highly of the registered manager and paediatric services manager. We were told they were approachable and supportive to staff. We saw the registered manager had produced a report to commissioners outlining actions the provider had taken to safeguard the wellbeing of staff. For example, they had developed working groups to focus on

important areas of work such as communication around COVID-19 and the wellbeing of staff. A staff portal was developed to allow staff easy access to relevant communications and policies during the pandemic, the portal was audited monthly to check the information was up to date. A virtual staff wellbeing group also provided opportunities to support staff wellbeing alongside initiatives to promote good mental health.

Appropriate and accurate information

Data on quality and operational performance was collected and analysed to identify issues and promote continuous improvement. This data was shared with the senior leadership team and commissioners on a quarterly basis.

Patient records and images were stored securely and did not leave the building. Any images that needed to be viewed, for example by expert witnesses', were viewed on site. Computer systems were password protected and located in offices not accessible by visitors to the building. When patients gave permission for referrals to be made, staff used secure email to send information. The service had information governance arrangements in place which staff were aware of.

Engagement with patient, the public, staff and external partners

The Hazlehurst Centre gathered feedback from staff through informal discussions and staff meetings. Staff told us they were encouraged to share concerns, comments or suggestions. Meeting minutes we saw evidenced this, along with positive praise for staff and recognition of their work

Patients were encouraged to give feedback on their experience either whilst they were in the centre or through the provider's website. We saw how patient feedback had been used to improve patient experience, for example one patient had required gluten free food and this is now continually available.

Managers were working on ways to improve the gathering of patients views of both adults and children and young people. We saw easy to read comment cards in waiting rooms and the paediatric services manager showed us pictorial emojis for children to use, to make it easier to capture their opinions and feelings. The paediatric team had been working on outreach projects to engage local services and promote the work of the centre. This included other agencies, for example schools and multi-agency safeguarding teams.

Continuous improvement and innovation

Staff were supported in their learning and there was a culture of continuous improvement and innovation. All staff completed a comprehensive induction when they began their employment and were supported through regular supervision and peer review of their work. Staff told us this was helpful in identifying areas in which they could further improve their skills and knowledge. Staff meetings were held regularly, and important information was shared. Staff told us they were encouraged to put forward improvement ideas.

The provider had a programme of audit to identify areas for improvement. For example, during our inspection visit the registered manager showed us an on-going audit of patient records completed by the FNE's. The audit found records were completed to a high standard. Plans were in place to address minor issues that did not impact the safety of the patient or the care they received, both with individual staff and at team meetings. Improvement initiatives were in place, for example the quality of case reviews and safeguarding practice was continually assessed, and any issues identified were addressed as training needs.

We saw liaison with partner agencies, for example the registered manger was working with a mental health contact within the police and planning to attend local forums to raise the profile of the centre. In addition, discussions were ongoing with a local university to arrange for student mental health nurses to visit the SARC, with the aim of strengthening relationships with Mental Health Services.