Care Quality Commission

Mountain Healthcare Limited

# The Emerald Centre SARC

**Inspection report**

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## Overall summary

**Background to the inspection**

The Emerald Centre SARC provides forensic medical examinations and related health services to people who have been victims of alleged sexual assault and who live in the local authority areas of Bedford, Luton and Central Bedfordshire. The service is an 'all-age' service; that is, for adults aged 18 and over, children and young people aged 13 and above and children under the age of 13. The service is accessible to male, female and transgender patients. We inspected this SARC due to its move to a new, purpose-adapted premise since our last inspection of 22 and 23 January 2019.

The service is provided by a limited company 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 responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

NHS England and the Bedfordshire Police and Crime Commissioner jointly commission this SARC. This is the only SARC in Bedfordshire, although the location shares some of its functions with the SARCs in the neighbouring local authority and police areas covering Hertfordshire and Cambridgeshire and, in some instances, but more rarely, Essex. The SARC shared Sexual Offence Examiner (SOE) staff rotas and the single point of access known as the pathway support service.

The service is available 24 hours each day and has a one-hour call-out target. Patients can be referred to the service via the police or children's social care for children and young people. Patients aged 13 and over can self-refer, but this is subject to safeguarding procedures for younger patients as we have set out below. Where people prefer or if circumstances dictate, they can also access the linked SARCs in Hertfordshire and Cambridgeshire.

The staff team included a centre manager, seven crisis workers including a paediatric crisis worker and SOEs. The provider sometimes refers to SOEs as Forensic Nurse Examiners (FNE) and Forensic Medical Examiners (FME). We have used the term FNE and FME in this report for consistency. There is one full-time crisis worker who also carries out business support functions, and three crisis workers on an on-call rota. The service would, where appropriate, refer service users into the Independent Sexual Violence Advisers (ISVA) service who work independently of The Emerald Centre SARC.

# Summary of findings

During our inspection, we spoke with the centre manager, two crisis workers, one FNEs and two FMEs. We examined the records of nine people who had used the crisis and forensic examination service (one of these was a child under 13, six were young people aged 13 to 18 years and two aged 18 and over.

We left comment cards at the location in the week prior to our visit and received five responses from patients who had used the service during that period.

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 robust systems in place to ensure that people accessing the service were kept safe and risks were managed.
- Clinical staff provided care and support in line with current guidelines.
- Leaders and managers-maintained oversight of service provision to ensure quality care continued to be given.
- The service had effective leadership and maintained a culture of continued improvement.
- Staff worked together to provide a holistic service across all age groups, reducing risks to people using the service.
- The service had thorough staff recruitment procedures in place.
- Areas seen during our inspection were clean and well maintained.
- Established policies and procedures were in place to ensure effective multi-agency and multi-disciplinary working.
- Infection control procedures were in place that staff followed and these 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

f Healthcareiate Head of HealthcareffffffAsso**Are services safe?**

**Safety systems and processes (including staff)**

There were systems and processes in place at The Emerald Centre to ensure patients were safe. Policies reviewed were up to date and interviews with staff members undertaken demonstrated that support, care and treatment was regularly reviewed to monitor compliance with service standards.

Mountain Healthcare Limited had continually developed and implemented policies relating to safe care and communicated these to all staff. All policies were seen to have clear, scheduled review dates planned and we saw that these were adhered to. They were supported by regular, mandatory training in key safety topics which included; safeguarding children and adults, immediate life support, health and safety and infection control. Staff were up to date with this training and those we spoke with demonstrated their knowledge and understanding of policies and systems.

Clinical staff were trained to level three safeguarding children that met intercollegiate guidelines on safeguarding roles and competencies for healthcare staff (adults; 08/2018 and children; 01/2019). During the COVID-19 pandemic, and in accordance with government guidelines, face to face training had been reduced and moved to more online training, but this had resulted in more managerial oversight to assure that the training provided was of equal substance and quality as pre-pandemic training.

Other training included online programmes and frequent multi-agency training events with practitioners from local partners, with appropriate adjustment made during the COVID-19 pandemic according to government national and local regulations. Recent training included; Child Sexual Exploitation (CSE), modern slavery, Female Genital Mutilation (FGM), Honour-Based Violence (HBV), domestic abuse and PREVENT (understanding, identifying and responding to radicalisation). Staff could also undertake training that was not mandatory, but which better enhanced their interactions with patients, such as additional equality and diversity training.

The provider required staff to attend four safeguarding group supervision sessions each year to maintain their competence and the service manager monitored attendance. This ensured staff understood risky situations experienced by their patients and their families and could act appropriately to effectively safeguard them and share information with multi-agency partners according to need and appropriate consents being obtained. Staff members also attended daily case sharing meetings with peers from the Cambridgeshire SARC, the Essex SARC and the Hertfordshire SARC. This promoted challenge and good practice sharing between staff members to better understand where improvement might be made, but also identify good practice. This had been changed from weekly case sharing discussions following learning taken from a CQC inspection at another SARC provided by Mountain Healthcare.

The provider's safeguarding processes ensured patients of all ages were protected from abuse. There was good oversight of practice by an FNE (Associate Head of Healthcare) who also had a quality assurance role. They also carried out a 'safeguarding notes audit' for all records of patients who were referred from, or who were subsequently referred to, the local authority social care team. These audits were effective in ensuring safeguarding practice improvement through feedback and learning. We examined evidence of audits undertaken and saw that they were thorough and highlighted where improvement might be made. These went on to inform action plans with designated responsibilities and timeframes for review clearly recorded.

# Are services safe?

Records we reviewed showed that staff were aware of risks to children in families where there had been physical or sexual violence. Staff made referrals without delay to the Bedfordshire Multi-Agency Safeguarding Hub (MASH) which contained good information to support decision making processes. In records examined, we saw that staff also included information pertaining to family make up, sibling information and, where possible, other people who might have influence on patients attending the SARC.

The service did not take self-referrals from children and young people under 13 years of age; all sexual assault referrals for children aged under 13 years of age and some of those for young people aged under 16 years of age, came from the local authority through already established safeguarding processes. We saw that, in most cases, a multi-agency strategic meeting would be held prior to those children attending the SARC so that staff members were in a better position to understand the circumstances for the attendance and thus provide enhanced care and support. Where this was not possible then strategy discussions were held at the earliest opportunity, but this was by exception and not routine practice.

Staff were employed in line with the provider's recruitment policy, giving consideration to safeguarding people using the service. Pre-employment safety checks included, for example; enhanced Disclosure and Barring Service (DBS) checks, an extensive interview process and validation of individual references and qualifications. Due to the nature of the work of the service within the criminal justice system, staff were also subject to additional vetting undertaken by the local police before being employed. The provider updated these safety checks for each staff member every three years and so was assured of the safety of the workforce at any point in time.

Electronic patient records used at The Emerald Centre SARC had 'flags' that could be added to a patient record to alert staff to additional vulnerabilities, such as a child being looked after or repeat attenders to the SARC who might require additional care and support. Where it was identified that patients lived with disabilities, including learning disabilities, then staff would take this into account and alter their interactions with those patients and include other agency support where appropriate to better meet their individual needs and make them feel more safe.

**Risks to patients**

The Emerald Centre had processes in place to ensure all equipment was safe to use, that staff were trained to use it safely, that it was regularly checked and that disposable parts of the equipment were kept within their expiry dates. This included an automated external defibrillator and specialist equipment used for recording intimate images during examinations. Fire safety equipment had been inspected and was seen to be up to date. All portable electrical equipment had been checked and labelled to show that it was safe to use.

Personal Protective Equipment (PPE) was seen to be available for both staff and patient use according to government recommendations during the COVID-19 pandemic. Appropriate governance procedures were in place to ensure that used PPE was disposed of safely.

There were processes in place to support people withdrawing from alcohol or opiates who were identified using established assessment tools. This ensured the safety of people who misused substances or where the use of alcohol or drugs had been a feature of the sexual assault. We saw that staff would routinely refer patients to hospital or to their GP to ensure their care was followed up safely.

There were enough staff available to meet patients' needs. This included FMEs, FNEs and crisis staff working with patients on an acute basis with referrals made to ISVA workers not employed by the provider who carried out longer term support work. Safe staffing was maintained by the effective use of rotas between The Emerald Centre SARC and two other provider run SARCs from the neighbouring areas of Hertfordshire and Cambridgeshire. We saw that patients were mostly seen within one hour at any time of the day or night as set out in the provider's SARC service offer.

# Are services safe?

The provider checked staff numbers and response times as part of their quarterly monitoring process and we noted that there were enough staff on duty at any given time to ensure patients were cared for safely. This enabled patients to receive close support from staff throughout their episode of care at the centre.

During the COVID-19 pandemic a decision was taken to reduce access to shower rooms at the SARC to better protect patients from the virus. This was, however, considered on a case-by-case basis and patients could still shower following an examination should they expressly desire to do so. We examined the shower rooms and saw that there were no obvious ligature points which was in accordance with the provider's assessment of these facilities.

Staff assessed risks to patients on an ongoing basis. Patients were comprehensively assessed for a range of risks during the reception process including; the risks of CSE, deliberate self-harm and potential suicide. Patients for whom there was an identified additional risk of CSE, and every patient aged 18 and under, were subject of a further, more detailed assessment using a nationally recognised assessment tool. This resulted in referrals being made through local safeguarding procedures and this was evident in records examined.

During the COVID-19 pandemic a decision was taken to reduce the amount of time patients would need to spend at the SARC. Initial assessments, unless risk dictated otherwise, were undertaken by telephone conversation. This was in addition to any multi-agency strategy discussions that might have already taken place. We examined documentation of telephone risk assessments and saw that they were informative and included multi-agency partner discussion where this had taken place. Full risk assessment had been undertaken by the provider regarding the process and each assessment was subject to peer discussion the next day and further managerial oversight and quality assurance.

Service user feedback had been sought regarding the process and we heard that, in some cases, patients had expressed a preference for telephone assessments as it reduced their need to spend additional time at the SARC which could add to an already stressful experience.

Children attending the SARC for medical examination aged 18 years and under were followed up by a further telephone review three weeks after attendance and adults at six weeks after attendance. This gave patients time to reflect on their experience regarding the process and ask any questions about continued care and support provision. It also allowed staff to check on patient's welfare and ensure that follow-up activities had taken place as planned.

Where a patient was identified as being at risk of harm or with urgent health concerns, action was taken to assure their safety. An examination included a full assessment for the need for Post-Exposure Prophylaxis after Sexual Exposure (PEPSE), the need for emergency contraception and an assessment of physical injuries that might require urgent treatment. These examinations would take place at the SARC. Whenever a person had been taken to the Bedford Hospital Emergency Department (ED) for serious injuries arising from a violent incident, Emerald Centre staff also attended the ED with the patient to provide a forensic response and to support the patient.

**Premises and equipment**

There was a clear and up-to-date infection control policy in place, a designated lead staff member regarding infection control and good, up to date, wipe clean signage in relation to hand washing and infection prevention displayed in appropriate areas of the SARC. This included up-to-date advice pertaining to the COVID-19 pandemic and we saw that this advice had been updated regularly according to government guidance.

Clinical waste was disposed of safely according to the provider's schedules. There were processes in place to prevent patients and staff from acquiring healthcare-associated infections which were regularly reviewed and updated.

There were strong cleaning arrangements in place for the waiting and examination rooms to prevent the cross-contamination of contact evidence. These met the guidance issued by the Faculty of Forensic and Legal Medicine

(FFLM). Staff we spoke with confirmed they had received training on cross-contamination and infection control. Parts of the SARC were used by police who undertook, for example, Achieving Best Evidence (ABE) video interviews with the victims of crime. SARC practitioners were not involved in the ABE interview process, and patients using services at the SARC were seen independently of those parts of the building.

There were two forensic examination rooms available to use at The Emerald Centre SARC. These were stringently cleaned after use to prevent the cross-contamination of contact evidence. The cleaning and checking met guidance issued by the FFLM. Each room was sealed after use with a numbered cable tie and we saw that those numbers were recorded in a file along with the time and date of each seal being broken and re-sealed. Each change was signed by the member of staff entering and exiting the rooms leaving a clear and identifiable audit trail.

We examined a 'grab bag' and associated audit documentation. The 'grab bag' contained appropriate medical and examination equipment for use when, for example, a patient required examination at a hospital where they had received medical care and support outside of the SARC. We also saw that expiry date sensitive equipment was clearly logged and replaced prior to it going 'out of date'.

**Information to deliver safe care and treatment**

Records examined demonstrated that staff used specific templates to help them in assessing and examining patients. These were based upon templates recommended by the FFLM with specific forms for children and young people under 18 years of age or for adults. In records examined we saw that staff completed templates accurately and in detail. Body maps were also used to accurately document injury and potential evidence. Records were seen to be were clearly written and accountable to staff members completing them.

Both electronic systems and paper records were stored in safe, lockable areas with controlled access. This ensured that patient personal information was kept safe and secure.

Specialist equipment known as a colposcope was available for making records of intimate images during examinations, including high-quality photographs and video. The purpose of these images to enable forensic examiners to review, validate or challenge findings from the examination and could be used to obtain a second opinion during legal proceedings. We saw that there were clear arrangements for obtaining and recording consent for making such photographic records. There were also effective arrangements in place for ensuring the safe storage and security of these records in accordance with national guidance issued by the FFLM.

Forensic staff and crisis workers at The Emerald Centre shared information, with patient consent, to external ISVA workers to ensure they understood a patient's case before they took on any referrals to them. We also saw that staff appropriately shared information with other health professionals such as GPs, the community paediatric team, mental health services and sexual health services. This supported health partners to continue to deliver safe care by way of follow-up.

**Safe and appropriate use of medicines**

Staff at The Emerald Centre routinely used a small number of medicines, none of which were controlled drugs. We saw that none of the medicines used were temperature sensitive, so did not require temperature-controlled storage. Staff administered medicines under a Patient Group Direction (PGD). The PGD was a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation. We saw that the PGD in use was up-to-date and shared with the Cambridgeshire SARC and Hertfordshire SARC, which meant staff could administer prophylactic and contraceptive medicines safely and legitimately.

The provider regularly audited the use of prophylactic medicines and oral contraception. Audits examined showed that the assessments of patients for these medicines were accurate and that the medicines were provided safely in accordance with guidelines issued by the British Association of Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH) respectively.

# Are services safe?

During our visit, we reviewed medicine systems in place. We found that medicines were stored safely and securely, and that there was an effective system for reconciling the medicines through weekly audit. Stock and administration records were seen to be accurate with clear accountabilities provided by staff administering medicines. Audits were undertaken of patient records to ensure that medication was given appropriately, safely and was recorded accurately. Where discrepancies were noted we heard that action would be taken to ensure the safety of the patient, and then to review the incident and take action to reduce the risk of repetition. We did not see any discrepancies during our examination of records.

**Track record on safety**

Safety systems and practices at The Emerald Centre were routinely monitored, such as staffing levels and adherence to call-out times. We reviewed quarterly safety reports which demonstrated consistently safe performance and activity during the monitoring period. SARC leaders had a good understanding of staff performance by way of routine monitoring and checking activities to ensure that the centre operated effectively and safely. This included, for example, routine monitoring of patient records and outcomes, all aspects of hygiene at the SARC and risk registers that were updated on a regular basis.

Audits undertaken by managers and staff included a safeguarding notes audit, forensic cleaning audit and routine medicines audits. These helped the provider understand risks to safety so that action was taken in a proactive way to mitigate risk. Leaders were responsive to risks identified at other provider SARCS and used learning from other areas, both locally and nationally, to better improve performance at The Emerald Centre.

Emphasis had been placed on the continued assessment and monitoring of performance due to changes in practice as a result of the COVID-19 pandemic, including rapidly changing government advice and guidance. Where changes had been made to practice, such as initial telephone assessment processes, then managers reviewed performance regularly to assure themselves that patient safety continued to be at the forefront of the engagement process.

# Are services effective?

(for example, treatment is effective)

## Our findings

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**Effective needs assessment, care and treatment**

Patients attending The Emerald Centre were thoroughly assessed according to national FFLM guidance. This occurred whether people accessed the service via the police or via local safeguarding processes, and for those who self-referred into the service. Patients who were followed-up by ISVA workers were also monitored by the SARC, despite the ISVA service working independently of them. This included staff contacting the ISVA service to check on patient engagement with them prior to routine three or six weekly follow-up calls. Records examined showed that assessments undertaken were holistic and considered physical health, emotional resilience, mental health and a range of social attributes. This ensured that patient needs were thoroughly assessed and identified.

The full time administration assistant/FNE, as well as being available on the rota system to support patients attending the SARC, also undertook routine and regular audit of cases to ensure that, for example, follow-up activities were undertaken or that effective cleaning and equipment replenishment had taken place once a patient had left the unit. Records examined demonstrated that this process was effective in ensuring continuity of service provision for every patient attending the SARC.

We examined evidence which showed that patients were seen quickly, by the right person and at the most appropriate location according to their individual needs. On the rare occasion when patients were still in hospital as a result of injuries sustained during a sexual assault, SARC clinicians attended the hospital to carry out the initial examination there and also liaised with hospital staff to ensure that an examination was conducted with due regard to the patients current physical and mental health.

Patients routinely received a holistic assessment, that included taking into account their emotional and mental health. Where required, staff made referrals, with appropriate consent, to multi-agency and multi-disciplinary partners such as Child and Adolescent Mental Health (CAMH) services, adult mental health services or substance misuse services. We examined referrals made to mental health services and saw that they contained appropriate detail so that the professional considering the referral could make an informed decision about how to proceed. We also saw that, when necessary, staff or the administrative crisis worker would follow up the referral to check on progress so that patient records could be updated accordingly.

**Consent to care and treatment**

Staff understood the importance of obtaining informed consent from patients or depending on the age and capacity of a patient their parent or carer. Staff were trained in communicating with people of different ages and provided patients with clear information about the SARC's services, both verbally and in written form. We saw that staff took time to explain to patients the purpose of the examination to ensure they understood what they could expect both before, during and after the procedure. Signed consent was obtained from patients and their advocates or carers in accordance with FFLM guidelines and this was revisited throughout the clinical examination to ensure that consent was ongoing.

Staff used the standard for obtaining consent from a young person known as 'Gillick Competence'. Staff further followed particular guidelines, known as 'Fraser guidelines', before providing contraception and sexual health advice to young people. Staff we spoke with knew the difference between both standards and we examined evidence of enquiry appropriately documented in patient records.

**Monitoring care and treatment**

# Are services effective?

## (for example, treatment is effective)

Managers and staff at the Emerald Centre participated in a range of quality monitoring activities and audits which ensured the service was effective and operated within guidelines. This included for example, audits in the use of PEPSE medicines and emergency contraception. These audits provided managers with assurance that patients experienced the best and most effective outcome from the administration of those medicines.

Previously, the provider hosted a weekly holistic case review of cases seen at The Emerald Centre SARC. However, based on learning from an inspection at a SARC managed by the provider at another location, this had moved to daily holistic case review meetings. Initially the change was a pilot scheme but, we were advised, due to its success, that it would most likely continue. Those meetings were an opportunity for staff to discuss cases seen the previous day and, where appropriate, challenge working practice or take learning from good practice examples. This helped staff to continually improve the care and support that they provided to patients in their care.

Medical reports were subject to multi-disciplinary review which ensured that they were of a quality that met the needs of legal processes, reducing the likelihood of challenge regarding the way that evidence was both obtained and recorded, otherwise known as due process. This in turn helped patients by reducing stress brought about by any legal challenge after they had undergone medical examination.

**Effective staffing**

Forensic clinical staff received specialist training in their role that aligns to national requirements set by the FFLM. There was also a comprehensive, professionalised induction programme for each staff group; crisis workers and forensic clinicians. These were competency based and used national occupational standards set out by the 'Skills for Health' national training organisation and by an organisation specialising in sexual violence. As well as online and face-to-face training programmes, staff received structured learning from exposure to workplace experiences so they could be 'signed-off' as competent. This important aspect of professional development had not been hampered by the COVID-19 pandemic as it was considered an important part of professional development.

Children aged 13 years and under were all examined by an FME. Children aged 13 years and over were examined by either an FME or an FNE according to their presentation. We reviewed documentation which assured us that a comprehensive health assessment had been undertaken as part of the forensic examination.

A preceptorship programme to develop junior FNEs was supported by a licensed training course and against FFLM quality standards. Clinical staff underwent close monitoring and sign off at set stages of their professional development before they could move on to the next stage. For example, FNEs had to be considered competent in the examination of children who were sexually active before moving on to children who were not sexually active. Additional monitoring was then undertaken with professional oversight and sign off as competent by an FME before moving onto the next stage.

Staff undertaking medical examinations at The Emerald Centre could partake in mental health and mental capacity training for both adults and children. When required staff accessed support and guidance from other practitioners within the service who might have a better understanding of mental health first aid. We saw in cases examined that, where identified, children and adults were referred to the appropriate mental health service according to their age and needs.

Staff working directly with children received additional training on subjects that included; child and adolescent development, attachment, trauma, bereavement, loss, adverse childhood experiences, adolescent mental health and other relevant key topics.

Staff working with children and young people who have experienced traumatic events were alert to the possibility of vicarious trauma and took steps to ensure professional self-care. This could have been in the form of safeguarding supervision, clinical managerial supervision or by use of the Mountain Healthcare employee assistance programme.

# Are services effective?

## (for example, treatment is effective)

Children accessing the service were very occasionally referred to either Hertfordshire SARC or the Cambridgeshire SARC. This was so that they could receive care and support from staff on duty who had more experience or additional skills to help them during the assessment and examination process. This ensured that those vulnerable children received treatment that best met their needs, including where, for example, children were noted to live with additional learning difficulties.

We examined documentation and training matrices that demonstrated that staff were up to date with mandatory training.

**Co-ordinating care and treatment**

Crisis workers and clinical forensic examiners at The Emerald Centre worked effectively together to assess, plan and deliver care and treatment. The patient's journey began with a call to the pathway support services who then ensured a crisis worker was available to meet the patient and a forensic examiner called out to undertake the examination within agreed timescales. During the COVID-19 pandemic, initial assessments were undertaken remotely by telephone conversation to reduce the amount of time patient and support would need to spend at the SARC. However, we heard that this was reviewed on a case-by-case basis according to patient need.

Crisis workers and forensic examiners worked closely together to accurately assess patients prior to their examination and this supported continuity of care. This was continued for those patients who were referred onwards to ISVA service for follow-up consultation.

Staff also worked with multi-agency professionals to ensure the examination and follow-on care met patients' needs. Staff routinely met with police investigators or children's social workers before the examination began, to agree the scope and extent of the examination for each individual patient. Strategy discussion prior to a medical examination taking place was considered an important part of the co-ordinating care and treatment process for children and young people. However, it was also recognised that although rare, for personal or other urgent reasons, strategy discussions did not always take place prior to a medical examination being undertaken. In these exceptional circumstances we saw that staff accurately recorded the reasons for such a discussion not taking place, who was responsible for this decision and when the discussion would be planned after the medical examination. This ensured that appropriate information was shared at the earliest opportunity to help keep patients safe.

Children and young people were also referred to other agencies, including the local authority, to be assessed for additional, targeted support through early help, child protection or child in need processes. We examined evidence of how staff at the SARC provided clear and detailed reports to inform the decision-making process at both initial child protection meetings and review child protection meetings. Where practicable, staff members were supported by managers to attend child protection meetings to share information and so better inform any future interactions that they might have with those children discussed.

**Health improvement and promotion**

Patients attending The Emerald Centre SARC had access to an advice and guidance, including easy read guidance for those patients that required it and separate guidance for children.

Patients had access to a services guide which included information regarding the medical examination process, post-examination medical care and contact information should patients have any questions regarding the service or follow-up care. This information assisted people to take more personal control in processes that might affect them once they have left the SARC.

The provider ensured patients were routinely offered and screened for sexually transmitted infections including HIV. Prophylactic medicines were supplied to patients at risk of HIV and hepatitis as required to help protect them from risk.

# Are services caring?

## Our findings

**Are Services Caring?**

**Kindness, respect and compassion**

Staff at The Emerald Centre were kind, respectful and compassionate to patients who had used the service as a result of their experience of significant sexual, emotional and often physical trauma. We found that The Emerald Centre was a patient focused service.

Staff members we spoke with were knowledgeable about the nature of sexual assault and understood the impact of such abuse on patients using the service, both adults and children. Staff told us that people's emotional wellbeing was their priority and said they treated people with compassion having regard to their negative experience that bought them to the SARC. This was borne out in patients' feedback provided to us as part of the inspection process, and also in other feedback previously given to the provider.

Where young people were identified as living with additional disabilities then they would, where appropriate and following strategy discussion with multi-agency partners, be offered paediatric service provision up to age 25. This was an effective method to better engage with young patients whose age might not warrant them being provided with additional paediatric care and support, but who were identified as being more vulnerable due to their additional disabilities.

Staff we spoke with were aware of the additional vulnerabilities of children and young people who might have special educational needs and disabilities or be a child looked after under the care of the local authority as 'corporate parent's'.

All five people who left comments cards for us to collect provided positive feedback. Three people commented that they felt safe, and that they were treated with dignity and respect and their needs listened to. One commented that the environment was clean, safe and hygienic. Another person used an easy-read comment card to advise us they thought the staff at The Emerald Centre were kind to them and explained everything to them that they needed.

Patients attending the SARC were also encouraged to provide feedback to aid service provision. We saw examples of 'you said we did' feedback on a notice board which was updated every three months.

Patients were advised of the gender of examining clinicians and consent agreeing to this was obtained and recoded. Consideration was given to people's preferences as to the gender of examiners, including the choice to have their examination at a neighbouring SARC where their wishes could be met, although this was not always possible due to the current staffing demographic.

During the COVID-19 pandemic, certain restrictions had to be put in place to ensure patient and staff safety. For example, and as previously stated, initial assessments were being undertaken by telephone consultation prior to patients arriving at the SARC. Patient 'soft' waiting rooms were also no longer used with patients being directed directly to examination waiting rooms before going into the examination area. We did see however, that the examination waiting rooms were clean and comfortable with a TV available to distract patients while waiting. Easy clean toys were available for children to play with should they desire.

Staff allowed patients time and space so that the forensic examination could go ahead at their own pace, although during the COVID pandemic restrictions were placed on the use of shower facilities after examination. However, this was still offered when appropriate and necessary. We saw that patients were provided with a selection of toiletries to take away with them and, when necessary, basic food items. Staff offered patients light refreshments whilst they discussed the next steps with clinicians and crisis workers before they left the centre.

We examined an aftercare pack which was provided to each patient on leaving the SARC following a medical examination. We saw that this contained information and guidance to people who might be distressed following a medical

examination. This included, for example, a ‘Self Care’ booklet which provided guidance to the survivors of rape and sexual abuse who wanted to better understand and process their own personal reactions to their experience. There were also contact details of support organisations, sexual health centres, and other information to assist victims to seek help and advice.

**Privacy and dignity**

Staff at The Emerald Centre respected and promoted people’s privacy and dignity. Crisis workers allowed patients time to fully understand procedures and processes at the SARC and fully respected people’s choices regarding privacy and dignity. Screens were provided in examination rooms so that patients could undress in private and at their own pace. We saw feedback from a patient that demonstrated how their feelings were respected by staff and that they were made to feel comfortable and relaxed.

The providers website sets out what patients might expect when attending the SARC for examination, what people’s rights were and how staff would maintain privacy and dignity during what can be a distressing and stressful process. Patients could access this information and make informed decisions prior to making a self-referral to the SARC should they so wish

Due consideration was always given to patients whose first language was not English. This included ensuring that, for example, when interpreters were used to aid the assessment process then the patient felt safe about sharing private information with them by way of the interpretation process. Interpreters were used 'face to face' during the COVID-19 pandemic but this was risk assessed on a case-by-case basis. Patients were continually provided with assurance from staff that their privacy was important and that they did not have to share any information that they did not feel comfortable in doing so.

Waiting areas at the SARC were private, clean and comfortable. Patients and families in attendance were provided with opportunities to discuss options in private should they need to do so. We saw that the clinical waiting area to the upstairs examination room was larger than that in use downstairs. We heard that the larger room was the preferred option to be used for children attending the service as they often attended with more than one person for support and so the larger room provided more space and privacy.

**Involving people in decisions about care and treatment**

People were offered information about the SARC, its function and what to expect during their visit and follow-up. As previously stated, we saw that this information could be accessed both online at the provider website or when attending the SARC in paper format. This recognised that patients undergoing a medical examination might not be able to remember information given to them verbally at the time.

Staff took their time to ensure patients understood what was going to happen to them before seeking consent for an examination to go ahead. Staff explained to us that it was very important for people who had experienced a traumatic event in which they had had no choice, to have control over what happened to them at the SARC. We were assured during our inspection and in the examination of patient records, that people were cared for by patient-focused practitioners who were sensitive to individual needs.

Patients who self-referred had a choice about whether to involve the police. We also examined evidence of patients being given a choice as to where the service might make referrals following assessment and medical examination. For example, we saw in two records examined that patients had not consented to detailed information being shared with their GP, but in these instances, there were no outlying safeguarding concerns. Patients always remained in control of the outcome of their visit, both when in attendance at the SARC and on leaving the premises.

In children and young people’s records examined we saw that their voice, likes, dislikes, needs and wishes were considered in full and recorded well. Children had access to information which was written in a way that they might better understand, including easy read documentation. This helped ensure that those children were involved in decisions regarding their own care and treatment.

# Are services responsive to people's needs?

## Our findings

**Are services responsive to people's needs?**

**Responding to and meeting people's needs**

The service organised and delivered services to meet patients' needs. It took account of patients' needs and preferences recognising the population diversity in the area it served.

The service manager had a special interest in Black and Minority Ethnic (BAME) communities and reaching out to them so that they understood the availability of services at the SARC. Pro-active outreach work with BAME communities had to be suspended during the COVID-19 pandemic but plans continue to progress this work in the future. As a part of continued learning and information sharing between different provider SARCs, the service manager had provided training to other staff members from other areas regarding BAME communities as part of the overall provider quality improvement initiative.

The SARC did not offer 'walk in' appointments but patients could self-refer into the service independently of police involvement and were usually offered an appointment within 24 to 48 hours. Children and young people under the age of 13 were always referred to the service through local child protection processes. There was no facility for children under 13 to self-refer or for child protection procedures to be by-passed. Children and young people had, by referral, access to specific paediatric clinics at this location or at either of the providers other two SARCs in neighbouring Hertfordshire or Cambridgeshire on a shared daily rota.

After the initial examination, adult and child patients could be referred, with appropriate consent, to an external ISVA service for follow-up procedures and to facilitate access to other health or psycho-therapeutic services. Additional services that patients could access following referral included; sexual health services, mental health services and other volunteer support and listening services.

Along with information leaflets being available to patients while in attendance at the SARC, links to the same information was available on the provider website. Patients were offered an information pack after medical examination that they could take away and refer to at a time and place that they preferred. An accessible guide for adults and young people was also available on the provider website in an easy read format.

Although the COVID-19 pandemic had resulted in changes to the way that patients were assessed and how long they spent at the SARC, we saw that facilities remained as child friendly as government guidance allowed. All rooms that were currently available at the SARC were comfortable and children had access to child focussed toys and literature should they so desire. Patient feedback seen demonstrated that staff took time to explain to them necessary changes in service provision due to the pandemic that helped to keep them safe.

**Timely access to services**

All medical examinations were by prior appointment, even when at short notice, and patients were seen within timescales that met their needs, whether they were self-referring into the service or whether they were referred by the police or safeguarding processes.

The pathway support service used the crisis worker, FME and FNE rotas to ensure that patients who called out of normal hours could be provided with a service within one hour of their call. This was whether at The Emerald Centre or, if necessary and appropriate, the neighbouring Hertfordshire or Cambridgeshire SARC.

**Listening and learning from concerns and complaints**

# Are services responsive to people's needs?

There was a provider policy in place which called for each complaint to be thoroughly investigated and responded to as a Positive, Adverse or Irregular Events Report (PAIER). Complaints were all reviewed by the registered manager within seven days of the complaint being received. Further to this, complainants were written to within two days of the complaint being received and further responses were made within 14 days. Clear advice regarding how to make a complaint was provided to patients on leaving the SARC and we also saw that guidance was also given on the provider website. There had been no complaints at the time of our inspection.

# Are services well-led?

## Our findings

**Are services well led?**

**Leadership capacity and capability**

Mountain Healthcare Limited provide SARC services in different parts of the country. Our discussions with various leaders and managers, supported by our review of information provided, indicated that the senior team had a good understanding of this field of health care.

Leaders at The Emerald Centre had a thorough understanding of the local population demographic and had, where possible, tailored the service to meet the needs of the diverse population that it served. They managed a consistent team of professionals and had developed stable relationships with multi-agency partners and a culture of continued reflection and learning which in turn led to continued service updates to meet the needs of the patients it served.

We spoke with staff members both at the SARC and remotely by video interview. They all spoke of managers and leaders who were visible, approachable, supportive and open to challenge. Systems in place, such as standard operating procedures and up to date policies and procedures, helped to support staff in their daily interactions with both vulnerable children and adults who attended the SARC to receive medical and emotional care and support.

Leaders recognised that the previous SARC building (as inspected on 22 and 23 January 2019) was not suitable to best meet the needs of the community which it served, and so the service was moved to the new premises in collaboration with commissioners. Patient feedback had been positive about the new, purpose altered building, saying that it met their needs well and was welcoming in the way that it was decorated and furnished.

**Vision and strategy**

Staff we spoke with were aware of the provider's vision and goals for the future. This included the provider vision, 'being kind to each other and always doing the right thing'. We saw that provider principles were clearly listed on The Emerald Centre website with the subtitles; Quality, Holistic, Inclusive, Care, Respect and Kindness. The site went on to list their aims and objectives under separate headings.

A culture of peer support and supervision was evident in discussions we held with staff, managers and leaders but also in records examined. Learning taken from other inspection processes, such as daily case discussions with linked SARCs that had changed from a weekly meeting, demonstrated that managers were committed to best practice continual improvement.

Staff were encouraged to not only support each other, but also challenge their peers and managers where they thought that it was necessary. Productive discussion was something that staff valued, and this was shared by a variety of communication methods including both clinical and safeguarding supervision, notices displayed and available around the building by way of quarterly staff newsletters. This demonstrated a culture of continued learning and service development that was owned by all staff members employed at the SARC.

**Culture**

All staff we spoke with demonstrated a 'patient first' culture which was further demonstrated in records examined. We saw that staff were compassionate and caring, understanding well the importance of, for example, patient consent being an ongoing process. Staff we spoke with emphasised the importance of consent in their interactions with patients at the SARC.

# Are services well-led?

A culture of openness and learning was demonstrated by staff understanding about how to report an incident, however trivial it might seem. Staff knew about the PAIERS system of reporting incidents and gave examples of how the system worked. The culture of learning was further evidenced by how much staff valued peer support and challenge that took place on a daily basis.

A culture of continued learning and professional development was promoted by leaders. For example, staff routinely accessed additional training over and above mandatory training to aid their own professional development. Where staff expressed an interest in career progression, we heard that they were encouraged to do so.

**Governance and Management**

Roles and responsibilities along with systems of personal accountability which supported good governance and managerial oversight were in place and seen to be adhered to. The Emerald SARC was in receipt of positive feedback provided by service users, and commissioners we spoke with had no concerns about the way that services were provided.

Senior leaders within Mountain Healthcare continued to have portfolio responsibility for key areas of the business including; safeguarding, quality and oversight, information governance and education. An overall governance group maintained accountability for decision making processes which in turn informed the providers future strategic direction and purpose.

Staffing across The Emerald Centre, the Hertfordshire SARC and the Cambridgeshire SARC was closely monitored along with response times to patients attending the centres. This ensured that staffing levels were maintained at an optimum level according to need.

Managers maintained good oversight of staff performance by regular clinical and safeguarding supervision. Staff told us that they could access appropriate supervision, support and guidance at any time, and that safeguarding questions were answered by members of the Mountain Healthcare safeguarding team promptly and without delay. Where necessary, staff had received training in court procedures such as giving evidence in court. Staff we spoke with told us that they felt supported by managers when they are required to give evidence in court.

**Appropriate and accurate information**

Regular audit programmes of areas that included; medicines management, patient surveys, patient record audit, safeguarding audit and information handling/sharing audits, all demonstrated that information was sought to better inform and develop service provision. Data was collected for each patient attending the SARC which was used to populate reports. These were then analysed to generate improvement where considered necessary. Data was continually assessed against previous performance in key areas so that leaders were consistently kept informed in an accurate way of local and national trends that might impact on performance.

**Engagement with clients, the public, staff and external partners**

Multi-agency partnership working was considered a key element in the provision of safe and effective care and support to patients accessing services at the SARC. This was managed by regular dialogue with partners who were also encouraged and involved in monitoring the performance of The Emerald Centre SARC through operational performance meetings, challenge and feedback.

As previously stated, patient and family and friends feedback played an important part in leaders and managers maintaining oversight of service provision and its effectiveness. A 'you said, we did' approach was firmly embedded at the SARC. Staff members were continually engaged with developments within Mountain Healthcare by way of quarterly newsletters and staff supervision.

Commissioners we spoke with told us that the SARC managers engaged with them on a regular basis to report on the effectiveness of the service.

# Are services well-led?

**Continuous improvement and innovation**

There were well established systems and processes in place to monitor and promote continuous learning, improvement and innovation at The Emerald Centre SARC. Action plans were seen to be routinely monitored with clear accountabilities and target review or completion dates adhered to.

As previously mentioned above, staff attended mandatory training and could access additional training according to their own specific interests that would also enhance patient experience. Both local and national learning was considered and formed a basis to better inform practice at the SARC.

Staff wellbeing was important to leaders and this had been particularly evident during the COVID-19 pandemic, where staff concerns and parental or carer responsibilities had been considered when planning staff rotas for example. We were informed that the pandemic had not impacted staff provision adversely during the last year.

Following the SARC move to the new premises, the provider employed a Paediatric Crisis worker so that children and young people had improved access to service provision. To assess and better understand the quality of services provided to children and young people, the provider delivered a presentation to the local Healthwatch who in turn offered the services of 'Young Healthwatch' to review The Emerald Centre SARC website and the presentation to assess how accessible it was to children in Bedfordshire.

We examined the report as provided by Young Healthwatch, and plans from the provider to further engage with the organisation after the pandemic is over to work together to implement any of the suggested changes and alterations so as to further enhance the service offer to that particular age group. This is important work to make children and young people take some ownership in the way that SARC services are available and offered to them.