

G4S Health Services (UK) Limited Grange Park SARC

Inspection Report

Building B, Cobridge Community Health Centre
Church Terrace
Stoke-on-Trent
ST6 2JN
Tel: 01782 980380
Website: www.grangepark.org.uk

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Overall summary

We undertook an announced inspection of Grange Park SARC on 11 June 2019. This inspection was focussed on the improvements required following a warning notice issued to the SARC after the initial inspection on 29 January 2019.

The Care Quality Commission issued a warning notice on 18 February 2019 in relation to Regulation 13, (1) (3), Safeguarding service users from abuse and improper treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The warning notice set out the following areas of concern, where significant improvement was required:

- The provider did not have suitable safeguarding systems and processes.
- Staff did not know their responsibilities for safeguarding adults and children.
- Staff were not trained in accordance with national safeguarding training guidance.
- Safeguarding records showed risks were not fully considered and actioned.

The warning notice gave the provider a timescale of three months in which to comply. Following the issuing of the warning notice, the provider sent us an action plan, outlining the areas and actions they would take to address the concerns.

In this follow up inspection, on 11 June 2019, we found immediate improvements had been made, but change was ongoing and new systems were not yet fully embedded. The requirements of the warning notice had been met but further work was needed to continue the improvements.

We looked at specific key lines of enquiry, under the key question of safe. During this inspection, we found improvements had been made which included:

- A review and update of the safeguarding policies and procedures
- Staff receiving safeguarding training at the appropriate level with multiagency input
- The SARC taking appropriate action to follow up safeguarding risks on the cases identified at the previous inspection.

We found sufficient evidence to show that the requirements of the warning notice had been met.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found enough evidence to show that the requirements of the warning notice had been met. However, the provider needs to take further action to meet the conditions of the requirement notice.

Requirements notice 

Are services safe?

Our findings

We inspected Grange Park SARC using our comprehensive inspection methodology on 29 January under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. During this inspection, we issued a warning notice in relation to Regulation 13, (1) (3), Safeguarding service users from abuse and improper treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We conducted a follow-up inspection on 11 June 2019 to check whether improvements had been made in relation to the actions of the warning notice. We looked at documents submitted by the SARC which included an action plan, list of cases reviewed after the initial inspection and updated policies and procedures. We looked at eight patient records since the last inspection and also spoke with the registered manager and viewed the updated staff notice boards.

On our inspection in January 2019 we found the service did not always ensure patients were protected from abuse and improper treatment and systems and processes did not operate effectively to investigate, immediately on becoming aware of, allegations or evidence of abuse.

During this inspection, the action plan outlined areas where the provider was concentrating to improve the service such as updating the G4S safeguarding policy, reviewing the local safeguarding processes to ensure that referrals made by others i.e. Police are followed up in a timely manner and looking at the SARC client risk assessment to make it comprehensive. We looked at the notice board which had been updated since our initial inspection. Updated safeguarding policies and procedures had been added including flow charts to assist staff.

At the inspection in January 2019, analysis and evaluation of safeguarding risk was under developed and there were missed opportunities to identify safeguarding risks for both children and vulnerable adults. Records reviewed had gaps in the identification, referral and follow up of safeguarding children and vulnerable adults' concerns.

During this inspection, we reviewed eight cases of patients attending the SARC from April 2019 to 10 June 2019. The records showed good follow up documentation of safeguarding contacts made by the SARC. The level of detail captured had improved and the newly introduced forms stated when the record was fully complete. However, we noted verbal safeguarding referrals were not always followed up in writing. The registered manager took this on board and we saw evidence where the registered manager was following up any issues identified on a weekly basis by patient review meetings where each set of notes was reviewed. In addition, there was peer review from other SARC managers who reviewed the records to ensure practice met procedure.

At the inspection in January 2019, we found not all practitioners had attended training in safeguarding as set out in the national Intercollegiate Document - Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Since the warning notice had been issued, all staff had attended safeguarding level 3 training and an audit was completed on the introduction of a safeguarding concerns form to ensure all appropriate concerns are addressed and done in the required timescales.

We found sufficient evidence to show that the requirements of the warning notice had been met.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 (1)

The registered person did not establish and operate effective systems and processes to assess and monitor the service. Governance arrangements were not fully embedded. The provider had not identified all risks. These included risk assessments not being considered for all risks such as ligature points and record keeping audits had not identified missing entries and areas where quality improvement was required.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not establish and operate effective systems and processes to assess and monitor the service. Governance arrangements were not fully embedded. The provider had not identified all risks. These included risk assessments not being considered for all risks such as ligature points and record keeping audits had not identified missing entries and areas where quality improvement was required.