

Mountain Healthcare Limited

Northumbria SARC, Rhona Cross House

Inspection report

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Overall summary

Background

Northumbria Rhona Cross House Sexual Assault Referral Centre (SARC) is run by Mountain Healthcare commissioned by NHS England and the Police and Crime Commissioner for Northumbria and covers all of Newcastle. Forensic Nurse Examiners (FNEs) and crisis workers based at the SARC also provide forensic examination and support to patients from Sunderland, Gateshead, Northumberland, Durham, South Tyneside and North Tyneside. The SARC service is available 24 hours a day, seven days a week including public holidays, to people over the age of 18. However, at patient request and where appropriate, patients aged 16-18 can also be seen at the SARC.

As well as acute forensic examination the service provides advice to both the police and patients and support following recent and non-recent sexual assault. The SARC offers onward referrals to a number of services including Independent Sexual Violence Advisors (ISVAs) not employed by Mountain Healthcare, sexual health services and counselling services.

Northumbria Rhona Cross House SARC is easily accessible to wheelchair and pushchair users in a ground floor building. There is immediate pay and display parking outside the SARC as well as limited additional parking spaces provided by the SARC to the rear of the building. The local train station is a short walk away. There is one forensic examination room and a separate forensic changing area, forensic toilet and shower facility. There is a large and comfortable waiting room as well as storage facilities, a shower and changing area for staff and office and kitchen space.

The SARC provides a pleasant and clean environment for patients accessing services provided there.

We left comment cards at the SARC the week before our visit, and we received six completed feedback cards.

We examined policies and procedures at the SARC and various records about how the service is managed. We examined 12 sets of clinical records and spoke with six members of staff.

Summary of findings

As a condition of registration Mountain Healthcare 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.

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 service staff dealt with complaints positively and efficiently.
- The staff had suitable information governance arrangements.
- The service appeared clean and well maintained.
- The staff had infection control procedures which reflected published guidance.

There was one area where the provider should make improvements. They should:

- Ensure that clinical supervision is readily available to staff members both on-site and centrally from the provider.

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 (including Staff recruitment, Equipment and premises)

Staff at Northumbria Rhona Cross House SARC had access to, and made use of, a range of policies and procedures that had been written and kept up-to-date by a central team at Mountain Healthcare and also by the manager at the SARC. The Mountain Healthcare central team were responsible for making sure that all documents available were reflective of best practice guidelines, up-to-date and in accordance with current legislation. The policies and procedures that we reviewed as part of this visit were seen to be up-to-date and had a review date allocated to them.

FNEs all have a requirement to be trained at level three safeguarding training according to Intercollegiate guidance, 2019. We saw that all FNEs practicing at the SARC were up-to-date with their level three safeguarding training. Safeguarding case reviews took place daily and these were also open to staff from other associated SARCs. Cases discussed were in accordance with patients having provided appropriate consent for staff to do so. Where consent had not been obtained then those cases would not be discussed unless obvious safeguarding issues had been noted.

Staff were employed in line with the provider's recruitment policy. Pre-employment safety checks included, for example; enhanced Disclosure and Barring Service checks, extensive interview processes and validation of individual references and qualifications prior to employment offers being made. All staff employed at Northumbria Rhona Cross House SARC had been recruited safely. There was a system in place to ensure that disclosure and barring service checks were renewed every three years to check for any new convictions and so enhance patient safety.

Staff had to complete statutory and mandatory training that included, for example; basic life support and infection control. All staff also underwent a comprehensive induction to their roles tailored to their learning needs. The manager of the SARC had oversight of all staff training that included dates training had been undertaken and when training was due to be refreshed. Similar records were also held centrally by Mountain Healthcare.

Staff had access to 24-hour regional support for emergency or medical advice including for incidents of self-harm, violent behaviour and first aid. Safeguarding supervision was undertaken on-site, and this was recorded.

The provider had an up-to-date whistleblowing policy in place which was available for all staff to access either in paper format or via an online portal. Staff we spoke with told us that they felt confident to raise concerns with managers or, for example, to social services and the police should they feel the need to do so.

Risks to clients

Patient risks were continually assessed, monitored and appropriately recorded. Risks assessed included risks posed by deteriorating mental health, alcoholism, signs of deteriorating physical health, medical emergencies, and safeguarding.

Patient records examined demonstrated a continuing assessment of ongoing care and support whilst at the SARC. The assessment process began at the referral stage, via telephone consultation or when a patient arrived at the SARC in person. Where risk was identified, staff were seen to take appropriate action including, for example; referring (with consent) patients to external sexual health services or for support from social services.

FNEs and crisis workers who supported patients at the SARC were trained to recognise a patient's changing mood or mental and physical health. Staff electronic records demonstrated that they were up-to-date with, for example, immediate life support training ensuring that they could therefore provide safe and effective life support when required. Staff also had access to appropriate medical support equipment and were also trained to use it, including defibrillation equipment.

FNEs assessed patient needs for post exposure prophylaxis after sexual exposure, emergency contraception, hepatitis B prophylaxis and referrals for sexual health screening by the sexual health service located in an adjacent building.

Are services safe?

There were 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 further that disposable parts of the equipment were kept within their expiry dates. This included, for example; specialist equipment used for recording intimate images during examinations. Fire safety equipment had been inspected and was seen to be up to date and labelled accordingly. 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. Should patients prefer then PPE would be made available to them and staff would respect their wishes and use PPE as those patients preferred, such as the wearing of facemasks at all stages of their journey through the SARC. Appropriate governance procedures were in place to ensure that used PPE was disposed of safely.

During our inspection we examined staff rotas and saw consistently safe staffing levels both immediately prior to our visit and planned for future weeks. Although since taking over the contract in April 2022, Mountain Healthcare had experienced some staffing shortages due to the unexpected volume of patients attending the SARC. This was appropriately discussed with commissioners who supported the provider and they managed staffing levels at a safe level by way of bank staff and providing additional working hours to those staff members who agreed to work them. The provider ensured that a good skill mix of staff were available which meant care was delivered in a timely manner and within forensically required timescales when required.

Where additional vulnerabilities were noted, we saw that these were clearly written within patient records so that staff were made aware of them. This included, for example, where a young person was looked after, where a patient was a regular attender at the SARC or if they were known to other services such as substance misuse services or mental health teams.

Premises and equipment

Plans were underway for the SARC service and staff to move to a new, purpose built building during early 2023. This will provide, for example, in excess of over 20 dedicated parking places therefore enhancing both staff and patient experience. However, during our inspection we saw that the fabric of the current building, although old, was in good condition and had been adapted following earlier recommendations from previous inspection processes. All elements of the building were clean, brightly lit and the patient journey from entering the building, undergoing forensic examination and then leaving the building followed a clear and purposed route.

Infection prevention and control measures, including waste management, were appropriate, in date and seen to be adhered to. A cleaning schedule was in place and infection prevention and control audits were regularly carried out to evidence compliance. There were processes in place to help prevent patients and staff from acquiring healthcare-associated infections. We examined a clear, detailed and up-to-date infection control policy, and staff we spoke with were aware of this and their own responsibilities in relation to, for example, hand washing and cleaning best practice.

Cleaning arrangements were in place for all areas of the SARC, including the waiting and examination rooms, to prevent the cross-contamination of evidence. These met the guidance issued by the Faculty of Forensic and Legal Medicine (FFLM). Documents examined, and staff we spoke with, confirmed they had received training on cross-contamination and infection control. We found all areas of the SARC to be clean and dust free.

The forensic examination room in use at the SARC was thoroughly cleaned after use to prevent the cross-contamination of evidence. We saw that 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.

Are services safe?

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 Monkeypox, recognising the increased risk caused by this particular disease.

As a part of the forensic process, FNE's might use a colposcope (Specialist equipment for making records of intimate images during examinations, including high-quality photographs and video. The purpose of these images is to enable forensic examiners to review, validate or challenge findings and for second opinion during legal proceedings). We saw that this was managed in line with FFLM guidelines. The management and storage of colposcope images was seen to be safe and secure and in line with FFLM guidance. The colposcope in use at the SARC was dedicated to the documentation of injuries during forensic medical examinations only.

SARC staff disposed of clinical waste safely and securely via a contracted waste disposal company. We saw that all clinical waste was secure and appropriately stored.

Information to deliver safe care and treatment

Records examined demonstrated that staff used specific templates to help them in both assessing and examining patients. These were based upon templates recommended by the FFLM, with age appropriate forms for children and young people under 18 years of age or for adults. In records examined, we saw that staff completed templates both accurately and in detail. Body maps were also used to document injury and potential evidence that might be used at court. Records were seen to be clearly written and accountable to those staff members completing them. Onward referrals to other services, for example sexual health or social services, were made in a timely way.

Northumbria Rhona Cross House SARC is commissioned to provide forensic services to adults aged 18 years and over. The Royal Victoria Infirmary (RVI) hospital is commissioned to provide forensic services to children and young people aged under 18 years. However, should patients aged between 16 and 18 years elect to attend the adult service, then both the RVI and staff at the Northumbria Rhona Cross House SARC would undertake assessments to ensure that this is both appropriate and in the patient's best interests. Mountain Healthcare nurses were trained to support, and care for, both adult and adolescent patients and appropriate follow on care and safeguarding pathways were seen to be in place to meet the patients ongoing needs.

We saw that both electronic records and paper records were stored in safe, lockable areas with controlled access, ensuring that patient personal information was always secure.

Safe and appropriate use of medicines

Staff at Northumbria Rhona Cross House SARC routinely used a very 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 appropriate temperature-controlled storage. Despite this, daily temperature checks were taken of the lockable cupboards and recorded. This helped to ensure that those medicines used were always in the best condition. All medicines examined were seen to be in date.

We saw up to date Patient Group Directives (PGDs), and further that all FNEs had signed the PGDs appropriately. PGDs provide a legal framework that allows some registered health professionals (such as FNEs) to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber, such as a doctor or nurse prescriber.

The provider regularly audited the use of prophylactic medicines and oral contraception. Audits examined demonstrated 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 and the Faculty of Sexual and Reproductive Healthcare respectively.

Are services safe?

During our inspection, we reviewed medicine systems in place and 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 also undertaken of patient records to ensure that medication was given appropriately, safely and that this was recorded accurately. If discrepancies were noted then 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.

Track record on safety

There had been no serious incidents reported since the provider took over the service in April 2022.

We saw that regular, routine audits were undertaken of, for example; patient records, staffing levels, adherence to call-out times, medicines management and cleaning procedures. We also saw that regular audit of case files followed a mandatory checklist that ensured that protocols were followed and, should any elements be missed, then these were followed up at the earliest opportunity. This demonstrated that the provider understood risks to safety and that proactive actions could be taken to minimise any risks identified.

Lessons learned and improvements

Although there had been no significant events or incidents at the SARC since the provider took over the service in April 2022, consideration was always given to both local and national issues that could impact on the day to day running of the SARC, This included, for example, due consideration being given to the rising number of Monkeypox cases in the UK and how to best prepare and prevent potential contamination to both staff and patients.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patients attending the Northumbria Rhona Cross House SARC were thoroughly assessed according to national FFLM guidance. Records examined clearly demonstrated that assessments undertaken were holistic and fully considered patients physical health, mental health, emotional resilience and a range of social attributes. This ensured that patient needs were thoroughly assessed and identified. It also meant that staff working with those patients were well informed and could adapt their own interpersonal interactions according to patient need.

Pathways used for patients at the SARC reflected current guidance and legislation, such as those from the FFLM and the National Institute of Clinical Excellence.

Any changes to legislation, practice updates and guidance were monitored by Mountain Healthcare's central governance team, but also the SARC manager who made changes to policies, procedures and pathways when needed. This information was then communicated with Northumbria Rhona Cross House SARC staff ensuring that staff were kept appropriately up-to-date.

Patients were seen quickly and by the right person according to individual needs. On the rare occasion when patients were still in hospital or resident at a care home as a result of injuries sustained during a sexual assault, staff would attend those locations to carry out the initial examination. Staff would also liaise with other health and care professionals to ensure that an examination was conducted with due regard to the patients current physical and mental health needs. In records examined, we saw that that all examinations were undertaken sensitively and with the patients consent.

Patients routinely received a holistic assessment that included considering their current personal circumstances and their emotional health and wellbeing. Where required, staff made referrals (with appropriate consent) to multi-agency and multi-disciplinary partners, such as sexual health services or substance misuse services. We examined referrals made to multi-agency partner services and saw that they contained appropriate detail and professional opinion so that the person considering the referral could make an informed decision about how to proceed. We also saw that staff followed up the referral to check on progress and updated patient records accordingly. This was good practice, as staff at the SARC were not always made aware of the outcome of the referral and so might not be aware of any outcomes that might impact on their possible future interactions with those patients should they ever re-attend the SARC.

Monitoring care and treatment

Case file audits and regular, routine peer-to-peer discussions helped staff and managers maintain good oversight of best practice or where further development or training might be required. Staff members we spoke with were able to give examples of learning taken from both local and national issues that could be used to enhance the patient experience at the SARC.

Staff at the SARC told us how approachable and helpful the new manager was and how they had already, in a short period of time, gelled the team, encouraging them to provide the best care and treatment available to patients across the local area.

Safeguarding meetings took place every morning during which the previous days cases would, where patient consent had been obtained, be discussed. This provided an opportunity for the monitoring of good safeguarding practice and further to identify where improvement might be needed.

Effective staffing

Are services effective?

(for example, treatment is effective)

There were three contracted FNEs working at the SARC, two zero hours FNEs and the SARC manager was in the process of undergoing training and mentorship to be signed off as an FNE. Two further FNEs were due to start work at the SARC imminently. One contracted crisis worker/administration support was employed at the SARC along with four zero hours crisis workers with a further two crisis workers due to start work imminently.

Northumbria Rhona Cross House SARC had long term affiliations with the Teeside SARC who could provide staff to cover shifts if required.

All clinical staff received initial, specialist training in their role that aligned to national requirements set by the FFLM. There was also a comprehensive induction programme for each staff group which was competency based and closely monitored. 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.

Staff members we spoke with spoke highly of the training package offered by Mountain Healthcare which was comprehensive and supportive of best practice. Staff members also told us that they could also access training that supported career development.

We examined documentation and training matrices that demonstrated that staff were up to date with mandatory training and that this was monitored by senior managers to ensure compliance via an electronic system that alerted the SARC manager when, for example, refresher training was required.

The SARC manager was keen to promote staff personal well-being, recognising that to provide good care and support to patients, staff members had to be mentally healthy as well. Staff could access peer and counselling support as and when required, recognising the sometimes distressing nature of their work.

Co-ordinating care and treatment

The SARC manager, FNEs and crisis workers 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 other partner agencies for follow-up consultation where necessary. Patients received follow up calls from FNEs and crisis workers to ensure that they were safe and appropriately supported.

Referrals into the SARC could be made from any multi-agency professional or agency, or by patient self-referral. Details about how to make a referral were clearly available on the provider's website.

Although many of the staff at the Northumbria Rhona Cross House SARC were relatively new, many had also worked for the previous provider. Staff members that we spoke with spoke highly of the support provided by the new SARC manager and were keen to help them with their plans to, for example, reach out and better understand the needs of sometimes difficult to engage communities in the local area.

Health improvement and promotion

Patients attending the SARC had access to an appropriate amount of advice and guidance, including 'easy read' guidance for those patients that required it. The provider website also included information that included links to multi-agency services that could provide ongoing care and support after forensic examination.

Consent to care and treatment

All staff we spoke with were aware of their responsibility to obtain consent and considered each patient's capacity to give consent at all times. Obtaining informed consent from patients or, depending on the age and capacity of a patient, their parent or carer, was at the forefront of staff interactions with patients. Staff were trained in communicating with people of different ages and provided patients with clear information about the SARC's services, both in written formats and verbally.

Are services effective?

(for example, treatment is effective)

We saw that staff took as much time as was necessary 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 and had not changed.

In every case we examined, informed consent about any aspect of the forensic examination process, was obtained from the patient and recorded. We saw that it was clearly explained that the person giving consent could withdraw that consent at any time, and that their refusal to consent would be respected and recorded in patient records. We also saw that patients were reminded several times by staff of their right to withdraw consent about any aspect of their care at any time during their visit to the SARC. This ensured that all patients were fully aware and involved in processes that took place at all times.

All records that we reviewed clearly documented consent for examination, onward referrals to be made, cases to be discussed at daily safeguarding meetings and for forensic images to be taken and securely stored.

Where informed consent could not be obtained, such as when a patient was unable to communicate whilst in hospital following a sexual assault or was a non-communicative adult in a care home, we saw that staff undertook a full needs assessment with multi-disciplinary partners to ensure that a medical examination was in the best interests of the patient and for the collection of evidence. We also heard that those discussions and outcomes would be recorded within patient notes.

Are services caring?

Our findings

Kindness, respect and compassion

Staff at the Northumbria Rhona Cross House SARC were kind, respectful and compassionate to patients who used the service as a result of their experience of sexual, emotional and often physical trauma. We found that the SARC was a patient focused service with the needs of patients at the centre of the work undertaken by staff there.

Patients were routinely invited to feed back on the service that they had received at the SARC and we examined examples of such feedback. All feedback examined, including those that had undertaken our own survey prior to our inspection, was positive about the way that care and support was provided, both prior to, during and after the sexual assault examination process, sometimes even naming individual staff members for praise.

Staff members we spoke with were knowledgeable about the nature of sexual assault and understood the impact of such abuse on both adult and child patients using the service. Evidence examined and in discussion with staff demonstrated to us that people's emotional wellbeing was a priority and that people were treated with compassion, having due regard to their negative experience that brought them to the SARC in the first place.

Staff we spoke with were aware of the additional vulnerabilities of young people who might be a child looked after under the care of the local authority acting as 'corporate parents' or, who might have had Special Educational Needs and/or Disabilities (SEND). This ensured that those particularly vulnerable groups of young people were provided with care and support that met their specific needs. Staff told us that where a patient was identified as SEND then they would be offered additional support throughout the forensic process.

Aftercare packs and new clothing was available for patient use following examination should they require it. We saw that the aftercare packs contained a good selection of quality items that included shampoos, deodorants and personal grooming products. New clothing and footwear was available for both male and female patients.

Patients attending the SARC were offered tea and coffee and basic snacks should they be required. Where patients had specific dietary requirements then these would be met where possible. Likewise, should a patient indicate that they wanted to undertake religious activity then the SARC staff would assist them to do so.

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, ensuring that arrangements could be made to meet their communication needs prior to the patient arriving at the SARC where possible.

The SARC website included clear information about what to expect from visiting the SARC and receiving a forensic examination. It also provided contact information both during office hours and out of hours.

Patients were given the opportunity to provide feedback regarding their experience of the SARC and, where appropriate, this could go on to inform future service provision such as plans to move to a new, purpose built building in early 2023.

Privacy and dignity

The SARC had a discreet entrance used only for SARC patients which helped to ensure privacy and confidentiality.

FNEs and crisis workers showed respect for patients privacy by ensuring that they could change and used the toilet and shower facilities alone. However, at all times the crisis workers and FNEs were close by to ensure the patients remained safe.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

Friends and family members could attend the Northumbria Rhona Cross House SARC with patients where appropriate.

It was recognised that patients attending the SARC by car might have to pay for on-street parking unless one of the two reserved spaces to the rear of the building could be made available. This was being addressed by including 20 free parking spaces at the new building planned to open in early 2023.

All patients attending the SARC had thorough assessments made of their needs which meant that individual wishes could be met and referral onto other support services could be made where required.

Timely access to services

All forensic examinations were undertaken by prior appointment and, even when these were made at short notice, we saw that patients were seen or, where appropriate, spoken with and offered advice and guidance in a timely manner that met their needs. This included self-referrals, referrals made by the police or via other safeguarding processes.

The SARC was accessible 24 hours a day, seven days a week and patients were seen quickly and, where possible, by the right person according to their individual needs. This included, for example, when patients had to be seen in hospital following a sexual assault.

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

Listening and learning from concerns and complaints

There was a provider policy in place which called for each complaint to be thoroughly investigated and responded to in writing within set time limits. Clear advice regarding how to make a complaint was provided to patients on leaving the SARC with further information about how to make a complaint to other agencies should it be preferred. At the time of our inspection there had been no complaints about the service since the provider had taken over the SARC in April 2022.

We spoke with the SARC manager who was able to describe the process that they would follow to ensure that any complaints made were fully investigated and that there was learning from a complaint if required.

Information was available to patients about how to make a complaint on the providers website.

Are services well-led?

Our findings

Leadership capacity and capability

The manager at the Northumbria Rhona Cross House SARC had only been in post for approximately eight weeks, but had already gained the confidence of staff members we spoke with. Staff spoke confidently about the managers patient centred approach, but they also told us that they felt personally cared for by them and valued as team members. However, some staff members did feel that access to clinical supervision from within the organisation could be sometimes difficult to access, although they could access peer and local managerial support at the SARC. The SARC manager was aware of this and had already started to introduce more structured clinical supervision across the staff team over and above already established safeguarding supervision, but there was more to do to ensure staff could access clinical supervision in a structured way.

The manager at the SARC knew that there was more to do to better understand the demographic of the local area, including for example, ethnic minority groups. The manager was working on improved engagement via external promotional events, meeting with GPs and promoting the service within local colleges so that the needs of sometimes vulnerable groups could be better met.

The SARC manager was aware of their own responsibilities to ensure that all staff followed appropriate policies and procedures as set out by Mountain Healthcare. We were informed that any updates to policies or procedures were discussed at team meetings.

Vision and strategy

Staff were encouraged to not only support each other, but also challenge their peers and managers where they thought that it was necessary. Staff told us that they valued productive discussion, and this was shared by a variety of communication methods including daily peer-to-peer meetings and other informal discussions. This demonstrated a culture of continued learning and service development that was owned by all staff members employed at the SARC.

The SARC manager told us that they are continuing to strengthen the already strong team culture developed in a short period of time to ensure that kindness, compassion and respect continues at the core of service provision.

The planned move to a new, purpose built SARC in early 2023 demonstrates a commitment by both commissioners and Mountain Healthcare to continue to provide services to the local community.

Culture

In discussions with staff, we found that a culture of on-site managerial and peer support was evident and embedded at the SARC. Staff felt well supported by the SARC manager and were committed to delivering the right care to patients.

A culture of openness and learning was demonstrated by staff understanding about how to report an incident should one occur, however trivial it might seem. At the time of our inspection there had been no incidents reported. The culture of learning was further evidenced by how much staff valued the peer support and challenge that took place in daily safeguarding and case analysis meetings.

A culture of continued learning and professional development was promoted by Mountain Healthcare. For example, staff could access 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

Are services well-led?

Mountain Healthcare had a clinical governance framework in place and a central governance team ensured that, for example, policies were regularly reviewed and updated. The SARC manager was aware of their own responsibilities to ensure that staff followed appropriate policies and procedures both locally and within the organisation as a whole. Having only taken over the service in April 2022 the provider had maintained oversight of risks during this time by way of a risk register that was continually updated.

The provider and SARC manager had, since taking over the SARC contract in April 2022, maintained good working relationships with commissioners and engaged in scheduled contract meetings with them.

Staff at the SARC were in receipt of positive feedback continually provided by service users and commissioners expressed no concerns about the way that services were provided. Roles, responsibilities and systems of personal accountability which supported good governance and managerial oversight were in place and seen to be adhered to.

The SARC manager maintained good oversight of staff performance by way of regular safeguarding supervision, ad-hoc supervision and peer support and guidance. Although it was admitted that there was more to do to improve structured clinical supervision within the SARC, staff members we spoke with told us that they felt well supported by the SARC manager and enjoyed good working relationships with their peers.

Processes for managing risks, issues and performance.

We examined comprehensive assurance systems that helped both the immediate SARC manager and leaders at Mountain Healthcare manage risks appropriately and safely. For example, we examined ligature risk assessments that had been undertaken by the manager at the SARC to ensure that risks posed were both identified and well managed.

Risks posed by COVID-19 and more recently Monkeypox were well documented and staff we spoke with were aware of actions to take to mitigate those risks.

Appropriate and accurate information

We saw that there were regular audit programmes of areas that included, for example; patient record audit, safeguarding audit, medicines management and patient surveys, which all demonstrated that information was sought and provided to better inform and develop service provision. Data obtained from those audits was continually assessed against previous performance in key areas so that leaders were 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

Awareness of the positive attributes to be gained from multi-agency and multi-disciplinary partnership working was considered by the SARC manager to be a key element in the provision of safe and effective care and support to patients accessing services at Northumbria Rhona Cross House SARC. The SARC manager, since taking on the role, was building on already established regular dialogue with partners across the local area, encouraging feedback through operational performance meetings and challenge.

Continuous improvement and innovation

Feedback gained from patients attending the SARC would be considered to improve services provided there. However, since taking over the service in April 2022, Mountain Healthcare had only received positive feedback and so could not demonstrate examples of where patient feedback had led to changes in service design.