

North East London NHS Foundation Trust

Trust Head Office, CEME

Inspection report

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Overall summary

Summary findings

We carried out this announced inspection on 18 and 19 May 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 who was supported by two CQC inspectors and 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.

Background

North East London NHS Foundation Trust is commissioned to provide clinical examinations of children under the age of 13 who have suffered non-recent sexual assault or sexual abuse (non-recent means that it has been 72 hours or over since an alleged incident took place). This service is undertaken at a Sexual Assault Referral Centre (SARC) which is managed by another provider.

Summary of findings

The trust employs one paediatrician who undertakes all clinical examinations of children requiring an examination on a Monday. All examinations are undertaken alongside a paediatric crisis support worker who is employed by the provider which manages the SARC. The paediatrician does not see children alone as there is always a member of staff from the provider which runs the SARC present to assist in the examinations. Between 1 April 2021 and 30 April 2022, six patients were referred for non-recent examinations as part of this service on a Monday, of which five were seen by the service, and one child did not attend for the arranged appointment and returned another day when examinations were undertaken by a different provider.

Examinations are undertaken in a fully accessible building which is situated in the grounds of a community hospital with plenty of parking, including disabled spaces. The building is on one level and accessible for wheelchair users. There are two forensic examination suites, but one is used predominantly for children and is separate from the adult area. There is a child friendly non-forensic waiting room with lots of wipe clean toys and activities for a variety of ages. The forensic area has a separate waiting area with a working television and the examination room includes a forensic shower room. The building also includes a staff shower and changing area, an office with a kitchen area, storage rooms and interview rooms.

During the inspection we spoke with the paediatrician, the paediatrician's line manager, the contract manager, as well as other members of staff who were employed by a different provider, including two paediatric crisis support workers. We also spoke with the commissioners of the service from NHS England.

We looked at policies and procedures and other records about how the service is managed. We reviewed all six patient records. We left comment cards at the location two weeks before our visit, but we did not receive any completed feedback cards.

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 staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with emergencies with support from staff based within the SARC. Appropriate medicines and life-saving equipment were available.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment/referral system met patients' needs.
- Staff felt involved and supported and worked well as a team.
- Following our inspection, the provider initiated governance systems to maintain oversight of the services provided, including ensuring all risk assessments are consistently completed.

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

- Ensure that the voice of patients, parents and carers are consistently captured within medical records, evidencing that they have been included in decisions about their care and that their wishes and preferences have been considered.
- Implement a system with the provider who manages the SARC to ensure feedback from patients, families and carers, is obtained to provide an opportunity for improvements to be made to the service when needed.

Summary of findings

- Ensure they have mechanisms in place to obtain ongoing assurance (from the provider who manages the SARC) that the environment and equipment is fit for purpose and that appropriate risk assessments have been completed and shared.
- Ensure that patients have a choice of gender of the doctor they are examined by.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Staff understood how to protect children, young people and adults from abuse. Staff had received training in safeguarding children at level three as well as safeguarding adults. This was in line with national guidance and was appropriate for the role that they were undertaking.

Records that we reviewed indicated that children who were under the age of 13 attended the SARC alongside a social worker. Following examinations, we saw evidence of safeguarding information being shared with social workers as well as other professionals when needed. The outcome of examinations in all records that we reviewed had been shared with patient's GPs and where appropriate community services. This supported any ongoing safeguarding processes to keep patients safe.

However, it was unclear whether staff were required to follow the safeguarding processes used by the trust or those of the provider of the SARC. This was because there were no joint working agreements in place between the two providers. In addition, it was also unclear who was responsible for overseeing whether children had been safeguarded appropriately, which meant there was an increased risk of improvements not being recognised and made when needed. Following our inspection the trust took immediate action to ensure the safeguarding team has oversight of all patients accessing this service so that appropriate safeguarding processes are followed.

Staff completed a combination of paper based and electronic records when documenting care and treatment. This included the use of some standardised forms. On reviewing records for patients who had been examined between 1 April 2021 and 30 April 2022, we found that record keeping overall was of a poor standard. Assessment proforma paperwork was not completed in full and there was an absence of suitable body maps completed for each patient.

Due to a lack of joint working agreements, it was not clear what the minimum expectations for record keeping were which meant that there was an increased risk that care would not be documented in a way that was expected. For example, we found in all records that we reviewed, standardised assessment proformas were incomplete which meant that there was limited evidence of the level of exploration and professional curiosity used during the assessment. Following our inspection the trust took immediate action to ensure record keeping was improved and the standardised assessment paperwork is completed with a suitable body map for each patient.

Staff produced a paediatric clinic letter following the examination which included a summary of the incident, details of the patient's physical presentation and responses to some of the questions contained within the standardised assessment paperwork. In each record we reviewed, there was evidence that staff had identified some patient vulnerabilities as part of the referral and assessment process. This included risks such as mental health, learning disabilities as well as pre-existing safeguarding concerns. However, in six out of six of the records we reviewed, we found assessment proforma paperwork was not fully completed, this meant there was no clear, documented evidence that all risk and protective factors had been fully considered for all patients.

Following our inspection, the trust immediately put procedures in place to ensure all assessment paperwork is fully completed. The trust safeguarding named nurse reviewed all six paediatric clinic letters and assured us all appropriate safeguarding actions had been undertaken. The trust also implemented a process of the trust safeguarding team automatically reviewing all attendances at this service.

The provider did not have any assurances that the environment and equipment that was used to undertake examinations was fit for use, or had been maintained and cleaned appropriately. This was because there were no joint working agreements in place to provide this assurance. Prior to our inspection leaders told us they believed it was the responsibility of the provider who managed the SARC to do this.

Are services safe?

We saw that safe recruitment processes had been used by the trust, and evidence that a full Enhanced Disclosure and Barring Service check had been undertaken.

Risks to patients

Appropriately trained staff were available to keep patients safe. Examinations had always been undertaken by two members of staff; a paediatrician and a paediatric crisis support worker employed by the provider responsible for the SARC.

We were told by staff that emergency equipment was provided at the SARC. All examinations are undertaken alongside a paediatric crisis support worker, who is employed by the provider which manages the SARC, who was trained in the full use of all emergency equipment.

As a result of a lack of joint working agreements, leaders could not be assured that important risk assessments, such as those for ligatures, fire safety as well as control of substances hazardous to health, had been completed appropriately and had mitigated risks to patients as much as practically possible.

Information to deliver safe care and treatment

Staff told us that they received a comprehensive handover from the provider who managed the SARC to inform the examination of patients. They also made use of information available to them from strategy meetings to assist in their interaction with patients and their families.

Staff had received training in the use of a colposcope (a piece of equipment used for making records of intimate images during examinations, including high quality photographs and videos), and procedures were in place to make sure that obtained images had been safely stored.

Safe and appropriate use of medicines

Any medicines that were used were prescribed by the paediatrician who undertook the examination. We were informed by staff that all medicines would be prescribed in line with the policies and procedures of the trust.

Lessons learned and improvements

Although leaders informed us that any reported incidents would be investigated jointly with the provider of the SARC, there were no joint working arrangements which outlined the roles and responsibilities in making sure that this would be fully completed. Furthermore, there were no mechanisms in place, either formally or informally, for concerns to be raised regarding performance or practice within the SARC. It was also unclear who was responsible for identifying and making improvements to other parts of the service when needed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We found that pathways used by staff reflected the most up to date guidance and legislation, such as those from the Faculty of Forensic and Legal Medicine (FFLM) and the National Institute of Clinical Excellence.

Pathways used by staff when undertaking examinations had been written and updated by the provider responsible for the SARC. However, the trust could not assure themselves that pathways had been kept up to date and they did not have systems in place to make sure that staff followed the most up to date guidance and legislation.

Staff recognised that they did not see patients frequently enough to maintain competencies in forensic sexual offence examinations. Therefore patients requiring an examination for recent sexual assault or sexual abuse (recent means that it has been less than 72 hours since an alleged incident took place) were not seen by this service.

Monitoring care and treatment

At the time of inspection, the trust did not have formal systems in place to monitor the care and treatment that had been provided as part of this service. This meant that there was an increased risk that areas of improvement that were needed would not always be identified.

Following the inspection, leaders assured us they planned to put this right. They implemented actions including a regular audit of completed records, they ensured the trust safeguarding team has oversight of patients seen at the SARC and will also make sure that there is ongoing interaction between the trust and the provider responsible for the SARC.

Effective staffing

There were sufficient numbers of staff available to make sure that examinations could be undertaken when needed. There was evidence that all examinations had been undertaken by a paediatrician alongside a paediatric crisis support worker.

Staff informed us that they had received a local induction at the SARC. Training records indicated that staff were up to date with mandatory training. This included key topics such as information governance, infection prevention and control as well as safeguarding.

Staff working at the service attended monthly clinical peer supervision sessions and quarterly safeguarding supervision sessions as well as an annual appraisal. However, SARC specific cases were not discussed during these sessions. The trust had recently implemented a bimonthly SARC peer review session from March 2022 which specifically focuses on these cases.

Co-ordinating care and treatment

Staff who undertook examinations worked closely with other professionals, including those who also worked at the SARC or with external agencies.

We saw evidence of important information being shared between staff and other professionals, both before and after examinations. In most cases relevant safeguarding information from a strategy meeting was shared before an examination was undertaken, and information was communicated back to the appropriate professionals such as the patient's GP.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Staff were aware of their responsibilities when obtaining consent from patients. Medical records reviewed indicated that consent had been provided and signed for by parents and carers for examinations to be undertaken. Additionally, consent had been sought for onward referrals to be made and for any images to be kept. This was in line with guidance from both the General Medical Council and the FFLM.

Are services caring?

Our findings

Kindness, respect and compassion

Staff who we spoke with demonstrated a commitment to providing the best care to patients that they possibly could.

Staff indicated that they worked closely with other professionals, including paediatric crisis support workers who were employed by the provider who ran the SARC, to make sure that the needs of patients and their families were met.

Involving people in decisions about care and treatment

We were told by staff that interpreters were easily accessible if needed. This meant that the needs of patients, parents and carers who spoke a language other than English could be met. The need for an interpreter was identified when initial referrals had been made to the service.

There was limited evidence in medical records that parents and carers, as well as patients themselves, had been involved in the examination process or that their views and opinions had been sought. Due to the fact assessment proforma paperwork was not fully completed, this meant there was no clear, documented evidence of the voice of the child, parents and carers.

Privacy and dignity

The signage and entrance to the centre was discreet, protecting the privacy and dignity of children, parents and carers. Access to shower facilities were available at the end of the examination process.

All paper records were stored securely by the provider who ran the SARC, reducing the risk of patient confidentiality being breached. Following examinations, processes were in place for examination reports to be typed up in the form of a paediatric clinic letter within the trust and emailed securely to the provider responsible for the SARC to update the patient's paper record.

There was evidence in some records that we reviewed that examinations had been carried out in a way that was child focussed and that the service was flexible to meet the needs of the patient and their family supporting them.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

Records and pathways that had been used by staff included an assessment of patient's medical needs. We saw evidence in records that onward referrals to meet specific needs had been made when needed. For example, referrals had been made to Child Independent Sexual Violence Advocacy services as well as other community based services such as therapeutic services and the school nursing service.

However, due to the fact the standardised assessment proforma paperwork was incomplete, it was unclear if a patient's holistic needs had been fully assessed and all onward referrals that were needed had been made.

There was easy access to the SARC for patients, parents and carers who had physical disabilities, such as those who used a wheelchair.

Taking account of particular needs and choices

The SARC had access to a suitable environment for children under the age of 13. They had access to televisions as well as a range of toys.

There were no arrangements in place for patients to request an examiner with a specific gender. This meant it was unclear how the individual needs of patients would be met if they were uncomfortable with the gender of the member of staff who was undertaking the examination as the service was delivered by one paediatrician.

Timely access to services

Staff from the trust undertook examinations at the SARC on Mondays only. We found that children, families and carers had usually not waited more than two weeks for an examination to be undertaken once a referral had been received.

Contact details on how to make a referral to the centre were available and it was clear who could make referrals to the service.

Listening and learning from concerns and complaints

There were no joint working arrangements between the trust and the provider who managed the SARC regarding the process for dealing with complaints. It was unclear which complaints policy would be followed and there were no formal arrangements in place which outlined roles and responsibilities of investigating concerns or complaints.

One complaint from the previous year had been appropriately addressed between the two organisations, with escalation from the provider who managed the SARC to the trust. Action had been taken to address this issue and learning from the incident was implemented to prevent a recurrence. However, a more recent complaint made directly about the service provided by the trust from a parent which resulted in the withdrawal of consent to examine a child, had not been shared with the trust. As there were no joint working agreements in place, leaders were unaware of concerns that had been raised or any action that had been taken to remedy the situation.

Are services well-led?

Our findings

Leadership capacity and capability

There was no clear leadership structure in place for the service at the time of the inspection. This meant that there was no-one directly responsible for overseeing this service to make sure that the service was safe and of good quality.

Staff who undertook examinations had been reliant on the systems, processes and co-ordination of other professionals who were employed by the provider who managed the SARC.

Vision and strategy

There was no clear vision and strategy in place for this service at the time of the inspection. This meant it was unclear what the key priorities were to make sure that patients, parents and carers received the best service possible to meet their needs.

Culture

Staff told us that they had good working relationships with other professionals who were employed at the SARC, including paediatric crisis support workers.

Governance and management

Prior to the announcement of this inspection, leaders had not recognised that they had the responsibility for overseeing the regulated activity that was being undertaken for patients under the age of 13 who had suffered non-recent sexual abuse and sexual assault.

This meant that there were no formal working arrangements, such as service level agreements, which clearly outlined the roles and responsibilities of different providers who contributed to the examination and overall care of patients who used the service.

The provider did not have systems in place to check whether the environment and equipment used during examinations was fit for purpose and had been appropriately maintained. This meant that there was an increased risk that these would not be suitable for examinations that were being undertaken.

During our inspection we found there were no effective systems and processes in place to monitor the quality of records and the overall service provided. There were no audits or dip sampling of records completed to quality assure practice. When we discussed our concerns with the provider they took immediate action to rectify these shortfalls. For example, monthly quality audits of all clinical records produced in this service will now take place. The results of this audit will be reported directly into a quality and performance governance structure.

Processes for managing risks, issues and performance

At the time of inspection, leaders had not identified any risks associated with the provision of services at the SARC.

There was no system in place to monitor the care and treatment provided or to make sure that staff had followed best practice guidance. At the time of the inspection leaders were not aware that the standardised assessment proformas and appropriate body maps were not being completed and there were no systems in place to audit or review practice in the SARC.

Following the inspection, leaders recognised this as a shortfall and indicated that record audits would be undertaken to monitor the service provided. Action has been taken to ensure the trust safeguarding team will be informed of any patients accessing the service to provide specific safeguarding supervision regarding the case and to quality assure the assessment report from a safeguarding perspective.

Are services well-led?

Engagement with patients, the public, staff and external partners

Staff who we spoke with indicated that they were reliant on the provider who manages the SARC to seek feedback from patients, families and carers who had used the service. There were no formal mechanisms in place to obtain this from the provider who manages the SARC.

Continuous improvement and innovation

There was no evidence at the time of the inspection that the provider had operated a system which would identify when improvements were needed and it was unclear who would be responsible for making improvements once they had been identified.