Care Quality Commission

Manchester University NHS Foundation Trust

Saint Mary's Hospital

Inspection Report

Safe Place Merseyside (sexual assault referral centre)
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Date of inspection visit: 5 and 6 March 2019
Date of publication: 26/06/2019

Overall summary

Background

Services for the support and examination of people who have experienced sexual assault are commissioned by NHS England and Merseyside Police and provided by Manchester University NHS Foundation Trust through Safe Place Merseyside based in Liverpool city centre. The service is part of the St Marys Hospital Manchester provider services.

Forensic Physicians (FPs) and Crisis Workers (CWs) work on an on-call rota to cover daytime, nights and weekends and are available to respond to adults and young people(16-17yrs) over a 24-hour period. The service for children under 16yrs is provided by The Alder Hey Hospital and does not form part of this inspection. Any professional can refer to the Safe Place service. Self-referrals, for safety reasons, are seen during the daytime only. The staff are supported by a full-time administrator.

Safe Place Merseyside has 15 FPs and 10 CWs, both disciplines have two staff currently in training, all staff are permanent. There are two managers who work across both Safe Place Merseyside and the SARC based at St Marys Hospital Manchester.

The centre is a self-contained unit within a service building which also hosts a walk-in centre and community sexual health services. The centre meets the needs of the patients, it is discreetly signposted, and the entrance has access for people with physical disabilities. Accommodation includes a forensic medical room, bathroom, a forensic waiting room and a non-forensic waiting room.

Safe Place Merseyside are not commissioned to provide counselling or talking therapies and referrals are made to a number of local services commissioned to offer follow on care.

During the inspection we spoke with the clinical director, clinical lead, operational manager, forensic physician, two crisis workers, ISVA worker, talking therapies worker and a police officer.

Prior to and during the inspection we looked at policies and procedures and other records about how the service is managed.

Patients spoke positively about the service and the quality of care that was provided.

Our key findings were:

- The provider had adequate systems and processes in place to identify where quality and safety were compromised.
- The service had effective leadership and staff told us they felt well supported.
- The premises appeared clean and well maintained.
- The staff used infection control procedures which reflected published guidance.

Summary of findings

- Staff knew how to deal with emergencies.
- Appropriate medicines and life-saving equipment were available.
- The staff followed suitable safeguarding processes and knew their responsibilities for safeguarding adults and children.
- Systems were in place to support multi-agency working.
- 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 and referral system met patient's needs.
- The provider asked patients for feedback to obtain their views about the services provided.
- The staff had suitable information governance arrangements.
- The provider had thorough staff recruitment procedures.

We identified an area of notable service.

The majority of forensic practitioners are members of the Faculty of Forensic & Legal Medicine (FFLM) or working towards membership.

There were areas where the provider could make improvements. They should:

- Formalise an audit programme of activity including an environmental infection control and prevention audit.
- Risk assess bathroom areas for ligature risk to patients
- Continue to ensure policies and paperwork reflect the Safe Place Merseyside service and local partnerships processes and procedures.

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?
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

Staff understood their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew where to access the policies and how to escalate their concerns. The safeguarding polices were comprehensive, although associated embedded documents did not always reflect the localised safeguarding arrangements for Liverpool.

The service identified and recorded vulnerable persons attending the SARC, this allowed them to meet the patients increased need and prioritise onward referral. The clinical records prompted staff, through sensitive discussion and completing risk assessments, to identify those patients with increased vulnerability. For example, patients presenting with a mental health condition, domestic abuse and child sexual exploitation their information was directly recorded within the body of the records. We saw consistent use of a domestic abuse risk tool used within clinical records, this had led to a number of referrals for further support for those individuals.

The service was proactive in safeguarding 16-17yr olds attending the centre, a referral to the local authority was generated for each young person. All referrals were sent to the providers safeguarding team, giving oversight and quality assurance to process. We saw examples of records where the process had worked effectively in alerting other agencies of the risks to young people.

Anyone could self-refer to the SARC and choose not to have the police involved in the case, but if the person was under 18yrs, or if the case was of concern for the general public, then the patient was made aware that a safeguarding referral would be made would be made and were appropriate the police could be informed. Staff told us this was part of the detailed discussions they had with patients. Leaflets outlined how the decision to involve the police could be revisited by adult patients through the Independent Sexual Violence Advisors (ISVA) service. This supported patients to make informed decisions about their care.

The service had effective systems for supporting staff to attend safeguarding training and monitoring of compliance. Staff were trained to intercollegiate guidance on their safeguarding roles. Records showed compliance for healthcare staff who were trained up to safeguarding level three for children and adult safeguarding was above 90%. We also heard from management and staff of associated safeguarding topics had been part of annual training and peer review, this was supporting staffs continual learning.

The induction of the FPs and CWs followed a well-defined competency framework overseen by the relevant manager. The specialist training undertaken by FPs was through the Forensic and Medical Examination for Rape & Sexual Assault Course. The course was run by St. Mary's Sexual Assault Referral Centre and The University of Manchester and incorporated partner agencies presentations to increase understanding of a multiagency approach to the patients care. All FP's were supported to become members of The Faculty of Forensic & Legal Medicine.

Staff

Health equipment was safe, appropriate and met standards, including forensic standards laid down by regulatory bodies and FFLM national guidance. Staff regularly checked equipment and it was serviced according to manufacturer's schedules. Staff managed forensic samples in line with FFLM Recommendations for the Collection of Forensic Specimens from Complainants and Suspects. The decontamination protocols were followed to ensure high quality forensic integrity. Records of operational and business meetings contained discussions to ensure action was taken on issues highlighted, for example, there had been discussions on the safe use of a patient hoist for patient and staff safety.

Staff were trained to the appropriate level regarding use of a colposcope, this specialist piece of equipment was 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 from the examination and for second opinion during legal

procedures. The clinical director was able to discuss how FP training was delivered and competency reached in the use of the colposcope. Procedures for the management of photo documentation and intimate images ensured the safe ownership, handling and storage of these items and upheld patient confidentiality.

Consideration had been given to staff safety, with arrangements out of hours for staff to arrive and leave together. This included a phone 'group' messaging service and was supported by the trust lone worker policy. The service site had security staff available till 8pm but they had not been called by SafePlace Merseyside centre.

The provider had a staff recruitment policy and procedure, pre-employment safety checks included enhanced Disclosure and Barring Service (DBS) checks, an extensive interview process and validation of references and qualifications. We looked at three staff recruitment records, these showed the service followed their recruitment procedure. The service had a whistleblowing policy that staff could access, and they were aware of it.

Risks to clients

The service's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The provider ensured that equipment was maintained according to manufacturers' instructions, including electrical goods.

The service had a business continuity plan describing how the service would deal with events that could disrupt the normal running of the service. This included reducing impact on patients by the use of the facilities at the SARC in Manchester if major incidents arose.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year and FPs had received intermediate life support (ILS) level of training. This recognised the clinical vulnerability of some patients seen at the centre such as those intoxicated or under the influence of unknown substances. Staff could describe the process for managing patient safety and steps taken when emergency care was needed and often worked with the police in these situations. The employer's occupational health processes ensured all the forensic physicians were immunised against Hepatitis B.

We noted a potential ligature risk point in the patients' bathroom. We were advised patients were risk assessed for mental health wellbeing and access to the bathroom from the outside was possible, however management recognised the risk and planned to take immediate action to address this.

We reviewed procedures and saw in records that the assessment for post-exposure prophylaxis after sexual exposure (PEPSE), antibiotic and/or hepatitis B prophylaxis and emergency contraception was well managed. The record documentation was clear, a final checklist confirmed advice had been given and communication had taken place in relation to a referral. Alongside this patient leaflets gave written details and supported the verbal discussions about what had been offered. The centre gave patients' clear documentation to take away with them about any further appointments or care needed, this was supported, with patient's permission, by a detailed letter sent to the GP explaining about the care the patient had received. This demonstrated that the service recognised that the patient may not be able to absorb all clinical information given at the centre during a time of increased stress.

Premises and equipment

Services provided at SafePlace Merseyside had been commissioned by NHS England and Merseyside Police. The centre was in a building which also hosted a walk-in centre and community sexual health services, both of which were provided by another registered provider.

The sexual assault centre was discreetly signposted from outside and had wheelchair access. Accommodation included a forensic medical room and bathroom, forensic waiting room and a non-forensic waiting room. We observed that non-forensic areas, for example, a patient waiting area was quite stark, with few additions to make the areas more 'comfortable'. We were told SafePlace Merseyside had recently been awarded a charitable donation which was to be used to improve the décor/soft furnishings in this area and discussions about this were taking place at the time of our inspection and would include patient group input.

The trust was not directly responsible for the cleaning of non-clinical areas within the premises, for example, a communal corridor and a toilet area. These were the responsibility of another registered provider who had

overall responsibility for other healthcare services provided at the location. We found that the trust did not undertake its own infection prevention and control audits of these areas despite using them daily, although all areas we viewed were clean.

One of the managers at the centre liaised regularly with the responsible provider for the location in respect of maintenance issues, for example, fire safety and waste management including the management of hazardous substances. This meant that the provider for SafePlace Merseyside had arrangements in place that ensured the premises were safe and in good working order

Decontamination protocols were in place to ensure high quality forensic integrity, and systems to evidence the work had been completed. Staff were able to talk us through the standard operating procedures for deep cleaning of the forensic rooms and centre. However, the service did not routinely carry out an environmental infection prevention and control (IPC) audit of the communal areas of the SARC centre.

We saw up to date servicing documentation for all equipment used at the centre. Processes were in place to ensure all equipment was safe to use and staff were fully trained in its use. Portable electrical equipment was checked and labelled to show it was safe to use.

Information to deliver safe care and treatment

Care records were held securely and complied with data protection requirements. We discussed with staff how information to deliver safe care and treatment was handled and recorded. We looked at a sample of care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Care records we saw were accurate and legible. We saw risk assessment templates used consistently, offering a level of assurance that a holistic approach was taken when caring for the patient.

An established process of daily reviews of the previous days records in a multi-disciplinary team meeting was held at St Marys Manchester SARC and this supported a quality assurance process. We heard of learning from this approach and how it had identified that staff were making too few referrals to the ISVA service. As a result of sharing the learning with staff, the number of patients being referred to the ISVA service had increased.

The multidisciplinary approach at the St Marys SARC facilitated broader case discussion when necessary. For example, a provider safeguarding team member could attend and a Young Person's Advocate (Child Sexual Exploitation) could also offer advice. This is an additional opportunity for the needs of complex and vulnerable patients to be identified and considered for early help or specialist support.

Staff worked well with the local authority and police to meet the needs of both children and/or vulnerable adults. The CW obtained details during their initial assessment to identify safeguarding risks and this was explored further by the FP. Care records we reviewed reflected that information was shared appropriately. Police spoke positively of the joint approach to managing the safety of the patient.

We saw GP letters which gave details about the care provided and recommended any future emotional care the patient may need. An audit had been completed to consider the most effective way to document and share the information and a further audit was planned to assess how well the previous findings had been implemented. This supported effective information sharing between the service, the patient and their GP to provide a co-ordinated approach to their existing and future care planning.

Patient referrals to other service providers contained information which supported appropriate and timely referrals in line with service level agreements, commissioner's requirements and requirements in statutory guidance such as Working together to Safeguard Children (2018).

We found not all referrals are completed by a staff member with patient care responsibility for example a CW. Currently due to capacity issues administrative staff complete and a manager reviews prior to submission. Management are considering reviewing the process to align with the service model at St Marys Manchester SARC to ensure closer clinical responsibility for information included in the referral.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines. There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Are services safe?

Fridge temperatures were monitored, and medicines were stored in locked cupboards. All rooms where medicines were stored had room temperature monitors, although recording of this information was not undertaken.

Track record on safety

The service had a good track record on incidents and governance oversight. There had been four lower risk incidents in the last 12 months. We saw prompt action taken to address the issues and there was evidence of discussion of incidents at appropriate meetings to assist learning.

Lessons learned and improvements

There were satisfactory systems for reviewing and investigating when things went wrong, there were good governance arrangements in place including all incidents being discussed at the monthly Directorate Clinical Effectiveness Meeting. We saw evidence of staff taking immediate action to rectify issues as soon as they were identified for example liaising with the owners of the building to ensure the safe storage of clinical waste in an outside area.

We heard that complex case meetings were convened when cases had been particularly challenging and a more detailed multi agency review was needed, an example could be patients who frequently attended and child at risk of sexual exploitation. The meeting would be convened after any immediate safeguarding actions being completed. They offered staff the opportunity for reflective learning and improving patient care. The clinical record review at the daily MDT meeting also provided a forum for identifying areas were practice could be improved.

There was a system for receiving and acting on safety alerts. We saw evidence of how the service had been proactive in undertaking their own audit in response to an alert issued on Levonelle, which is an emergency contraceptive that can be used within 72 hours of unprotected sex or if a usual contraceptive method has failed. The audit confirmed appropriate prescribing was taking place in line with the recommendations of the alert.

Staff understood their responsibilities if they could explain what they would do if they had a concern about the safety of children, young people and adults who were vulnerable due to their circumstances. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The service identified and recorded vulnerable persons attending the SARC. The clinical records prompted staff, through sensitive discussion and completing risk assessments, to identify those patients with increased vulnerability. For example, Information was directly recorded within the body of the records for patients presenting with a mental health condition, learning disability, domestic abuse or child sexual exploitation. We saw consistent use of a domestic abuse risk tool and a Learning Disability Screening Questionnaire (LDSQ) used within clinical records, this had led to a number of referrals for further support for those individuals.

The service was proactive in safeguarding 16-17yr olds attending the centre, a referral to the local authority was generated for each young person. All referrals were sent to the providers safeguarding team, giving oversight and quality assurance to process. We saw examples of records were the process had worked effectively in alerting other agencies of the risks to young people.

The service had effective systems for supporting staff to attend safeguarding training and monitoring of compliance. Staff were trained to intercollegiate guidance on their safeguarding roles. Records showed there was a high level of compliance for healthcare staff who were trained to safeguarding level three for children and adult safeguarding. We also heard from management and staff of associated safeguarding topics had been part of annual training and peer review, this was supporting staff continual learning.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance including FFLM and National Institute for Clinical Excellence. Clinical pathways and protocols had been developed at an operational level to support strategic documents. This included management of immediate healthcare needs such as emergency contraception, antibiotics or HIV/Hepatitis B prophylaxis.

The staff were involved in quality improvement initiatives through clinical audits and peer review as part of their approach to providing high quality care. Management wished to strengthen the clinical audit process and audit support had been agreed from St Marys Manchester including being part of regular trust wide 'audit days'.

Where people were subject to the Mental Health Act (MHA), their rights were protected and staff we spoke with were aware of their responsibilities under the MHA Code of Practice. We saw mental health risk assessments had been completed and records that explored patient's mental health concerns. Staff advised patients where to seek further help and support, placing an emphasis on the importance of seeking further medical advice if needed. We saw records were care of the patient's mental health was sensitively considered with their permission, with the accompanying adult, including discussion of the impact of the incident. This showed staff awareness of the ongoing need for care and treatment following attendance at the SARC.

A standard tool to assess learning difficulties and disability was seen in the patient records. Safeplace have been able to implement the findings from St Marys SARC audit on identifying and supporting individuals with learning difficulties, adopting the same screening processes and easy read leaflets. We saw in one record how the identification of the individual's needs had influenced care and the onward referral to a partner agency for further support.

Staff ensured that patients received food and drink as needed, they reported that patient choice and cultural needs could be met, and this had not been an issue.

Consent to care and treatment

Staff understood the importance of obtaining and recording patients' consent to treatment in line with legislation and guidance. The safeguarding children's policy included guidance on consent to care and the law for 16-17yr old.

The clinical staff told us they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. The patient leaflet was interactive and uncomplicated in explaining how the patient could make decisions about their care. Signed consent was obtained from patients and their advocates or carers in accordance with FFLM guidelines and we were told how this was revisited during the clinical examination.

The provider had mechanisms in place to gather feedback from patients, including the questionnaire that patients were routinely asked to complete. We did not see examples of patient feedback directly influencing outcomes and management recognised this was an area under developed since taking over the service and a potential gap in responding to the views of patient using the Liverpool site. However, we were advised client feedback and learning is shared between each site through operational meetings, for example, the work undertaken for improving services for people with learning disabilities.

Monitoring care and treatment

Data detailing patients' care and treatment and outcomes were shared with the trust and NHS England through the Sexual Assault Referral Centre Indicators of Performance to inform service delivery. The NHS England target for the provision of medical examinations were being met. We noted the data recorded referral source as police or self-referral and did not always capture other refers such as sexual health, GP's, although management were of the view they had received referrals from these services. The current process for capturing referral source may limit the ability to measure impact when targeted profile raising of the service is undertaken with external services.

Effective staffing

Staff we spoke with were competent in both forensic medical examinations and in assessing and providing for the holistic needs of clients, including safeguarding from all forms of maltreatment and in the assessment and

Are services effective?

(for example, treatment is effective)

management of physical and emotional conditions that may or may not be related to the alleged sexual abuse. We saw evidence of training compliance and completion of training appropriate to role.

Staff new to the service had a period of induction based on a structured induction programme overseen by the appropriate manager. We were told of the training programme undertaken by FP working in both SafePlace Merseyside and St Marys Manchester that equips them with the medical, psychological, social and legal aspects of rape and sexual assault to undertake the specialist work and we saw information to support this.

We confirmed that clinical staff completed their annual continuing professional development and revalidation, and annual appraisals were completed.

FP peer review was well established, to enhance learning experience and exposure to case discussion this was undertaken in conjunction with the St Marys SARC and FP staff. A more effective model of monthly clinical supervision on site for the FPs and CWs, with an independent supervisor, had been set up recently and staff talked positively of the service.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Pathways were in place for patients to receive coordinated care from a range of different staff, teams and services, including local mental health teams, sexual health services and the police. GP letters were detailed in supporting the coordinated care of patients needing follow up care. Patients were referred promptly to an independent sexual violence advisor (ISVA) as appropriate.

A police officer spoke positively of the working relationships with the SARC, noting the responsiveness of staff and care offered to the patients. We saw patient records of a complex case were effective joint management with the acute hospital setting had ensured the patient was safe and their needs were met.

Are services caring?

Our findings

Kindness, respect and compassion

Staff spoke compassionately of the patients they gave care and support to. The records offered evidence of the patient being treated with respect and kindness and involved in the care they received. A choice of a male or female was not routinely offered to patients, but we were told this could be facilitated for CW if it was requested by the patient. The ability to offer a choice of gender for FP was not possible, it is recognised this is a challenge nationally. The service experience was that a gender specific staff request by a patient happened rarely.

Patient feedback was positive regarding the care and support offered, we saw comments within the annual report and those gathered from patients prior to inspection, which commended the staff for their sensitive and professional approach.

The service has been involved with the setting up of the Merseyside police project 'Red Umbrella' to help protect street sex workers (women, girls, men, transgender people) from abuse, exploitation, and sexual violence. This also led to a sex worker being supported to attend a training session to discuss what the impact may be when accessing the SARC. This offered staff greater insight to meeting the needs of this group of people.

The service sought to be responsive and sensitive to patient's needs, a number of individualised toiletries were available for men and women to take from the site if they wish to shower at home rather than use site facilities, recognising the individual needs of the patient.

Privacy and dignity

The service respected and promoted clients' privacy and dignity.

We heard how management had been responsive when it was identified by staff that the gowns offered to patients where not always long enough to maintain dignity, a new appropriate supply was ordered and made available to patients.

Staff were aware of the importance of privacy and confidentiality. The layout of the waiting areas provided privacy when staff were dealing with patients. There was a separate office for staff and we observed that computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected clients' electronic care records and backed these up to secure data. They stored paper records securely. There were systems in place to protect patient confidentiality when faxing was necessary, management were working with partner services to move to a process of electronic transfer of information.

Staff we spoke with understood the importance of not disclosing information about the patients they supported with unauthorised individuals and organisations.

Involving people in decisions about care and treatment

Patients were empowered to make informed decisions about their treatment and care. The service gave patients clear information to help them make choices about their care. When patients first arrived at the service staff discussed sensitively what was going to happen to help put them at ease.

Staff described the conversations they had with patients to satisfy themselves they understood their treatment options and helped them to think about their treatment and aftercare.

Staff communicated with patients in a way that they could understand. Interpretation services were available for patients who did not have English as a first language and information could be translated into other languages if needed. Staff helped patients and their carers find further information and access community and advocacy services. The website and leaflets supported the information given by staff at the time of their attendance.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs and took account of individual needs and preferences. Patients' wishes were considered including working with them to meet forensic timescales while still offering choice. We saw written feedback which supported this, with patients commenting that staff were helpful and understanding of their needs at a difficult time.

Due to the sensitivity of the service it was appropriate o speak to patients that had used the service, however feedback from a review of the annual report and data shared on inspection indicated a high level of satisfaction with the service.

When needed, the service had access to advocacy services and different forms of communication material to meet patients need. This was invariably undertaken with the support of the police service who were the main source of referrals.

The SARC had facilities for patients with disabilities including step free access, and an accessible toilet with hand rails and call bell. Arrangements could be made if the use of a hoist was needed by a patient. There were no allocated disabled parking spaces alongside the centre, but they were available in nearby public car park. We did not hear that this had led to any access issues.

We heard the FP had extended patient centred care by offering an 'offsite' service when it was deemed in the best interest of the patient to be seen outside of a forensic environment. For example, the service could be offered at a care home, emergency department or prison. We saw records to show this approach had been appropriate to the patient needs and had resulted in them receiving timely care.

Timely access to services

The service opening hours were included in their service information leaflet and on their website.

Patients could access care and treatment from the service within an acceptable timescale for their needs, this was confirmed from the commissioning data reviewed.

Care was coordinated from the initial contact with the service and the information gathering undertaken by the CW. The CW used a structured format to gather patient information and to support consideration of forensic timescales in discussion with the FP and police when they were the referrers. The service had an efficient appointment system to respond to patients' needs. This included contingency arrangements as part of the business continuity plans for St Marys SARC to see patients at this site if unexpected issues arose with staff availability or issues with the forensic suite.

Listening and learning from concerns and complaints

The service had a complaints policy providing guidance on how to handle a complaint, however management reported they had not received any complaints from patients or professionals. All patients were offered an easy read leaflet at the end of their contact with the service to give feedback. Management have a process for collating more low level 'grumbles' that might be raised by patients across the two sites to assist in being responsive to client feedback on issues that were not raised as formal concerns or met the complaints criteria.

In the non-forensic waiting room their information leaflets available, including how to make a complaint about the service. The service's website provided information about the range of treatments available onsite and post attendance it also included a plainly worded section of 'frequently asked questions' to help individuals understanding of the service.

Are services well-led?

Our findings

Leadership capacity and capability

The clinical director and site manager were clear on their leadership roles and were committed to delivering a high standard of patient centred care. Leaders talked confidently about steps they had taken to support SafePlace Merseyside staff through change at both operational and strategic level and staff told us they felt supported by management and improvement that had been made to the service including staffing capacity.

The service has developed the capacity and skills to deliver a quality service since taking on the service in 2017. There was recognition by the management team that service development had been limited while establishing the service, for example, outreach work within the local community and looking at client demographics in relation to use of the service. However, staff were knowledgeable about issues and priorities relating to the quality and future development of the service. A document to evidence their progress on service improvement in areas identified had not yet been developed.

Vision and strategy

The clinical director articulated during the inspection a clear vision for SafePlace Merseyside and the plans to continue implementing best practice standards across the two SARC sites. The service leads were knowledgeable and understood the challenges, issues and priorities relating to the quality and future of services, although a formal written plan of priorities was not in place.

The operational management of the service were focused on providing good quality care to adults and young people using the service, they were clear on the level of support and supervision that could be needed by staff due to the emotional complexity of the work. Staff we spoke to were clear about the aims of the service and their roles and responsibilities.

Culture

The culture was positive within the SARC and staff told us that the operational management leads were approachable, visible and communication was good. Staff demonstrated when talking to us an openness when discussing the service and their roles within it, staff told us they felt listened too and found managers supportive concluding they were proud to work in the service.

The provider was aware of and had systems in place to ensure compliance with the requirements of the Duty of Candour.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. The trust advised that two policies were still to be updated following an organisational merger and currently a legacy policy was being followed in respect of these.

A clinical and operational manager held overall responsibility for the management and clinical leadership of the service, and its day to day running. Staff talked positively of their management style, team and the operational meetings were well established.

We did not see evidence of a trust record keeping audit for the SARC service, we were advised the daily review supported case record review and included the completion of a template to check case actions had been completed. However, we did see some gaps in recording, for example, confirmation that a literature/leaflet had been given to the client and two versions of an assessment tool in circulation. Managers were made aware of this while on site.

We did not find a formal audit programme that fully met service need. Although comprehensive service operational procedures were in place for decontamination and deep cleaning, a formalised infection control and environmental audit including spot checks would give the provider increased assurance. The provider, post site visit, has implemented crisis worker checklists to confirm the infection prevention processes had been adhered to.

Appropriate and accurate information

Overall the service gathered appropriate and accurate information, performance data was submitted and

Are services well-led?

discussed at contract meeting to ensure and improve performance. Key performance information to NHS England was complete and processes were in place to challenge and monitor the data.

Appropriate steps were taken to maintain patient confidentiality when transferring information and patients were involved in decision making on sharing information were appropriate.

The information governance and human resources policy were not up to date. The organisation was aware and had taken steps to manage this matter.

Engagement with clients, the public, staff and external partners

The service involved staff and external partners to support high-quality sustainable services. The views of patients were sought through the feedback questionnaire and verbal feedback. The format was sensitive to individuals with difficulty reading or who had learning difficulties(LD). The patient information had been developed following identification of the high number of patients attending the St Marys service who had some degree of a learning difficulty. A consistent approach has taken place by the provider, St Marys Manchester, with the implementation of the same LD assessment tool on both sites. .

The clinical director had been part of the discussions on the Merseyside-wide Sexual Violence review. The inquiry, will examine the extent and nature of sexual violence in the region and map the services available to support victims. There had also been a proactive approach to understanding a vulnerable group who may use the service, with the invitation to a sex worker to a training session for staff.

We heard some work had been undertaken raising awareness of the SARC service. For example, during the local university Fresher's week, in GP trainee sessions and with the sexual health service.

Continuous improvement and innovation

The service had effective assurance processes to encourage continuous improvement through the use of peer reviews, training sessions and clinical audits. The paperwork to support peer reviews showed reflective practice and learning. We saw how a GP letter audit had informed practice and considered patient outcomes.

The managers and clinical director showed a commitment to learning and improvement and individual members of staffs' contribution was valued. Staff received annual appraisals in which they discussed learning needs, general wellbeing and aims for future professional development. We heard that training on post-traumatic stress disorder which can impact on both patient and staff had been delivered.