Mountain Healthcare Limited

The Hazlehurst Centre SARC

Inspection Report

The Hazlehurst Centre SARC
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Overall summary

We carried out this announced inspection over two days on 9 and 10 July 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. Two CQC inspectors, supported by a specialist professional advisor, carried out the inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

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 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 a 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 had procedures to deal 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 were areas where the provider could make improvements. They should:

- Introduce procedures so that practitioners make a full written record documenting the risks and reason for referral when contacting social care about children for whom they have concerns.

Summary of findings

- Offer, whenever possible, a choice of gender of forensic examiner to all patients, particularly for children and young people under 16 years old.
- Complete the planned programme of level three children's safeguarding training, including multi agency sessions for all relevant staff.
- Consider how the communication needs of patients whose first language is not English are met.

Background

The Hazlehurst Centre is a sexual assault referral centre (SARC). The SARC provides health services and forensic medical examinations to anyone, of any age, in West Yorkshire who has experienced sexual violence or sexual abuse. The centre, which is used solely for the SARC service, is set back from a busy road in Dewsbury, Wakefield. The SARC has a discreet side entrance and car parking is available. The building is single storey and therefore offers some accessibility for people with limited mobility. The mobility needs of all patients are fully assessed on first contact with the service, before the patient attends the centre. Should a patient require a fully accessible building they are given an appointment at a sister centre within the region or in certain circumstances patients can be seen in their own home. The SARC currently has limited space, this is recorded on the organisation's risk register as a concern and a new building is under construction. There are two examination rooms in use in the centre which are used to capacity.

The adult SARC service is jointly commissioned by NHS England and the Police and Crime Commissioners across Yorkshire and Humberside. Adult services are available 24 hours a day, seven days a week by appointment. The SARC welcomes adults and young people of any gender over the age of 16 either by police referral or by self-referral. The Hazlehurst Centre works closely with neighbouring SARCs to ensure adults access the service best suited to their needs and geographical location.

The paediatric service is jointly commissioned by NHS England and the West Yorkshire Police and Crime Commissioner. An acute paediatric clinic for children and young people, of any gender, aged 0 -15 from West Yorkshire operates during the day, seven days a week. Referrals into the paediatric service must be made by a professional, however if a young person under the age of 15 calls the SARC and requests help this will be arranged following the completion of a strict safeguarding protocol. Over weekends and bank holidays the centre is the regional paediatric on call SARC facility therefore children from across North Yorkshire and Humberside can access this service.

The staff team includes a centre manager, Forensic Nurse Examiners (FNEs), administration staff, adult crisis workers, paediatric crisis workers and paediatric Forensic Medical Examiners (FMEs). The Hazlehurst Centre team offer referrals to Independent Sexual Violence Advisors (ISVAs) and counsellors, these staff members are provided by victim support and were therefore not part of this inspection.

The service is provided by a limited company and, as a condition of registration, the company 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. The registered manager at The Hazlehurst Centre was also the medical director for Mountain Healthcare Limited. We have used the terms 'registered manager' and 'centre manager' to differentiate between the two roles.

During the two-day inspection we spoke with seven staff members, including the registered manager, the centre manager, a forensic medical examiner, a forensic nurse examiner, an adult crisis worker and a children's crisis worker. We reviewed the records of 16 patients. We left comment cards at the location the week before we visited and received four responses from patients who had used the service.

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'.

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

Summary of findings

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

Are services effective?
We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?
We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive to people's needs?
We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?
We found that this service was providing well-led care in accordance with the relevant regulations.

Are services safe?

Our findings

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

The Hazlehurst Centre had systems and processes to ensure the safety of patients.

Safety systems and processes

Procedures were in place to keep patients safe from avoidable harm, policies were up to date and had planned review dates. We spoke to staff who demonstrated a good working knowledge of the provider's safety policies. In addition to this, staff received annual mandatory training which covered safety topics. Staff told us they were up to date with, and felt confident in, health and safety procedures, basic life support techniques and infection control measures.

The Hazlehurst centre had effective adult and child safeguarding procedures in place. Staff were aware of their responsibilities to protect people from abuse. Staff screened adult patients for vulnerabilities and offered appropriate referrals, for example, to adult social care and domestic abuse services.

Most children and young people accessing the service had been referred by a professional. Local safeguarding policies state that a strategy meeting to discuss safeguarding issues should be routinely held before the young person attends the SARC. Staff made every effort to attend these meetings, if this had not been possible, staff reviewed the minutes of the meeting to ensure the examination was appropriate, before seeing the child. If a strategy meeting had not been held or if further information was obtained during the course of the visit, staff routinely made safeguarding referrals to the relevant local authority. The local authorities most often referred to by this SARC do not accept written referrals, instead all contacts about children of concern are recorded by the social worker taking the call. In records we saw that staff documented a summary of the verbal referral they had made; however, this summary did not always include a full written analysis of the risks and protective factors for the child, nor the reason the referral was made. This means that the provider did not have its own record of the full content of the referral conversation.

When a safeguarding referral had been made staff were diligent in following up the outcome of the referral within 72 hours. All referrals were recorded on a spreadsheet tracking tool, this was checked daily to ensure a response had been received for each referral made. A further telephone call was made to the social worker and the patient two weeks later to follow up any outstanding issues and to offer further support.

National guidance on the amount and type of safeguarding children training had not been adhered to. Staff had not attended enough hours of level three safeguarding children multiagency training. The organisation had recognised this issue and was in the process of sourcing appropriate courses to address this shortfall.

Staff

The provider ensured there was enough staff to offer safe, supportive care to all patients attending the SARC. There was a good skill mix of staff, including adult and paediatric crisis workers and forensic examiners which meant the needs of adult and child patients were consistently met. We saw staff rotas from the previous three months which demonstrated consistently safe staffing levels. This meant all patients were seen in a timely manner and patients who needed to be seen most urgently were seen within one hour.

The provider's recruitment policy had been followed to safely recruit staff. Staff were interviewed and the relevant checks on potential employee's references, memberships of professional bodies and qualifications were conducted. All staff were subject to an enhanced Disclosure and Barring Service (DBS) check and additional police vetting. However, the centre manager was not able to see the details of this information as records were held on a central HR database that the manger did not have access to. This meant that the local manager could not be assured that staff had been suitably recruited to the SARC. The provider acknowledged this was a shortfall and plans were put in place to grant the centre manager access to the database during our inspection.

There were procedures in place to ensure the safety of lone workers. Staff told us they felt safe entering the building out of hours. Staff contacted a national call centre to report they had safely entered and left the building. Staff told us the call centre contacted them if they were delayed in making the call to confirm their safety.

Risks to clients

Are services safe?

All patients who attended the service were screened for vulnerabilities including learning disabilities, mental ill health, intoxication, risk or history of self-harm and safeguarding concerns at the first point of contact. Records clearly stated if any of these vulnerabilities were identified and appropriate action was taken to ensure patient's additional needs were met.

In records reviewed we saw that staff continually assessed patients' safety throughout their time in the SARC.

Staff had been trained to spot possible victims of child sexual exploitation (CSE) in children and young adults up to age 25. We saw evidence of staff using tools to identify CSE risk and making referrals for further support appropriately. Staff made routine enquiries with all patients to check if they were experiencing domestic abuse. If domestic abuse was disclosed staff used a nationally recognised assessment tool to determine the patient's level of risk and made referrals to relevant services.

Patients were screened for the need for post exposure prophylaxis after sexual exposure (PEPSE) and female patients were assessed for the need for emergency contraception. Medication to meet these needs was supplied as required. All patients attending the SARC were offered tests to detect the presence of sexually transmitted infections (STIs).

Alcohol addiction was recognised as a vulnerability and alcohol withdrawal assessments were seen in records, when required alcohol was used as a medication.

Throughout their time in the SARC patients were not left alone, unless they used the shower following their examination. The shower room did contain a pull cord which could be used as a ligature. Staff told us patients would not use the shower unaccompanied if they were thought to be at risk of self-harm, however the provider agreed to complete a risk assessment of the pull cord immediately.

There are processes in place to identify and meet the needs of patients who attend the SARC more than once. We reviewed one complex case where a chronology had been completed to provide an in-depth analysis of risks and protective factors. We saw a care plan that had been developed to further support this patient on any future visits.

The organisation had developed a business continuity plan to ensure business processes could continue in the event of a significant event. Staff told us they were able to replace the freezers used to store forensic samples immediately and had equipment to safely transport samples to other safe storage sites if required.

Premises and equipment

The service had use of two forensic examination rooms, with a shared bathroom. However, a high number of patients required care at this SARC, and the building's limited capacity was a concern on the service's risk register. Despite this challenge, staff saw patients within timescales. If necessary, staff could refer patients to other SARCs managed by the same provider in the region. Staff had been actively involved in the design of a new building which is planned to be completed in the Spring of 2020.

Patients attending the SARC had sole use of a waiting room. Staff told us they had received training regarding cross contamination and that the waiting room and the forensic examination rooms were cleaned as recommended by the Faculty of Forensic and Legal Medicine (FFLM). We saw the rooms were sealed once cleaning was completed.

Staff made regular checks to ensure all equipment, including fire safety equipment, used in the SARC was safe. Staff were trained in the use of all equipment. Hazlehurst SARC has a piece of specialist equipment, known as a colposcope, available 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. There were effective arrangements for ensuring the safe storage and security of these records in accordance with guidance issued by the FFLM. Staff at the SARC also had access to a portable colposcope, this meant that patients who were unable to attend the SARC could still access this element of care. We saw evidence that both colposcopes were fully serviced.

There were processes in place to reduce the risk to patients and staff of acquiring healthcare acquired infections. There was an up to date infection control policy. Staff were aware of the importance of good hand hygiene and described clinical waste being disposed of safely in accordance with the service's policy. We saw the building was clean and tidy.

Are services safe?

Information to deliver safe care and treatment

Documentation used to assess patients, and record findings was in line with nationally recognised guidelines and included body maps. This meant that staff were prompted to make a full assessment of the patients physical, emotional and safeguarding needs.

Each adult's record consisted of sheets of loose-leaf paper and several different documents kept in a cardboard folder. The documents were often not in chronological order and it was difficult to find specific information. Each child's record was secured in a folder, in a set order which meant the record was easy to read. The provider recognised the format of the adult record needed to be changed during the inspection and assured us this would be looked at immediately. Within the records staff had documented their findings clearly and comprehensively. Records were legible and were stored securely, in a locked, fireproof cabinet.

There were effective arrangements in place to obtain and record consent for making images with the colposcope. The provider stored images taken by the colposcope safely and line with FFLM guidance. DVD's of colposcope images were encrypted and stored in evidence bags. Specialist software was required to be able to access the DVDs. The service has safe boxes to transport records to another site if required.

Referrals to other services such as the patient's GP, sexual health clinics, ISVAs and mental health services were appropriately offered to patients. When patients agreed to these referrals, information was sent via secure email. This safe information sharing meant that ongoing support could be accessed by the patient. Patients were offered a booklet to take home with them detailing what tests and medication they were given during their visit to the SARC. This meant that that the patient could share this information with any health professional of their choosing. It was also a written record for the patient who may have found retaining medical terms difficult at the time of their visit.

Safe and appropriate use of medicines

A small number of medicines were stored and supplied at the SARC including PEPSE, emergency oral contraception and paracetamol. None of these medications required refrigeration. Registered Nurses were able to supply medicines under a patient group direction (PGD). That is, a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before the presentation. In Hazlehurst SARC the PGD's were up to date which meant staff could safely and lawfully administer the specified medications as required.

We found there were effective systems in place to ensure medicines were stored safely and securely. Medicines were checked weekly and stock and administration records were accurate. The supply of medication was clearly documented in patients records.

During our inspection we saw minutes of a quarterly medicines management group meeting held by Mountain Healthcare Ltd to discuss any incidents or updates regarding medications. This means that learning from across the organisation is disseminated to all staff.

Track record on safety

Mountain Healthcare Ltd has effective systems in place to ensure that safety is constantly monitored. Staffing levels and call out times are reported on a quarterly basis to the senior team. We saw evidence of weekly safety checks being carried out by FNEs to ensure all equipment was in good working order and that policies relating to infection control and medicines management were being adhered to. The location kept a risk register and the centre manager acted to address any issues as they arose. For example, when a staff member reacted to substances used to clean the premises a safe, effective alternative was found and is now used routinely.

Lessons learned and improvements

The provider has an incident reporting and risk management system known as PAIERS, this stands for positive, adverse and irregular events reports. Staff told us they felt confident to use this system to report concerns, minor occurrences and positive events as well as significant incidents. Staff told us they received feedback on all incidents in regular team meetings and on a one to one basis if they were directly involved. PAIERS are shared throughout the organisation and serious incidents are shared with NHS England. This demonstrates a culture of openness and a willingness to learn continuously.

We spoke with leaders from Mountain Health Care (the location's parent company) who told us that trends reported to PAIERS are monitored each quarter and

Are services safe?

training is devised to meet identified needs. Recent examples of training delivered in response to learning across the organisation include courses on the impact on patients of delays in accessing care and on staff wellbeing.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

All patients attending the Hazlehurst centre SARC received comprehensive holistic assessments to identify physical and emotional health needs. Forensic assessments were conducted in line with FFLM guidance. Health needs resulting from the patient's sexual assault were assessed and met in line with the British Association of Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH) guidelines. Patients were offered referrals to ISVA services for ongoing emotional support.

The provider had clear clinical pathways suitable for different types of sexual abuse or sexual assault. We saw that staff followed these pathways appropriately which meant that all patients were seen by a crisis worker and by an appropriately qualified forensic examiner. The forensic science regulator recommends that children and young people aged 15 and under should be assessed by a forensic medical examiner (FME). In records we reviewed we saw that this was adhered to in this SARC. However, we noted that people attending the SARC were not asked if they preferred a male or female health professional to examine them. All the location's forensic nurse examiners (FNEs) were female therefore adult patients were routinely allocated a female FNE. Children and young people aged 15 and under were examined by the forensic medical examiner on duty, the service has male and female FMEs. This meant that young people attending the SARC were not able to choose the gender of the doctor examining them. We discuss this further in the section on caring. All paediatric crisis workers had completed training on trauma informed care and a crisis worker we spoke to had been trained in play therapy.

We saw minutes from team meetings which demonstrated that staff were kept informed of updates to national guidelines. Staff received comprehensive training on best practice and FNEs were encouraged to undertake post graduate study in forensic nursing.

Consent to care and treatment

Staff understood the importance of seeking informed consent. We interviewed staff who demonstrated a thorough knowledge of the need for consent at every stage of the patient's experience in the SARC. Staff gave us examples of patients declining some elements of their treatment and how these decisions were respected. Staff described how they supported patients who were less able to express their views. In one case discussed, staff stopped an examination of a patient with dementia as the nonverbal cues indicated the patient was becoming distressed.

The service had written and pictorial information designed for adults and children at different levels of development and information booklets for parents. This meant that patients and their carers were better informed about the care they were consenting to.

Consent was clearly recorded in all the records we examined. Documentation had recently been updated to include a written assessment of mental capacity and to prompt practitioners to consider this throughout the patient's time in the service. We spoke with staff who described the effective use of Gillick and Fraser competency guidelines when caring for young people.

Monitoring care and treatment

The centre manager and staff at the Hazlehurst SARC engaged in regular quality monitoring activities to ensure the service was effective. The centre manager conducted regular audits of staff notes and fed back learning to staff to improve practice. When reviewing records, we saw evidence of a safeguarding audit being used consistently and effectively.

All FNE's engaged in peer review monthly. This means FNEs review the work of colleagues to evaluate each other's findings and share learning.

Effective staffing

There was a comprehensive induction training programme for all new starters. All staff must complete a competency-based booklet which is signed off by a regional training lead. This ensures consistency in staff competency across the SARC's. Competencies were based on nationally recognised standards such as Royal College of Nursing (RCN), FFLM and BASHH guidance. Staff described a variety of training methods including formal taught courses, shadowing opportunities and reflective learning sessions.

Programmes of learning were specific to the staff member's role. Each staff member had their own training manual which documented their progress through the induction

Are services effective?

(for example, treatment is effective)

period and their continuous learning. All nursing staff were trained Forensic Nurse Examiners. FNEs completed a minimum induction period of six months. Induction periods could be extended if required. A regional agreement was in place which allowed staff to shadow cases at SARC's across Yorkshire. This meant FNEs were able to gain first-hand experience of the care required for different types of sexual assault before they were deemed competent.

All staff attended a clinical refresher day at least annually to ensure they were up to date with the latest guidance. The centre manager tracked staff members attendance at training.

All staff attended regular safeguarding supervision sessions. Managers had oversight processes to ensure staff attended the required number of sessions. The staff we spoke to described supervision as valuable and often attended more sessions than required to reflect on difficult cases and to share new learning. Full time staff received monthly supervision, part time staff (including bank workers) engaged in supervision at least quarterly. Forensic Nurse Examiners received one to one supervision from a manager or a colleague. Crisis workers received group supervision which often included a guest speaker. Recent speakers included forensic laboratory staff and police officers specially trained in supporting people who have experienced sexual assault. Forensic medical examiners attended one to one supervision quarterly and at least two of their four sessions were used to reflect on cases involving children and young people.

Co-ordinating care and treatment

Effective teamworking enabled continuity of care at all stages of the patient's journey. We saw evidence of appropriate information sharing and onward referrals to other health and support agencies such as the ISVA service, the patient's GP surgery, sexual health and mental health services. When patients chose not to be referred onwards we saw that staff provided information so that they could self-refer in the future should they change their mind. Staff communicated with social care to ensure patients were safeguarded.

Are services caring?

Our findings

Kindness, respect and compassion

We found that patients were treated with kindness, respect and compassion at the Hazlehurst centre. We saw patient feedback that consistently referred to the caring nature of the crisis workers and forensic examiners. The staff we spoke to were passionate about patients receiving high quality care.

However, patients accessing the SARC were not routinely able to choose the gender of the health professional who examined them. Adult patients were routinely offered an appointment with a female examiner. The registered manager told us this is because there is a national shortage of male forensic nurse examiners. Children and young people accessing the service were examined by the doctor on duty which meant they were not able to choose if they were examined by a male or female doctor. On discussion service leaders recognised that choice could be offered in some circumstances, for example a forensic medical examiner could examine an adult patient if the patient requested a male examiner. Leaders stated steps would be taken to offer a choice of gender whenever possible.

Crisis workers worked hard to establish a therapeutic relationship with patients from the moment they arrived at the SARC. Patients were shown pictures of the examination room before they entered it so that they knew what to expect. Staff told us they gave the patient the power to be in charge of every decision made during their time in the service. In the records we reviewed we saw that patients were given time and support so that they could move through the forensic examination at their own pace. This meant that while the patient was receiving their care, the control the patient had been deprived of during their assault was restored to them.

Client feedback was obtained by the service and leaders analysed data and reported this in quarterly reports. In response to patient feedback the service provided dressing gowns in various sizes from child to adult to ensure patients dignity and comfort.

Privacy and dignity

We found that staff respected and promoted the privacy and dignity of its patients. The service website explains the service is completely confidential and patients do not have to give any personal information to get help.

The layout of the building protects privacy, each patient waits in an individual waiting room. Only two patients are ever in the building at one time and staff manage their care so that they do not see each other. All records are stored securely in a locked, fire proof filing cabinet in a locked room. Any images made are stored on encrypted hardware and stored securely. Only SARC centre staff can access IT systems.

Staff ensure patient's dignity is always protected. The service has a range of gowns and dressing gowns suitable for adults and children so that patients can choose to wear what they feel most comfortable in. Staff ensure dignity is always protected for instance, during the examination, they would only ever expose one limb at a time. In the event clothing is needed by the police as evidence the service has a range of spare clothing that clients can take home.

Involving people in decisions about care and treatment

People were involved in decisions about their care and treatment throughout their time in the Hazlehurst centre. The service website was easy to navigate and contained clear information on how to contact the SARC and what the patient could expect to happen during their visit. It was made clear to patients that they can opt out of any of the services provided by the SARC. Staff told us they explained each stage of the process with patients and continuously involved the patient in decisions about their care. We saw this ongoing involvement of patients recorded in their notes.

The service provided a range of information leaflets in a variety of accessible formats. Materials had been developed to meet the needs of children and young people at different developmental stages, for their families and for patients with learning difficulties.

Staff have worked hard to make the service friendly to children and young people. Children and young people were able to familiarise themselves with clinical procedures before they entered the forensic examination room by practising examining a teddy bear and putting on gloves.

Are services caring?

Children could choose the pattern of the scrubs their doctor wore during their examination. There was a variety of cleanable toys and activities suitable for children and young people of all ages.

All children and young people who could not speak English were provided with a face to face interpreter. Adult patients who did not speak English and who had been brought to the SARC by the police were accompanied by an interpreter. Adults who self-referred received a telephone-based interpreting service. However, there were no leaflets available for patients who did not read English. Staff told us they used a publicly available on-line translation service in these instances however feedback on the quality of the translation had not been obtained.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the Hazlehurst centre was responsive to people's needs. The service continuously improved in response to learning and feedback. Leaders recognised the dual challenge of high demand for the service coupled with the limited capacity of the current building. As well as ensuring the service was always staffed sufficiently to meet local need, purpose-built premises were under construction.

All staff in the service had received training on Equality, Diversity and Human Rights. Staff were committed to enabling access to anyone who needed the service. FNE's had visited local prisons and delivered training to prison staff on the correct management of disclosures of sexual assault and on what services the SARC could offer. The service had a mobile colposcope and 'grab bags' filled with all the equipment necessary to perform an examination outside of the service. This meant that patients who were in prison or were unable to leave their own home could still access care.

Supporting patients emotionally was a priority in the service, children's crisis workers were trained in trauma informed care. Furthermore, staff recognised patients would need ongoing support after their care in the SARC ended and referred people to a range of services such as counselling and ISVA services. In addition to this all patients received a wellbeing support call six weeks following their visit to the SARC.

In response to some difficulties in referring children for STI screening the service began to take baseline STI assessments of children and young people from September 2018. If further treatment is required children under 13 are referred onto a paediatrician and young people aged 13 and over are referred to sexual health services.

In May 2019, Hazlehurst centre staff began a pilot study to measure the effectiveness of offering more support for 0-15-year-old patients. A sexual health nurse advisor offers a follow up visit in the family home or an alternative venue such as a GP surgery. The nurse ensures results have been received and acted upon from any STI screen that has been taken and offers ongoing support. The nurse can attend child safeguarding meetings if they are being held to ensure the safeguarding team understand the ramifications of the sexual abuse. It is too early to formally evaluate the impact of this pilot but early feedback from patients and their families is positive.

Staff encouraged patients to leave feedback before they left the SARC service. The centre's website also contained a feedback form so that patients had time to reflect on their care and comment later if they wished to do so. All feedback was logged by the centre manager. We saw that the feedback was very positive. Two suggestions had been made, one to provide vegan food and drink options and one to provide a pillow in the forensic room. Staff had responded to these suggestions appropriately.

Four CQC comment cards had been completed. These were all positive. Patients described staff as caring, amazing and invaluable. Patients reported they felt listened to, welcomed and respected and stated that every aspect of their care had been explained to them.

Taking account of needs and choices

The building is single storey and therefore offers some accessibility for people with limited mobility. The service had not completed a disability access audit for the premises, however arrangements were in place to assess every patient's mobility needs before they attended the service. Should a patient require a fully accessible building they are given an appointment at a sister centre within the region or in certain circumstances patients can be seen in their own home. The shower room contained an accessible shower and toilet. The toilet was equipped with hand rails and a call bell to summon help if needed.

Timely access to services

The centre's website clearly stated how patients could contact the service. A telephone number for the organisation's national call centre was displayed on the website's home page. This meant patients and professionals could contact the service 24 hours a day, seven days a week. At first contact, staff assessed patients to see if they required an urgent appointment. Some patients needed to be seen within a strict forensic time period. If this was the case patients were seen inside 60 minutes of the referral being made. In cases of historic abuse patients were able to choose a time and date, to visit the SARC, that was convenient for them.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The provider had a complaints policy in place. Any complaints were to be carefully investigated through the organisation's positive, adverse or irregular events report system (PAIERS) by the registered manager within seven days. The Hazlehurst centre had not had any complaints in the 12 months preceding the inspection, therefore we were unable to fully assess how complaints were investigated and responded to.

Mountain Health Care compile data on PAIERS from all its services. Examples of good practice and lessons learned are shared across the organisation. When themes are identified in more than one location specific training is developed and delivered to all staff. We saw that leaders had recently designed training on the effect of delayed care and on promoting staff wellbeing.

Are services well-led?

Our findings

Leadership capacity and capability

Mountain Healthcare Ltd provides sexual assault referral services across England. We met with members of the senior leadership team, the registered manager and the centre manager who demonstrated the capacity and skills to deliver high quality, sustainable care. Leaders were committed to the organisation's vision to 'provide the best possible standard of care to vulnerable individuals' and to 'keep clients at the heart of everything they do'. Leaders described the expertise they had gained from delivering services across the country, they were extremely knowledgeable about the unique needs of SARC patients and they recognised the potential emotional impact of the work on staff.

The lack of capacity caused by the size of the current premises had been identified as a risk to the provision of future services. The organisation had worked with commissioners and new premises were under construction. Staff had been involved in the design of the new building and were looking forward to working in a purpose-built location.

Staff described leaders as visible and approachable. The organisation's medical director was also the registered manager of the service and during our inspection we saw that staff talked freely to her and other members of the senior team. Staff told us they felt listened to by leaders and their opinions were valued.

Vision and strategy

Mountain Healthcare Ltd has a clear vision and set of values for its SARC services. Leaders and staff told us about the organisation's 'wishes, principles and commitments' which included providing the highest quality care and keeping the patient at the centre of everything they do. Staff were committed to this strategy and were dedicated to meeting the needs of the people who use their service.

Culture

Staff at the Hazlehurst SARC were positive about the culture of their service. Staff described high levels of morale and managers who listened and cared about wellbeing.

During our inspection we observed staff supporting each other. The team use technology to ensure there is always someone available should a colleague need someone to talk to.

Staff told us they felt able to raise concerns. We found an open and consistent culture of learning from incidents. Staff told us they felt encouraged to report incidents that had not gone well and positive examples of care. Staff told us any occurrences were investigated fairly and new learning was fed back to staff via email updates, at team meetings and on a one to one basis if required.

Governance and management

During our inspection we found all the SARC's policies and procedures were up to date and had planned review dates. Staff were aware of the policies and procedures and described their everyday use.

At the time of the inspection the registered manager for the service was also the organisation's medical director. The registered manager had recognised the benefits of devolving this responsibility to the centre manager. The process to make this change was underway, when completed this will mean the onsite manager who is best placed to make location specific decisions will be able to do so.

Staff at the Hazlehurst centre were clear about their roles and responsibilities. Within the SARC there were systems of accountability which supported good governance and management. In addition to this regular governance meetings were held with senior leaders in the organisation, and Mountain Healthcare Ltd required quarterly reports to be submitted to its integrated governance board. We saw minutes from these meetings which evidenced that issues were identified, addressed and learning was shared across all the provider's SARCs.

However, we found that the providers governance arrangements had not identified issues regarding the loose-leafed patient notes, the absence of a disability access audit and the lack of information in languages other than English.

Appropriate and accurate information

Are services well-led?

Data on quality and operational performance was collected and analysed to identify issues and ensure continuous improvements were made. This data was provided to Mountain Healthcare's senior leaders and commissioners on a quarterly basis.

The service had information governance arrangements in place. Staff were aware of these policies and treated patient information with utmost respect. Patient records were stored in a locked filing cabinet. Computer systems were password protected. Images were stored securely. When patients gave permission for referrals to be made staff used secure email to send information.

Engagement with clients, the public, staff and external partners

Patients were always asked for feedback before they left the SARC and they could submit feedback at any time via an online web form. We saw that all feedback was collated and discussed at team meetings. Feedback from the 12 months prior to our inspection had been positive. On two occasions suggestions for improvement had been made by patients and staff had responded to these suggestions appropriately. For example, one patient had commented that there had not been any vegan food available in the centre, in response to this staff ensured there were vegan snacks and drinks available.

Continuous improvement and innovation

We found systems and processes for learning, continuous improvement and innovation in place in the Hazlehurst centre. All staff had to complete a rigorous induction process on joining the service and then attend annual refresher days to update their knowledge. Staff also benefitted from an extensive range of compulsory supervision and peer review activities to enhance their learning.

The centre manager used a training matrix system to assure herself that all staff had met the organisation's minimum training requirements. Staff and managers were alerted when training was due to expire. We saw evidence that all staff had attended their minimum number of hours of supervision and were up to date with their required annual training. Part time or zero-hour contract staff were also funded to attend training and supervision which meant sessional workers had the same high level of training as permanent staff. Managers told us no staff member (permanent or occasional) would be rostered to work if any of their training was out of date.

We saw that every member of staff had received an annual appraisal within the previous 12 months. Staff were offered a range of development opportunities. Any member of staff can apply to a fund to access external learning on any subject. Many of the FNEs had completed a post graduate certificate in forensic nursing.

The centre manager undertook a monthly schedule of audits, focussing on a different topic each month. All forensic examiners have at least ten sets of records audited by the manager each year. Other audits included medicines management and staff peer review audits to identify innovation and excellence in practice. Feedback is given to individual practitioners and lessons learned are discussed at regular team meetings.

The service was committed to employee well-being. Leaders recognised the potential impact of SARC work on the emotional health of staff. A wellness day was planned for staff to learn techniques to support their well-being.