

Mountain Healthcare Limited

Herts SARC

Inspection report

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Overall summary

Herts SARC provides forensic medical examinations and some sexual health services for adults and children in Hertfordshire who have been sexually assaulted. Further details about the nature of the service provided at this location can be found in the 'background' section of the report from our initial inspection of this service we published in August 2019

We previously inspected Herts SARC in April 2019. At that time, we found the centre was providing safe, effective, responsive and caring services. The centre was well managed overall; however, we found there some minor breaches of regulations in relation to good governance. We required the provider to make some improvements.

The provider sent us an action plan setting out how they would make those improvements.

In June 2020 we carried out a desk-based review of the Herts SARC to follow-up on their progress against the action plan. This included a review of documentation sent by the service and a virtual meeting with the provider's Director of Nursing and the registered manager of the Herts SARC on 29 June 2020. We did not visit the centre at this time owing to the restrictions on our inspection activity arising from the COVID-19 pandemic.

We found that the provider had completed all of their actions intended to address our findings from the initial inspection. We were confident that the provider's governance processes at this location were effective and that there was no longer a breach of the relevant regulation.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

We inspected the Herts SARC on 16 and 17 April 2019. Overall, we found the service was safe, effective, responsive and caring. We found that the service was generally well-managed but we had a number of minor concerns about some of the local governance arrangements. This meant the provider was breaching Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These concerns were as follows:

- The centre manager did not have adequate access to staff records that were held in the provider's central office so they were assured at all times that staff had appropriate references and were properly professionally registered;
- Calibration certificates and guarantees for all medical devices were not all available to the centre manager;
- There was no up-to-date lone-working risk assessment;
- Although there was a business continuity plan for the provider as a whole, there was no specific up-to-date plan for the continuity of business at this location.

We told the provider that they must make improvements in these areas and issued a requirement notice. Following the publication of the report of our inspection in August 2019, the provider sent us an action plan that set out clearly how they would make improvements to those areas subject of the requirement notice.

In June 2020 we contacted the provider to advise that we would be carrying out a desk-based review to follow-up on their action plan. This was because of the restrictions on our inspection activity arising from the COVID-19 pandemic. The desk-based review comprised a review of documents sent by the provider in support of their action plan and a virtual meeting with the provider's Director of Nursing and the registered manager for the location. This virtual meeting took place on 29 June 2020.

The provider's plans in relation to their registration with the CQC included a change in emphasis of local management roles. This had led to the centre manager at the time of our initial inspection becoming the registered manager for this location by the time we carried out our review. This had ensured that oversight and accountability for the service had passed to a local manager instead of being held by a member of the provider's central leadership team.

We reviewed the following documents:

- The provider's action plan from 13 August 2020
- The lone working risk assessment for this location from September 2019 – a document that set out clear processes for assessing risk for each call-out monitored by the provider's pathway support services (single point of access);
- The business continuity plan for this location dated June 2019 – a document that set out an analysis of critical business functions, emergency steps to be taken in the event of a failure of those functions and timescales for recovery;
- The provider's COVID-19 business continuity plan based on guidance from the Faculty of Forensic and Legal Medicine (FFLM)
- The provider's agreement with the suppliers of medical devices and the centrally held receipt for the supply of equipment used in recording intimate examinations for all of the SARCs operated by the provider.

The registered manager told us that these plans had been implemented, that they had been communicated to staff through team meetings and that they were available to staff through the IT portal and in hard copy on-site.

The registered manager also told us that they had access to, and made frequent use of, the provider's PeopleHR system recruitment and vetting records of all staff as well as their training and development records. The manager demonstrated the use of this system, and we tested its effectiveness during the virtual meeting by reference to staff files.

The registered manager explained that all devices in the SARC were subject of an annual replacement process allowing them to be appropriately calibrated by the supplier at the time of replacement. This was verified by our review of the agreement with the supplier and the receipt for the replacement of equipment for recording intimate examinations. The manager explained that these receipts and a copy of the agreement were in hard copy and available to staff in the SARC.

Following our review of the action plan, the submitted documents and our conversations with the registered manager and Director of Nursing we are satisfied that the governance arrangements in the Herts SARC met the relevant regulations.