

Mountain Healthcare Limited

SARC Teeside

Inspection report

North Ormesby Health Village
3 Trinity Mews, North Ormesby
Middlesbrough
TS3 6AL
Tel: 01642061230
www.sarcteesside.co.uk

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Overall summary

Summary findings

We carried out this announced inspection on 26 and 27 July 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.

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

Are services safe?

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

Are services effective?

Summary of findings

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

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

Teesside Sexual Assault Referral Centre (SARC) and The Meadows SARC are commissioned by NHS England and the Police and Crime Commissioner and cover the population of Teesside, Durham and County Durham. The two SARCs operate as a hub and spoke model, with Teesside SARC being the main site. Forensic Nurse Examiners (FNEs) and Crisis Workers based at Teesside also provide forensic examination and support to patients at the satellite site, the Meadows SARC. The SARC service is available 24 hours a day, seven days a week including public holidays to people over the age of 18. The service provides advice to police and patients, support following recent and non-recent sexual assault, and also provides acute forensic examination. The service offers onward referrals to a number of services, including counselling services and Independent Sexual Violence Advisors. Both SARCs will see young people aged between 16-18 by exception if they do not wish to be seen at the paediatric SARC in Newcastle.

Teesside SARC is situated in an accessible building for wheelchair and pushchair users in a ground floor building which is part of a health village comprising of GP practices, dental practices and speech and language therapy services. There is immediate parking outside the SARC as well as additional parking nearby. There is one forensic examination room which includes a changing area, forensic toilet and shower facility. There is a waiting area and separate room for patients, storage facilities and changing facilities for staff as well as office and kitchen space for staff.

The Meadows SARC is next to a public park and is also accessible to wheelchair and pushchair users with ramps and lift access. There is one forensic medical examination room and one forensic toilet and shower. There is a small kitchenette, waiting area and toilet facilities for relatives or friends. There is a meeting/interview room.

Both Teesside SARC and the Meadows SARC provide a pleasant environment for patients accessing services there.

We left comment cards at Teesside SARC the week before our visit, we received five feedback cards. We also spoke with commissioners of the service. For the purpose of the report, when we refer to 'the service' we are referring to services provided at both Teesside SARC and the Meadows.

We examined policies and procedures and records about how the service is managed. We looked at 20 sets of clinical records across both sites.

Summary of findings

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 services run. The registered manager is the associate head of healthcare and Forensic Nurse Examiner (FNE) for the provider.

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 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 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 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 staff had suitable information governance arrangements.
- The service appeared clean and well maintained.
- The staff had infection control procedures and COVID-19 protocols which reflected published guidance.

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

- Ensure a validated medical grade cool box is used to transport Hepatitis B vaccines between SARCs so the temperature of vaccines are controlled safely and the cold chain is maintained.
- Ensure all staff have an understanding of storage and transportation of medicines in hot temperature
- Ensure the voice of patients are consistently captured within medical records
- Introduce procedures so that practitioners make a full written record clearly documenting full details around assessments or interventions
- Provide leaflets in other languages and in an accessible format

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

Safety systems and processes

Staff used a range of policies and procedures that had been written and kept up-to-date by a central team at Mountain Healthcare. This central team 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 up-to-date and had a review date allocated to them.

There was an up-to-date safeguarding policy for adults and a safeguarding policy for children and young people. All FNEs in the service had completed the required level three safeguarding children and adults training apart from one newly appointed FNE who had a date booked for upcoming training and was seeing patients with a suitably qualified practitioner. Safeguarding case reviews took place daily by colleagues from both teams ensuring that good practice and challenge was shared widely and with individual practitioners. Where issues had not been addressed these were rectified quickly. There was a weekly forum with the safeguarding lead to discuss safeguarding cases.

All staff employed had been recruited safely, and enhanced disclosure and barring services 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.

Staff completed statutory and mandatory training including basic life support, infection control and fire training. All staff undergo a comprehensive induction, competency and training programme which is tailored to their learning needs. The associate head of healthcare and service manager had oversight and an overview of staff training by using an electronic system.

Staff had access to 24-hour regional support for emergency or medical advice including for incidents of self harm, violent behaviour and first aid.

The provider had an up-to-date whistleblowing policy in place which was available to staff on paper on site and on the online portal. Staff we spoke with told us that they felt able to raise concerns with managers.

Risks to clients

Risks to patients who use the services were assessed, monitored and managed. Risk assessments and onward referrals were made. For example, signs of deteriorating health, including mental health, substance misuse, medical emergencies, and safeguarding.

Within patient records we saw holistic assessments and continuous risk assessment throughout the patient journey. We saw evidence of appropriate actions being undertaken. For example, in one record we reviewed we saw evidence of risk assessment for child sexual exploitation for a young adult under the age of 18.

FNEs assessed patient needs for post exposure prophylaxis after sexual exposure (PEPSE), emergency contraception, hepatitis B prophylaxis, antibiotics and made onward referrals for sexual health screening if required.

FNEs and crisis workers knew how to respond to an emergency. The electronic records of all staff showed they are up to date with mandatory life support training. We saw first aid and emergency medicines in the central office. We saw clear signs for staff to be able to access defibrillation equipment held outside the building.

The provider had a comprehensive reporting system for all staff to report incidents and errors. This demonstrated a culture where lessons and incidents were investigated and learned from, and the learning was shared with the team.

Are services safe?

At the time of our visit, the provider was implementing their business continuity plan. This was because when the provider began delivering the service they had to recruit more staff than was initially planned for. This was managed effectively with regular communication to all stakeholders, for example the police. Staff told us the business continuity plan prioritises the safety of patients and staff at all time. We saw evidence that all patients had been seen in a timely manner for them without a breach in the forensic examination window.

Premises and equipment

Cleveland police maintained the Teesside SARC building. Durham police maintained the Meadows building. Maintenance at both sites included domestic cleaning and fire and safety checks. We saw evidence of up-to-date schedules, risk assessments and checks for each SARC.

We saw a comprehensive risk assessment and implementation of actions from the provider to manage the risk of COVID-19. This had also been reviewed to manage the risk of the Monkeypox virus.

We saw at both sites fully completed checklists for cleanliness, emergency equipment, and medicines.

From the environmental risk assessments completed by the provider a number of issues had been logged to the risk register with actions to mitigate and remove these risks. These included the contamination risk of carpets in a meeting room. This room was only used by staff and no patients had access to this room. Ligature risks had been identified in both sites, these were with regard to doors and shower hoses. Staff remained close to patients at all times if there was a risk of self harm and we saw timely plans to remove these risks permanently. In the Meadows we found two bins, both posing forensic contamination and ligature risk. We gained assurance that these bins were removed immediately as a result of our inspection.

High temperatures within the Teesside SARC were mitigated with fans and a long term plan to install air conditioning.

The SARC team were responsible for forensic deep cleaning of the forensic areas. Protocols and management of this were seen to be appropriate. The service manager told us that the provider was in the process of sourcing an external provider to provide environmental DNA testing which would provide greater assurance of forensic integrity.

FNEs used a colposcope (a piece of specialist equipment for making records of intimate images during examinations, including high quality photographs). We saw how this was managed in line with the Faculty of Forensic and Legal Medicine's (FFLM) guidelines.

SARC staff disposed of clinical waste safely and securely, by an agreed protocol with the police estates.

Information to deliver safe care and treatment

FNEs and crisis workers completed patient records and assessment paperwork in line with FFLM guidance. All records seen were legible, accurate and contained body maps. Onward referrals to other services, for example sexual health, were made in a timely manner. Records were stored securely and safely in locked cabinets as well as a secure electronic system.

However, we noted that the voice of the patient within records, and detail around some assessments or interventions was not always clear. For example a telephone call to a social worker did not show the content of the conversation held.

The management and storage of colposcopy images was safe and secure and in line with FFLM guidance.

Safe and appropriate use of medicines

Medicines were stored in a locked cupboard or fridge. We reviewed the medicines and found them to be in date. We saw up to date Patient Group Directives (PGD), one FNE had yet to sign the PGD but this was due to her working through her competencies as a new FNE. We saw evidence of medicine checks as well as the emergency medicine held in the central office. No medicines were stored at The Meadows.

Are services safe?

FNEs stored vaccines that were temperature sensitive in the fridge and samples for forensic evidence in the freezer. We saw that daily temperature checks for these had been monitored and recorded.

The temperature in the building at Teesside was high, as such staff were monitoring the temperature in the room daily. Although the provider had guidance regarding the management of medicines in hot temperatures this had not been disseminated to all staff we spoke to.

We learned that a regular cool box without a thermometer was available to transport vaccines between the Teesside SARC and the Meadows SARC. This means that there was no assurance of the preservation of the cold chain to keep the vaccine within its safe temperature range for use.

Track record on safety

There had been no serious incidents reported since the provider started on April 1st 2022.

Lessons learned and improvements

Staff at Teesside SARC used an electronic reporting system to report any clinical or non clinical incidents. All staff we spoke with knew what to report and how to report it. We heard of a recent lesson learned around forensic cleaning. A staff member had left a box of tissues in the forensic examination room. As this cannot be forensically cleaned it posed a risk of contamination. Staff were keen to be able to offer patients tissues so have resolved the issue by providing patients with their own packet of tissues that can be disposed of straight away.

Leaders were committed to making sure that lessons were learned when there was an incident or error. This was enabled by all incidents being sent to the Mountain Healthcare governance team, who held the responsibility for overseeing any investigations carried out.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Pathways used for patients at both SARCs reflected current guidance and legislation, such as those from the FFLM and the National Institute of Clinical Excellence (NICE).

Any changes to legislation, practice updates and guidance 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 SARC staff.

Consent to care and treatment

All staff we spoke to were aware of their responsibility to consider capacity to consent and to ensure that any consent obtained was appropriate and lawful. Staff told us how they spoke with their patients throughout their time in the SARC to ensure that patients understood fully what would happen during and after their forensic examination, ensuring the patient understood consent would be sought throughout the journey and could be withdrawn at any time.

All records that we reviewed clearly documented consent for examination, onward referrals to be made and for images to be stored.

Monitoring care and treatment

The records of all staff were reviewed within three months of their start date with Mountain Healthcare, providing an opportunity for any learning to be fed back to clinicians to make improvements.

There was a quality assurance tool to quality assure safeguarding cases. This happened on a daily basis where cases from the previous day were reviewed for safeguarding actions. This provided an opportunity for the monitoring of good safeguarding practice and to identify further improvement for clinicians, as well as to act in a timely manner if safeguarding issues had been missed.

Effective staffing

There have been a number of clinicians new to sexual offence examinations at the SARC. Staff from the wider Mountain Healthcare organisation have formed part of a 'parachute' team working at the SARCs, ensuring all patients had been seen within the forensic window as well as providing shadowing opportunities for new staff. There were clear rotas and a workforce offering flexibility and commitment to ensure patients were seen.

All new staff recruited at the SARCs were required to complete a full and comprehensive induction course. This course included forensic examination, patient pathways and confidentiality. New staff were required to shadow other experienced members of staff, at times in another SARC run by Mountain Healthcare. New staff were also required to be supervised and signed off as being competent with all elements of the induction framework.

We spoke with six staff who spoke highly of the training package offered by Mountain Healthcare. The training matrix, competency framework and training offer was of a high standard and had good governance. We heard of training being bespoke to the individual depending on their previous professional background.

Mandatory training records were held in an electronic system that the service manager and other leaders accessed securely. We saw evidence that thirteen out of fifteen staff were up to date with all of their statutory and mandatory training. Where two staff member hadn't fully completed their training the service manager was able to identify the reason, one due to long term sickness absence and one as a new starter.

Are services effective?

(for example, treatment is effective)

We saw evidence of a wide range of support available to support staff in their practice and in their wellbeing. There was structured line management and appraisals mapped for the year for all staff, clear reporting lines, and ongoing supervision (group and one-to-one). Staff were also able to access immediate support from an appropriate colleague for example, service manager or medical advice from a doctor.

Co-ordinating care and treatment

Referrals into the SARC were made from any professional or agency or by self-referral.

The team at the SARC was a newly formed team. We heard from leaders and from staff how well the team worked with each other and with external partners such as the police and safeguarding colleagues. We saw evidence in clinical records of effective onward referrals. We learned of the improvements the service manager had already made through partnership working with external services.

Are services caring?

Our findings

Kindness, respect and compassion

FNEs and crisis workers treated patients with kindness, dignity and respect considering each patient's individual needs. We saw this in patient records we reviewed and interviews with staff, who showed compassion and consideration for their patients.

Feedback gathered from the service was positive. Feedback from CQC comment cards was also positive. A comment card had also been completed by a police officer colleague, reporting that staff in the SARC were very empathetic, caring and respectful to patients.

FNEs ensured patients had sufficient time to control the examination and were thoroughly informed at each stage of the patient journey.

FNEs provided a range of food accommodating dietary requirements, where necessary, to patients after the examination. Spare clothing and footwear were available for patients if required.

Privacy and dignity

The SARCs were situated with a discreet entrance and ample parking directly in front or at a nearby car park. The entrance was only for SARC patients to ensure privacy and confidentiality.

All patient records were stored securely in a locked cabinet as well as within an electronic record system accessed securely only by FNEs, crisis workers and the service manager.

Involving people in decisions about care and treatment

A telephone interpretation service was available for patients who did not speak English as a first language, and patients' communication needs were documented at the point of referral to ensure appropriate arrangements could be made prior to the patient arriving at the SARC.

The SARC website included clear information on what to expect from visiting the SARC and receiving a forensic examination.

A range of leaflets were available about treatments and support services that SARC staff refer on to. This ensured that patients left the SARC understanding options and support available for them.

However, at the time of our inspection, the leaflets were not available in other languages or in an accessible format.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

Both SARC sites, Teesside and The Meadows were fully accessible for wheelchair and pushchair users, for patients: friends or family attending with them.

We saw in records and pathways the holistic assessment and examination process of patients medical needs were comprehensive and onward referrals to other services were made when necessary.

Timely access to services

Teesside SARC was open for patients 24 hours a day, seven days a week including bank holidays for advice and referrals. Self referrals were always offered an appointment between 9am and 5pm but police referrals were seen at any time.

Contact details and information needed to make a referral to the SARC were available on the providers website.

Listening and learning from concerns and complaints

Teesside SARC had a comprehensive Mountain Healthcare complaints policy to access, which gave clear guidance to support staff in managing any complaints and concerns that had been raised.

We were informed that there had been no complaints or concerns raised against Teesside SARC since Mountain Healthcare started delivering services from 1 April 2022.

Leaders were able to describe the process that they would follow to make sure that there was learning from a complaint if needed.

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

Are services well-led?

Our findings

Leadership capacity and capability

The Teesside SARC had appropriate policies to ensure safe service delivery. These had been written by the Mountain Healthcare central governance team. These included key policies such as health and safety, safer recruitment, infection prevention and control, safeguarding adults, safeguarding children and young people as well as information governance. All policies that we reviewed as part of this inspection were in date with a review date.

The service manager and other leaders 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, this was also displayed in the central office.

There was a clear management structure in place to provide day to day support as well as line management and safeguarding support. Staff we spoke to knew how to access different types of support for example on call medical advice or safeguarding advice.

The provider had been delivering services at Teesside SARC since 1 April 2022, therefore there was a limited number of governance reports. We saw documents detailing clear plans for action over the next six months. For example, clinical records' audits.

Vision and Strategy

Leaders told us that their current vision was to ensure all pathways to external services were robust and that partnership work with these external services was strengthened.

Leaders told us that they were looking to build upon the strong team culture developed in a short period of time ensuring compassion, kindness and respect is at the core of the service.

Leaders had plans to work towards changing the environment to improve the flow of the patient journey in the SARC as well as working towards achieving accreditation for the SARC environment in 2023.

Culture

There was a professional, open and transparent culture at the service. Leaders and staff felt well supported and committed to delivering compassionate care to patients.

Leaders demonstrated an open and honest approach to dealing with their current business continuity measures and any issues or concerns raised, they were able to describe duty of candour. The duty of candour legislation was to ensure that providers were open and transparent with people who use services.

Governance and management

The provider had a clinical governance framework in place with policies, standard operating procedures and risk assessments for the delivery of the service. The Mountain Healthcare governance team ensured that policies were regularly reviewed and updated, and staff were alerted to any changes in a timely manner.

The service manager and other leaders were aware of their own responsibilities to make sure that all staff followed appropriate policies and procedures.

The team and registered managers had good relationships with commissioners and engaged in scheduled contract meetings as well as reporting upon progress within the business continuity plan.

Are services well-led?

Appropriate and accurate information

Teesside SARC had access to an information governance policy which provided clear guidelines on how to manage patient confidentiality and reduce the risk of a breach of patient confidentiality. We saw evidence that the patient confidentiality policy had been applied, for example, medical records and images had been stored securely.

Engagement with clients, the public, staff and external partners

Leaders at Teesside SARC had worked closely with external stakeholders, such as the police to make sure that, as a new service provider, communication regarding business continuity as well as service delivery was clear. Leaders held weekly updates for police colleagues.

The service manager had begun to strengthen referral pathways to external services and was ensuring these were worked through in partnership with each external service.

Feedback from each patient had been sought and all comments, compliments or concerns were shared with the team.

Continuous improvement and innovation

We saw an example of a safeguarding case review that required further actions and learning for the clinician and evidence in team meeting notes regarding record keeping, demonstrating an ongoing process of continuous improvement for staff.

We saw in risk assessments and work undertaken by the service manager a proactive approach to improve the facilities and environments at Teesside and The Meadows.