Mountain Healthcare Limited

Norfolk SARC

Inspection report

The Harbour Centre
267A Reepham Road
Norwich
NR65QH

01603 276381
www.theharbourcentre.co.uk

Date of inspection visit: 25 January 2022

Date of publication: 8 June 2022

Summary findings

We carried out this announced inspection on 25 January 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector supported by a Specialist Professional Advisor.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

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

Background

The Harbour Centre is a sexual assault referral centre (SARC) commissioned by NHS England and the Police and Crime Commissioner for adults. The SARC service is available 24 hours a day, 7 days a week (including public holidays) to provide advice to police and patients, deliver forensic medical examinations, provide support following recent and non-recent sexual abuse, and offer onward referrals to independent sexual violence advisors (ISVA) in the Norfolk area.

Mountain Healthcare Limited (MHL) are commissioned to deliver forensic medical examinations to patients aged 13 and over, which are undertaken by Forensic Nurse Examiners (FNE). For the purpose of this inspection we inspected MHL's provision of FNEs to perform the forensic medical examinations. At the time of inspection there were four FNEs providing forensic medical examinations.

The SARC is located on the outskirts of the city with parking for police colleagues and patients outside the SARC. The building is on one level and accessible to wheelchair users. The building is shared with another provider and has two forensic medical rooms with a patient bathroom, a pre examination waiting room, an aftercare room, a kitchen area, staff offices, store rooms, and an ABE (achieving best evidence) suite used by the police for video interviews.

During the inspection we spoke with the Associate Head of Healthcare, area manager, and four FNEs. We looked at policies and procedures, reports about the service, and eight patient records to learn about how the service was managed.

We left comment cards at the location the week prior to our visit but did not receive any feedback from patients.

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 risks presented to the service.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- FNEs provided caring and compassionare 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 was effective.
- Staff felt supported by some managers, but staffing pressures and a gap in a management role had caused some additional pressure for staff.
- FNEs had positive working relationships with police colleagues at the SARC.
- The provider encouraged staff and patient feedback about the services they provided.
- The provider had suitable information governance arrangements.
- The SARC environment was welcoming, appeared clean, and was well maintained, however it would not comply with new standards due to be published by the Forensic Science Regulator (FSR).
- Infection control procedures reflected published guidance and had been adapted with Covid-19 guidance to ensure services remained available to patients throughout the pandemic.

We identified areas for improvement. The provider should:

- Work alongside commissioners to achieve accreditation with the Forensic Science Regulator's quality standard for the Assessment, Collection and Recording of Forensic Science Related Evidence during Sexual Assault examinations.
- Embed regular supervision to support staff as recruitment is ongoing to fill a vacancy.

Are services safe?

Our findings

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

FNEs understood their responsibilities to protect adults, children and young people from abuse and received training on how to recognise signs of abuse and report it. FNEs we spoke with were familiar with the provider's policies for safeguarding children and adults and could access these online when required. FNEs we spoke with had a comprehensive understanding of safeguarding issues, which was evidenced by detailed safeguarding entries within patient records we reviewed.

Safeguarding referrals were made directly by the FNE and followed up appropriately with the local authority. FNEs followed up safeguarding referrals as well as completing follow up calls with patients to ensure their needs were being addressed.

We reviewed training records which evidenced the appropriate level three safeguarding adults and children training for all FNEs. Training was monitored by the registered manager via an online portal, and was updated every three years in line with intercollegiate national guidance.

Patients could refer themselves via the 24hour advice line provided by Norfolk Police from 9am-5pm Monday to Friday. The 24 hour line was monitored by MHL out of hours and at weekends. Police or other agency referrals were made directly to MHL with the patients consent.The source of referral was documented within patient records, and we saw evidence of onward referrals made by the FNE to other agencies, such as the GP, sexual health and social services.

Records we reviewed evidenced that FNEs highlighted patient vulnerabilities during the assessment process, including mental health, substance misuse, learning difficulties and domestic abuse. This meant that additional needs were flagged at an early stage so that the patient's treatment could be adapted as required.

FNEs were invited to multi-agency meetings for their patients and had developed good local relationships with agencies including the police, social services and sexual health.

Staff completed mandatory training in line with the provider's policy which covered topics such as health and safety, basic life support, infection prevention and control, and information governance. Training was provided via an online portal which all staff could access, and the system prompted

staff when a course was due to expire. Training completion was monitored by managers and a report could be generated to review and identify any non-compliance.

The provider had a staff recruitment policy which ensured only suitably qualified staff were employed. Three-yearly Disclosure and Barring Service (DBS) checks were required by the provider, and were recorded within staff HR records, with prompts issued when any checks were due to expire.

There had recently been changes to the regional managers which had resulted in some uncertainty regarding roles and lines of accountability from front line nurses. A new regional manager and an associate head of healthcare were supporting the team to move forward with a new senior nurse role under development. There was one vacancy at the time of inspection; a successful candidate was currently undergoing the vetting and HR processes. FNEs worked extra shifts to cover the deficit from the vacancy, and support was available from FNEs working in neighbouring Suffolk if required.

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

The provider operated a 24 hour call centre for referrals, and lone working procedures were in place to support staff safety. Staff were issued with personal alarms to carry while working at the SARC, and these were directly linked to the police control room.

Norfolk Constabulary were responsible for the maintenance and upkeep of the SARC building and neighbouring offices, and carried out regular maintenance checks such as fire alarm testing, emergency lighting checks and health and safety risk assessments. Premises documentation was stored in the building foyer in a locked cabinet which MHL had access to so that they could assure themselves checks had been completed.

The police and provider acknowledged that the building will not meet the requirements for the future accreditation standards and work would be required to ensure compliance when this becomes mandatory. The key issues within the building were the lack of staff changing areas and showers, and the nurses office being accessed via the forensic pre-examination room. Nurses were able to use showers in the neighbouring police building, however this required several changes of scrubs to ensure forensic integrity was preserved for the examination.

The issues with the premises were on the provider's risk register, and were being managed as best as possible under the circumstances. The constabulary, as commissioners with responsibility for the building, were also aware of the issues and the need to address these for future accreditation.

Infection control audits were carried out every 6 months in line with the provider's audit schedule. The last audit took place in September 2021 and actions had been addressed. FNEs worked closely with the SARC manager and crisis workers to manage the risks from COVID-19 with additional safety measures such as hand sanitiser and social distancing to protect staff and patients from infection.

FNEs would only attend the SARC for contact with a patient, or to conduct regular equipment checks. Norfolk Constabulary managed contracts for the forensic cleaning of the medical examination room, general cleaning of the building, and the disposal of clinical waste.

The SARC manager had completed an environmental ligature point risk assessment in January 2022 which was shared with MHL staff. No issues had been highlighted and all actions had been completed. Bathroom facilities had been fitted with anti-ligature pulls for both the disabled alarms and light switches, and we were told that patients would never be left unattended outside of bathroom areas. Locks to bathrooms could be opened by staff externally if required.

Forensic suites and staff offices were accessed by staff with swipe cards, which reduced the risk of unauthorised access.

FNEs had access to, and received appropriate training in the use of, the colposcope at the SARC (a colposcope is a piece of specialist equipment for making records of intimate images during examinations). Norfolk Constabulary were responsible for the maintenance of equipment including the colposcope, and forensic samples were managed in line with the Faculty of Forensic and Legal Medicine (FFLM) guidelines.

Risks to patients

The provider had systems in place to assess, monitor and manage risks to patient safety. Patient records evidenced that FNEs carried out holistic assessments with their patients to identify risk factors such as physical or mental health concerns, substance misuse and safeguarding. If a patient presented as acutely unwell, FNEs told us they would encourage and support patients to attend accident and emergency prior to continuing treatment at the SARC.

FNEs completed an assessment with patients for post exposure prophylaxis following sexual exposure (PEPSE), emergency contraception and hepatitis B prophylaxis. Referrals were made for sexual health screening where appropriate.

The alcohol withdrawal scale and clinical opiate withdrawal scale tools were used to assess a patient's intoxication levels where substance misuse concerns were identified. FNEs we spoke with were clear that they would assess both risk and a patient's capacity to consent to treatment dynamically throughout their time with the patient, and would not proceed if they felt patients were too intoxicated to undergo the medical examination.

FNEs had received up to date life support training and knew how to respond in case of a medical emergency. An emergency response bag and defibrillator were stored in the FNEs medical room which had restricted access, and we saw evidence that the equipment was checked regularly to monitor stock levels and expiry dates.

The provider used a Positive or Adverse Incidents and Events Reporting System (PAIERS) to record incidents, complaints and compliments. The system was overseen by managers who investigated incidents and complaints, recorded outcomes and shared any lessons learned with the team.

Information to deliver safe care and treatment

FNEs completed forensic medical examination proformas developed by the provider and based on the template from the FFLM. Additional proformas were completed in patient records to document safeguarding concerns, actions taken, follow up information and outcomes. Patient records seen during the inspection were legible, contemporaneous, and comprehensive. Records were subject to peer review by senior clinicians; evidence of the review and subsequent discussion with staff was held within patient records and we saw examples of these being regularly completed.

All patient records were stored securely on the SARC premises in locked metal filing cabinets within the FNEs room. Only MHL staff had access to the records which complied with data protection requirements. Photo evidence was also stored securely alongside patent records.

Referrals were made and followed up by the FNE with outcomes documented within records. A copy of any referrals made was stored within the patient's records.

Safe and appropriate use of medicines

Medicines were stored in a locked medicine cabinet which was situated in the temperature controlled FNE medical room. The cabinet keys were held in a key safe with restricted access. Room temperatures were recorded daily and audited monthly by area managers to ensure the integrity of medicines had not been compromised. We saw evidence from checks that there had not been any recent issues where this had happened, and the expiry dates of medicines we checked on site were within date.

Forensic evidence was stored elsewhere in the premises in a freezer which was maintained by the police and the temperature checked daily by police SARC staff.

Track record on safety and lessons learned

FNEs reported incidents using the provider's PAIERS system and nurses we spoke with during the inspection understood their responsibility to report concerns. All incidents were reviewed by managers, and themes identified were shared with staff in supervision and team meetings. Incident and complaint themes were shared with SARC police colleagues and reviewed during partnership meetings where appropriate.

Feedback from incidents was used to inform discussions with FNEs in supervision, appraisal and peer review.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patients attending the SARC were greeted by a crisis worker and the FNE who jointly assessed the patient to avoid duplication of questions. A matrix was in place between Norfolk Constabulary and the provider to outline the responsibilities of each staff member due to the separate contracts for crisis workers and nurses.

FNEs assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance including the FFLM and National Institute for Clinical Excellence (NICE). Patient records reviewed during the inspection evidenced that FNEs completed a comprehensive health assessment including past and current medical histories as part of the forensic medical examination.

The provider had a range of evidence-based policies to assist nurses in their work which were accessible online and offered guidance to staff in identifying and managing risks to patients and improving patient safety. FNEs we spoke with knew how to access MHL policies and procedures, and the provider's governance framework ensured that policy review dates were monitored to prevent them becoming outdated.

Clinical policies were in place for the administration of emergency contraception and HIV PEPSE, and records we reviewed showed that patients' needs were assessed in line with these policies.

Monitoring care and treatment

The provider had an audit programme including audits such as health and safety, infection prevention and control, and safeguarding. The programme includes frequency of each audit, and managers documening the dates of completion to monitor any overdue. Recent audits included an environmental ligature risk assessment audit in January 2022, and an infection prevention and control audit in September 2021. Audit reports were completed for police performance reviews, and the provider regularly met with the SARC manager to share relevant audits for learning and best practice purposes.

Senior clinicians carried out peer reviews of patient records which were randomly selected. Feedback was shared with FNEs during one to one sessions. We saw evidence that individual cases were taken to peer review staff forums to share learning and best practice, which FNEs felt was valuable.

FNEs recorded the procedures undertaken, treatment provided (including any medication issued) and relevant outcomes, including onward referrals and liaison with other agencies such as the GP or sexual health services. FNEs completed follow up calls with patients as well as follow ups with the local authority to monitor the outcomes of safeguarding referrals and identify any outstanding needs.

Effective staffing

The provider had policies and procedures in place to ensure FNEs were competent to carry out their roles within the SARC. All FNEs received an annual appraisal; regular management and clinical supervision had recently been implemented following some gaps and management staff changes.

Training records evidenced that FNEs had the right experience, skills, knowledge and support to deliver good quality care. Service specific training was provided such as how to use the colposcope and writing a witness statement for court. The online training system used by the provider issued notifications to staff when a course was overdue, or a new course became available.

Newly recruited FNEs received a comprehensive induction in line with the provider's policy. The induction procedure included more frequent supervision, and shadow shifts to observe experienced staff. Regional managers were available during weekdays for support, and the provider's 24 hour call centre provided access to clinical or medical advice if required. New FNEs competence was assessed through observation by a senior clinician prior to sign off for them to work independently.

Co-ordinating care and treatment

Clear referral criteria was available online and in the service information leaflets for patients or any other professional agency wishing to refer. Norfolk Constabulary promoted the SARC in the community, and a wide range of literature and information was displayed within the SARC to inform patients and staff of local services available in the area to provide additional support.

We saw evidence of good working relationships between the FNEs and their police colleagues in the neighbouring offices to the SARC. Despite working to separate contracts, FNEs were seen as part of the SARC team and there was a close working relationship with the SARC manager including regular meetings to share information.

FNEs attended strategy meetings with the local authority and made safeguarding referrals or liaised with existing social workers to ensure appropriate information was shared. The outcome of safeguarding referrals was followed up by FNEs themselves and documented within patient records. Any outstanding outcomes were addressed on a weekly basis with phone calls to the local authority to gather further information.

All patients attending the SARC were offered a referral to the Independent Sexual Violence Advisor (ISVA) service. FNEs wrote directly to the GP (where patient consent was given) to advise of the patients attendance at the SARC and any concerns to be followed up by the GP. If appropriate, a referral would also be offered to sexual health, substance misuse or mental health services where required.

Consent to care and treatment

FNEs sought patient consent to care and treatment in line with national guidance, and told us they would continue to review patient consent throughout the medical examination, which we saw evidence of in patient records. Training records indicated that all FNEs had completed mandatory training in the Mental Capacity Act 2005, and those we spoke with were able to describe the appropriate actions they would take if a patient lacked capacity.

Proformas completed by FNEs included patient consent to sharing information and a signed declaration from the patient or responsible adult. The Gillick competence framework was used to assess capacity for young people where appropriate, and FNEs recorded details of capacity assessments they completed with their patients. FNEs we spoke with during the inspection clearly understood their responsibilities with regards to patient consent and the Mental Capacity Act 2005.

FNEs documented patient consent prior to sharing information with external agencies, such as the GP.

Are services caring?

Our findings

Kindness, respect and compassion

FNEs treated patients with compassion and kindness and were respectful of patient privacy and dignity. This was reflected in patient records we reviewed and interviews with FNEs, who showed

great care and consideration for their patients. Staff told us that the assessment and examination were based around each patient's individual needs and adapted to suit their wishes.

A box and comment cards were available in the waiting area for patients or visitors to leave feedback and suggestions. Any comments received were logged by the provider, and overall feedback was very positive.

A log of qualitative feedback evidenced consistently good feedback for staff, and a whiteboard in the waiting room was a thoughtful initiative for patients to share their suggestions and feedback for others to see. Examples of notes left on the board included how understanding, reassuring, kind and helpful staff were, how safe and comfortable people felt, how well supported people felt in the decisions they made, and how clean and inviting the building was.

Involving people in decisions about care and treatment

From our review of patient records and speaking with FNEs we saw evidence that patients were in control of their care and we saw the patient's voice documented consistently in care records.

A telephone interpretation service (managed by police colleagues) was available for patients who did not speak English as a first language. Communication needs were documented at the point of referral to ensure appropriate arrangements could be made prior to the patient arriving at the SARC.

The SARC website contained useful information for professionals, patients, and their carers or families on what to expect when attending the SARC. Information was also available in waiting areas and interview rooms, including in easy-read formats, to support patients in making informed decisions. Service leaflets had been developed in several different languages based on the local population, and were available both online and in the SARC.

Patients received information leaflets about the service and treatment they had received as they left the SARC, as well as the offer of leaflets detailing additional local support options.

Privacy and dignity

The SARC building was situated behind an office building on a main road. There was plenty of parking outside for patients and visitors, and being set back from the road gave some privacy to those attending. The building was shared with another provider who saw under 13s at the SARC in a different forensic medical examination room, however there was only one entrance to the building which did mean that privacy may not always be possible if two cases were seen at the same time.

Prior to the examination, patients could change in the bathroom facilities which although were close to the examination room, were not adjoined. Patients' privacy and dignity was protected by a screen used throughout the forensic medical examination. Patients were able to use bathroom and shower facilities alone although crisis workers and FNEs remained close by to keep patients safe from harm.

Patient records were stored within locked rooms accessible only by SARC staff to prevent unauthorised access to confidential information, and all patient areas were accessed via swipe card to protect patient privacy while at the SARC.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

FNEs delivered care and treatment to their patients according to their individual needs. FNEs worked in partnership with crisis workers to plan and coordinate the patient's care, and ensure that follow up support was in place for patients following their time at the SARC.

Patients who self referred to the SARC and did not wish to pursue a police investigation were able to have evidence stored at the SARC for two years in case they should wish to involve the police at a later stage.

The SARC provided access for wheelchair users and facilities were all on one level. Patients with a hearing or sight impairment were identified from the point of referral by the provider's call centre and adaptations could be made to support the patient during their time at the SARC such as a sign language interpreter or access to a hearing loop system.

Taking account of particular needs and choices

The SARC had a range of clothing and toiletries which were offered to patients attending the SARC. There were also kitchen facilities maintained by the police which meant patients could be offered a drink and/or snack while at the SARC. The aftercare room at the SARC had a range of child appropriate toys should a child come to the SARC with an adult.

The provider aimed to offer all patients a choice in gender of the FNE providing their treatment, however there was no male FNE currently working for the service. Should a patient request a male nurse, this could be requested via the provider's call centre.

Timely access to services

FNEs provided the forensic medical examination service 24 hours a day, 365 days a year. Contact details and information about the SARC was clearly documented in the SARC patient leaflets and on the SARC website.

Referrals to FNEs were received by the provider's call centre who then notified the FNE on shift to attend the SARC. Patients were seen within the required 60 minute timescale from the point of referral to the call centre, and despite some staff shortages this target had been consistently met in recent months. Response times and performance targets were monitored by area managers and were reviewed with police during regular contract review meetings.

Listening and learning from concerns and complaints

A complaints policy was in place outlining the procedure for the investigation process and sharing lessons learned. Complaints received either directly or via the SARC manager were recorded on the provider's PAIERS system, however there were no complaints logged since the provider registered the location. The provider's governance framework indicated that themes identified from complaints would be discussed in the quality assurance board meetings.

Are services well-led?

(For example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

The senior FNE had the appropriate skills to run the forensic examination service, and was supported by the associate head of healthcare and area manager who clearly understood the local area, priorities and issues the service faced. FNEs had not previously felt well supported but a change in area managers had led to a review of the staffing structure, and more frequent visits to the SARC were planned by managers as COVID-19 restrictions were lifted.

The provider had a clear management structure; new regional managers were in the process of embedding regular line management supervision for the lead FNE and a structure for the lead to supervise other FNEs. On-call support was available to FNEs from the 24 hour call centre, and the area manager was also available to offer telephone support. The area manager and associate head of healthcare now overseeing the service felt well supported by more senior staff within the organisation, and we saw good working relationships between the provider and police SARC colleagues.

Vision and strategy

The provider had worked alongside police colleagues to develop a responsibilities matrix which ensured the treatment journey for the patient was seamless and all staff were aware of their respoinsibilities.

Following a change in managers with oversight for the service, managers were working with the FNE team to move towards a lead FNE role with responsibility on site day to day and supervision of nurses. FNEs spoke with compassion and motivation to support patients in the best way possible and were clearly committed to delivering the highest standard of care.

Culture

FNEs we spoke with were focused on ensuring patients received the best experience possible when they attended the SARC. The provider gave opportunities for development with specialist training, and regular peer reviews and information sharing evidenced a learning culture. Despite some concerns that FNEs lacked clarity on the management structure, there had been recent changes to address this and we observed an open culture where concerns could be openly reported by staff or patients without fear of retribution.

The provider had a whistleblowing policy in place and FNEs were aware of how to raise concerns should they wish to.

Governance and management, including processes for managing risks, issues and performance

The provider had a robust clinical governance framework in place with policies, standard operating procedures and risk assessments for the delivery of the forensic medical examination service. Senior clinical staff within the organisation ensured that policies were regularly reviewed and updated, and staff were alerted to any changes in a timely manner.

Monthly quality assurance and team meetings were scheduled which gave staff the opportunity to raise and discuss any issues as well as share learning and best practice. The monthly meetings ran alongside the national quality assurance meetings in which learning was shared across the organisation, and common themes around incidents and complaints were discussed.

Any incidents relating to the SARC were reported on the provider's PAIERS system by FNEs to be investigated and addressed at a local level. Incidents and complaints were also reviewed at a regional and national level to identify themes and share learning.

The associate head of healthcare and area manager attended regular contract monitoring meetings with police colleagues who commissioned the service. Managers prepared a performance report in advance of the meeting, and overall there was good oversight of the service's performance.

Risks relating to the FNE service were reported on a local risk register, which was overseen by the associate head of healthcare and area manager. The provider had an up to date business continuity plan, and we saw evidence of responsive and flexible working with adaptations made alongside police colleagues at the SARC during the COVID-19 pandemic.

Appropriate and accurate information

Information governance arrangements we observed during the inspection complied with the Data Protection Act 2018. Patient records were stored securely in line with patient's consent which was sought at the beginning of the forensic medical examination. There had not been any information governance breaches, and the provider demonstrated compliance with the General Data Protection Regulation (GDPR) 2018.

Service outcomes were reported monthly into the Sexual Assault Referral Centre Indicators of Performance (SARCIP) tool which provided assurance to commissioners, and was used to monitor and improve outcomes for patients.

Engagement with patients, the public, staff and external partners

Patients were given the opportunity to share their feedback and suggestions with the SARC both while at the SARC and again during a follow up call with a nurse. Most feedback received was on a whiteboard in the waiting area. Information was displayed in the SARC to explain how patients, visitors or other professionals could raise a concern, leave a compliment, or escalate a complaint.

Supervision and team meetings provided FNEs with the opportunity to share feedback regarding the service. FNEs we spoke with had not always felt supported by managers but gave positive feedback about collaborative working with colleagues at the SARC, and support from new managers.

Norfolk Constabulary promoted the SARC within the community as FNEs would only be on site when needed for a forensic examination or follow up work. Information leaflets were available at the SARC for other professionals or visitors to take away.

Continuous improvement and innovation

The provider promoted a culture of learning and continuous improvement through peer reviews, supervision, audits and staff training. FNEs had access to a comprehensive package of training from the provider, and were encouraged to be innovative and share learning and best practice with peers to improve the patient experience.

FNEs we spoke with felt that the biggest challenge they currently faced was the gap in staffing, and the recent gap in the management structure, however staff felt they were well supported by their associate head of healthcare, who was approachable and supportive, and were hopeful they could continue to improve the service once a new nurse was recruited.