

Mountain Healthcare Limited

Solace Centre SARC

Inspection report

Cobham Community Hospital
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Overall summary

We carried out this targeted, announced inspection on 29 November 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions to follow up on concerns that had been identified in a previous inspection which was undertaken on 30 and 31 March 2022. 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 an additional CQC inspector.

We focused on a specific part of the service that is offered to patients under 13 years of age, and who had been affected by recent sexual abuse and sexual assault ('recent' means less than 72 hours from when the incident took place).

Services provided to patients under 13, and who had been affected by non-recent sexual abuse and sexual assault are undertaken by a different provider and were not inspected as part of this inspection ('non-recent' means more than 72 hours since the incident took place).

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions; is the service safe, effective, caring, responsive and well-led? This targeted inspection only looked at parts of the following three key questions;

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Background

Summary of findings

The Solace Centre is based in Cobham and offers a range of support services to anyone across all ages, living within the Surrey area who have experienced sexual abuse or sexual assault, either recently or in the past. The service is accessible 24 hours a day, seven days a week to help people that have been affected by sexual abuse and sexual assault.

For those patients aged 13 and under, forensic medical examiners employed by Mountain Healthcare lead on recent cases. They were supported by paediatricians from a local NHS trust, however, no joint working arrangements for this had been formalised at the time of the visit. This service is available between Monday and Friday (9am-5pm). Referrals are made to an alternative service outside of these hours when needed.

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 service is run. The registered manager was the SARC manager.

The service is located on the first floor of Cobham Community Hospital and has full access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the hospital including a number of spaces for blue badge holders.

On the day of the inspection, we spoke with the registered manager, as well as regional managers for Mountain Healthcare Limited.

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

Our key findings were:

- Some improvements had been made since our last inspection of 30 and 31 March 2022.
- Infection control was better managed. Leaders had replaced damaged equipment, reducing the risk of infection being spread.
- Important paediatric life support equipment had been better managed, reducing the risk of equipment not being available in the event of an emergency.
- Identified risks across the service had been kept up to date and included mitigating actions to reduce risks as much as practicably possible.

We identified regulations the provider was not meeting. They must:

- Have effective governance systems in place to make sure that there was sufficient oversight of key services provided. Although formal working arrangements had been drafted, such as service level agreements which clearly outlined the roles and responsibilities of different providers when providing regulated activity, there was limited evidence that all risks associated with this had been reduced as much as possible while these arrangements were being finalised.
- Manage the forensic suite in line with its own policies and procedures. For example, leaders had not ensured that the forensic suite had been cleaned consistently after use.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	Requirements notice	✗

Are services safe?

Our findings

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

At our last inspection, leaders did not have assurance that recruitment or disclosure and barring service checks had been completed for paediatricians employed by a local NHS trust who assessed patients at the Solace Centre. This meant that there was an increased risk that they would not be aware of important information.

During this inspection, we found that leaders had not yet implemented systems to make sure that this had been completed.

At our last inspection, we found that effective systems had not been operated to make sure that cleaning of the forensic suite met standards issued by the Faculty of Forensic and Legal Medicine.

During this inspection, we identified continued concerns that the forensic suite had not been cleaned in line with expected standards. For example, we sampled 15 occasions in November 2022 when the forensic suite had been accessed, finding that the suite had not been cleaned fully on 11 occasions. This meant that there was an increased risk that the suite was not forensically clean.

Following our inspection, leaders provided evidence that further changes had been made, supporting staff to make sure that all areas of the forensic suite would be cleaned after being accessed. Leaders told us that all staff at the Solace Centre had been made aware of this.

At our last inspection, we found that not all equipment had been maintained appropriately. Some important equipment, such as the examination table in the forensic examination room was cracked, increasing the risk that infection would be spread.

During this inspection, we found that action had been taken to replace all damaged equipment.

Risks to clients

At our last inspection, we found that important equipment, such as the emergency response bag had not been routinely checked or had been made readily available, meaning that there was an increased risk that equipment would not always have been available in the event of an emergency.

During this inspection, we found that leaders had acted to make sure that all equipment had been routinely checked. Records indicated that this had been done consistently when needed. In addition, an automated external defibrillator (a device used to diagnose and treat life threatening cardiac arrhythmias) was now immediately available on site.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring care and treatment

At our last inspection, we found that there was a retrospective case note review completed for all examinations that had been undertaken for patients under the age of 13. This provided an opportunity for any learning to be fed back to clinicians for improvements to be made. However, there was no mechanism for feedback to be given to paediatricians who were employed by a local NHS trust following case note reviews. This meant that improvements may not always be made when needed.

During this inspection, leaders informed us that there had been delays in making improvements to this. Following the inspection, leaders told us that they had planned to set up monthly meetings with the NHS trust to address this.

Effective staffing

At our last inspection, mandatory training records indicated that most staff who were directly employed were up to date with all elements of mandatory training that needed to be completed annually. This included key topics such as basic life support, information governance, infection prevention and control as well as safeguarding.

However, leaders did not have assurance of whether paediatricians who were employed by a local NHS trust were up to date with their mandatory training. This meant that there was an increased risk that they would not be up to date with any changes to national guidance or legislation across key areas.

During this inspection, we saw evidence that leaders had sought reassurance verbally that paediatricians were up to date with important training. However, at the time of inspection, this had not yet been embedded into systems and processes and it was unclear how the provider had planned to make sure that the training that paediatricians had undertaken met the standards expected by Mountain Healthcare.

Following the inspection, additional evidence was provided which indicated that additional plans had been made to maintain improved oversight of this.

Are services well-led?

Our findings

Leadership capacity and capability

The manager of the Solace Centre was also the registered manager with the Care Quality Commission. They were responsible for the day to day running of the Solace Centre and worked closely with leaders of other Mountain Healthcare SARCs as well external providers and stakeholders.

The centre manager had continued to be supported by Mountain Healthcare peer networks (meetings with managers from other SARCS) as well as their direct line manager who was the contracts director for the region.

Governance and management

At our last inspection, we found that leaders had not recognised that they had responsibility for overseeing the regulated activity that was being undertaken for patients under the age of 13 who had suffered recent sexual abuse and sexual assault.

This meant that there were no formal working arrangements, such as service level agreements which clearly outlined the roles and responsibilities of different providers who contributed to the examination and overall care of patients who had accessed the service.

During this inspection, we found that leaders now understood their responsibility to oversee all the services provided at the Solace Centre. Clear plans had been written which identified the roles and responsibilities of both providers. However, leaders informed us that there had been some delays in finalising these arrangements.

Leaders had not always acted to mitigate the risks posed by this delay. Although some action had been taken to reduce the risks posed while waiting for the new arrangements to be formalised, such as retrospective case notes reviews, there remained a lack of oversight of other important areas, such as mandatory training as well as DBS checks.

Processes for managing risks, issues and performance

At our last inspection, we found that identified risks had not always been mitigated, timely action had not always been taken and that risk assessments had not always been completed. This meant that we could not be assured that sufficient action had been taken to mitigate risk as much as practicably possible.

During this inspection, evidence was provided which demonstrated that identified risks had been reviewed regularly. In addition, risk assessments were up to date and reflective of the service provided. Actions against identified risks had been documented, meaning that leaders had considered ways in which these could be reduced as much as practicably possible.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that effective governance systems were present to maintain oversight of the services provided.</p> <p>The provider had not managed the forensic suite in line with its own policies and procedures.</p>