

Willow Tree Children and Young People's SARC

Inspection report

Darlaston Health Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inspected but not rated	●
Are services safe?	Inspected but not rated	●
Are services effective?	Inspected but not rated	●
Are services caring?	Inspected but not rated	●
Are services responsive to people's needs?	Inspected but not rated	●
Are services well-led?	Inspected but not rated	●

Overall summary

We carried out an announced inspection on 6 February 2023 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.

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

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

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

Our inspection team

The inspection was led by a CQC inspector and supported by a second CQC inspector.

Background to Willow Tree Children and Young People's SARC

Background

Willow Tree Children and Young People's Sexual Assault Service (CYPSAS) is located within Darlaston Health Centre in Wednesbury, West Midlands. The Sexual Assault Referral Centre (SARC) is situated to the rear of the health centre with discreet access and direct entry to the facilities without the need to enter the main health centre. The service is commissioned by NHS England (NHSE).

Mountain Healthcare Limited (MHL) are commissioned to provide care and support to anyone up to the age of 18 who have been raped or sexually assaulted, as well as those with complex needs up to the age of 25 if they are unable to access the adult service.

The environment for the SARC consists of a patient area with a pre examination room, forensic examination suite with adjoining bathroom and shower facilities, and an open plan aftercare area with kitchen facilities to make drinks and access basic food supplies. There is also an accessible toilet for visitors, a cleaning and storage cupboard, and a temperature controlled store room for medicines and equipment. On the first floor of the health centre is an open plan staff office with kitchen area, a side office, and 2 storage rooms; 1 for laundry, and another for the storage of forensic samples.

The staff team consisted of; 2 SARC managers, 1 safeguarding and strategy manager, 7 forensic medical examiners, 5 forensic nurse examiners and 12 crisis worker/admin. A regional manager had oversight of the service, as well as a national medical director, clinical director and associate medical director.

The service was provided by MHL and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager at Willow Tree SARC was the regional manager.

The Clinical Director is a member of the Faculty of Forensic and Legal Medicine (FFLM).

During the inspection we spoke with the regional manager, non-clinical SARC manager, safeguarding and strategy manager, 3 forensic medical examiners (FME), 2 forensic nurse examiners (FNE) and 2 crisis workers. We also looked at policies and procedures, reports and 6 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 completed comment cards. We also spoke with commissioners of the service.

Throughout this report we have used the term 'patients' to describe people who use the service to reflect our inspection of the clinical aspects of the SARC.

Our key findings were:

- The provider had systems to help them manage risks to children and young people.
- Staff followed the provider's safeguarding procedures and understood their responsibilities for safeguarding adults and children.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Patient care and treatment was delivered in line with current guidelines.
- Staff treated patients with kindness and compassion and respected their dignity.
- There was good leadership and a culture of continuous improvement.
- Staff felt supported and worked well as a team.
- Complaints were managed and investigated appropriately.
- The provider had suitable information governance arrangements.
- The environment appeared clean and well maintained.

There were areas where the provider should make improvements:

- The provider should improve the support available to the newly created role of safeguarding and strategy manager.

Are services safe?

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

The provider had clear systems to keep children and young people safe and safeguarded from abuse. Staff we spoke with were aware of their responsibilities to safeguard their patients, and clearly described how concerns would be raised and escalated if necessary. A safeguarding and strategy manager was embedded in the team and attended strategy meetings with the police and Children's Services for all children referred to the SARC. Nurses and doctors also attended strategy meetings where necessary due to the high number of meeting requests the SARC received.

The provider had a children's safeguarding policy in place and clear local procedures for the identification, reporting of, and follow up of safeguarding concerns. For children or young people allocated a social worker, the provider sent an alert form to provide details of treatment provided at the SARC. If a child or young person was not yet known to Children's Services, or where a concern was identified about another person during the assessment, a full referral was made. The nurse or doctor working with the patient took responsibility for the safeguarding alert or referral, as well as the follow up with Children's Services to ensure the referral was received and acted upon.

Staff received the appropriate level of safeguarding training for their roles, and the completion of training was monitored electronically by the provider to ensure staff received a reminder when the training was due to be refreshed.

Patient records reviewed during the inspection included the assessment of a child's vulnerability, such as a child protection plan, mental health concerns or a learning disability. Child sexual exploitation risk assessments were completed where there was a potential risk identified.

Staff were recruited in line with the provider's recruitment policy and DBS checks were undertaken and renewed every 3 years. Managers were available on site or by phone to support staff, and an on-call clinician and the provider's call centre operated 24 hours a day.

The SARC facilities were managed by NHS property services and records for routine checks such as emergency fire alarm tests, evacuation procedures, emergency lighting and safe water systems were held on the premises and were accessible to the provider if required. Clinical and general waste contracts were managed by NHS property services, as well as general cleaning of non-forensic areas. Crisis workers received localised training in decontamination procedures, and carried out forensic cleaning following each case. Monthly deep cleaning was carried out by trained Mountain Healthcare staff.

The provider had considered and risk assessed any potential ligature points within the SARC facilities, and had installed anti-ligature light and alarm pulls within toilet facilities. An infection prevention and control audit had been carried out by the provider and any concerns identified were highlighted and acted upon appropriately.

Emergency equipment and medicines were stored in the SARC and were subject to regular checks by clinical staff. Equipment was in working order and medicines were in date.

Forensic samples were managed in line with national standards.

Risks to Patients

The provider had systems in place to assess, monitor and manage risks to children and young people's safety.

Are services safe?

Risks to children and young people attending the SARC were appropriately assessed in records reviewed during the inspection. Immediate risks were identified at the point of referral and medical attention sought in the first instance where appropriate. Assessments were comprehensive including prompts to discuss signs of deteriorating health, mental health concerns, child sexual exploitation, female genital mutilation (FGM), domestic abuse or substance misuse.

The provider carried out a comprehensive assessment for each patient for post-exposure prophylaxis after sexual exposure (PEPSE), antibiotic and/or hepatitis B prophylaxis and the need for emergency contraception.

The provider had a health and safety policy in place, and employer's liability insurance which was in date and the certificate displayed in the staff office. Clinical staff received appropriate vaccinations including Hepatitis B. All staff at the SARC received regular life support training to respond to a medical emergency. Compliance with training was monitored by managers to ensure refresher courses were scheduled prior to expiry of training.

A sharps risk assessment had been completed by the provider and a local procedure detailed safe management of a sharps injury.

The provider maintained safe staffing levels with rotas produced in advance so that any gaps could be identified and filled in advance. There was a rich skills mix within the team, and a strong team bond to support each other to cover any absences and support staff welfare.

Information to deliver safe care and treatment

Patient records reviewed during the inspection evidenced the safe delivery of care to children and young people attending the SARC. Records reviewed were accurate, legible and held securely in lockable filing cabinets to comply with data protection standards and protect patient confidentiality.

Staff had a good knowledge of local services and information to enable them to make the appropriate referrals following a child or young person's attendance at the SARC. A local operating procedure (LOP) was in place to ensure that referrals were made in a timely manner and followed up in line with protocol to ensure these were received and actioned. The safeguarding and strategy manager also carried out a weekly audit to ensure the LOP was followed.

The provider followed appropriate procedures and protocols for the management of photographic documentation and intimate images in line with the FFLM guidelines. A colposcope (A piece of specialist equipment for making records of intimate images during examinations, including high quality photographs) was available and staff received training in the use of this equipment.

Safe and appropriate use of medicines

The provider had systems in place to ensure the safe handling of medicines. Medicines were stored in a locked cupboard in a locked room with restricted access. The temperature within the room, and the nearby locked fridge were monitored daily by a nurse to ensure the temperatures remained in the correct range to ensure the integrity of medicines was not compromised. A medicines audit was carried out weekly to monitor expiry dates and stock levels.

Patients received information regarding medicines they received.

Are services safe?

Staff we spoke with had a good understanding of current guidance in relation to prescribing medicines. The provider had an appropriate range of Patient Group Directions (PGDs) to administer certain medicines including emergency contraception and PEPSE. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Track record on safety, lessons learned and improvements

The provider used an electronic reporting system to record all incidents, accidents, complaints and compliments. A serious incident framework was in place to report and address serious risks. The SARC had not had any incidents in the last 12 months that had met the criteria to be reported under this framework.

Staff were aware of their responsibilities to report incidents. Managers investigated all incidents that were reported, and feedback was shared with staff during team meetings, reflective practice and supervision. Managers had oversight of incidents reported to identify any trends and share learning, and this was shared as part of the provider's governance framework at a regional and national level.

The provider had a system in place for receiving and acting on safety alerts including external safety, patient and medicine safety alerts. This information was shared with all staff electronically.

Are services effective?

Effective needs assessment, care and treatment

Children and young people's needs were assessed and their care and treatment delivered in line with guidelines from the FFLM and Royal College of Paediatrics and Child Health (RCPCH). All staff completed mandatory training and those we spoke with demonstrated an understanding of the Mental Health Act code of practice.

The provider had clear clinical pathways for staff to follow when assessing patient need for emergency contraception, HIV/hepatitis prophylaxis, and onward referral for immediate medical attention. The provider's electronic database contained clinical policies for the administration for these medicines, and staff were encouraged to access online policy documents to view the most up to date versions. Staff were provided with time to engage in external events to keep up to date with evidence based practice, and quality improvement initiatives including peer review and group supervision promoted consistency in the treatment of patients attending the SARC.

Staff provided anyone attending the SARC, whether they be patients, family members or professionals, with information on where they could seek further help and support following their visit. Staff notified patients' GPs of any treatment provided at the SARC, and other relevant agencies where the patient or their carer consented to this, including Children and Young Peoples Independent Sexual Violence Advisors.

Monitoring care and treatment

A regular programme of audits were carried out by staff at the SARC in line with the provider's annual audit timetable. Audits were recorded on the electronic database, and appropriate action plans developed where required. The findings from audits were shared with the team during meetings, electronically, and in supervision sessions. Regular peer review sessions and learning from audits were part of the provider's framework to monitor care and treatment and improve outcomes for patients.

All staff used standard proformas to assess a patient's current needs as well as their past medical histories and previous treatment. A pre-assessment form was completed by a crisis worker, and a forensic medical assessment proforma completed by the nurse or doctor. A crisis worker then completed an aftercare form with patients or their carers. We reviewed 6 patient records during the inspection, all of which evidenced that staff had assessed children and young people's current needs, taking into account their past history and potential needs following treatment at the SARC.

Patient records were subject to weekly audits and we found evidence of this in records we reviewed. Audit findings were shared with individual staff members electronically or during supervision, and learning was shared through peer review sessions.

Managers completed monthly reports to monitor children and young people's care and treatment and associated outcomes. Outcomes were overseen at a regional level and performance data was collated and shared with NHSE commissioners on a monthly basis. A quarterly contract performance meeting was in place with NHSE and managers reported a good relationship with commissioners who had been supportive through the move to new premises in the 6 months prior to our inspection.

Effective staffing

Are services effective?

Staff received a comprehensive induction and some staff we spoke with felt the induction and support they had received since joining the service was the best they had experienced throughout their career. Staff attributed the positive experience of induction to the support received from managers and peers, and the shadowing opportunities they were given until they felt comfortable to work alone. Staff competencies were reviewed and signed off to complete the induction process.

Staff received annual appraisals in line with the provider's policy, and this was monitored on the provider's electronic database by managers to ensure all staff had their appraisal completed on time. Medical and clinical staff were given time for their continued professional development and held their own records of this. The provider held details of staff qualifications and re-validation dates, including membership of the FFLM, and this was overseen by managers.

The provider offered a range of training programmes including mandatory and voluntary courses electronically, and face-to-face life support training. Staff training completion dates were monitored electronically and managers had oversight of their staff to ensure all training was up to date. The provider's training log for staff at the SARC indicated 100% compliance with mandatory training at the time of inspection. The training package included the use of a colposcope for medical and clinical staff, and training for crisis workers to provide immediate support to children and young people when they attended the SARC.

Staff were offered regular clinical and managerial supervision and spoke highly of the support they received, however there was no specialist support for the safeguarding and strategy manager who was subject to traumatic cases on a daily basis. This was fed back to the provider during the inspection who agreed that further specialist support would be beneficial for this role, and planned to implement this as soon as possible. Staff were also invited to attend regular peer review sessions which they told us were valuable and useful for learning and development.

Co-ordinating care and treatment

The provider and staff at the SARC had worked hard to build relationships with police forces and local authorities within the exceptionally large geographical area the SARC served. Although there was scope to build on this work, the result to date was effective pathways into the SARC from police and Children's Services, and a significant increase in SARC invites to and attendance at strategy meetings for any child or young person reporting sexual abuse. Staff had also developed links with the appropriate ongoing support services including Children and Young People Sexual Violence Advisors.

Records reviewed during the inspection evidenced the joint working between the SARC and relevant professionals, such as the GP, sexual health services, and Children's services. Information regarding referrals made, acknowledgement of referrals and follow up calls to monitor the referral outcome were stored on an electronic recording system which all staff could access enabling a timely follow up if the named clinician was not available for any reason.

Consent to care and treatment

Children and young people's consent to care and treatment was sought in line with legislation and guidance including the Mental Capacity Act 2005 (MCA) and the Children's Act 1989 and 2004. Staff followed the Gillick competence assessment of capacity for young people where appropriate, which we saw evidence of in care records reviewed during the assessment. Children and young people, or their carers received information on treatment options and risks for PEPSE, Hepatitis B vaccination, emergency contraception and sexual health advice.

Are services effective?

Staff we spoke with during the inspection demonstrated a good understanding of how to assess a patient's capacity under the MCA 2005, and use of the Gillick competence assessment for under 16 year olds. Staff told us they would regularly check a patient's understanding of the treatment they received throughout their time at the SARC, and would respect any decision to withdraw consent at any time during their treatment.

Are services caring?

Kindness, respect and compassion

Feedback from children, young people and anyone visiting the SARC was recorded by the provider, and feedback obtained in the 12 months prior to the inspection had been positive and indicated that patients felt they were treated with kindness, respect and compassion. Staff spoke positively of their peers and the caring nature of the team. Records reviewed during the inspection indicated that staff would be respectful of their patients' wishes, and we saw evidence that when requested an element of the forensic examination was stopped immediately. Staff also said they would allow children one of their toys to keep with them where appropriate as a comfort during their treatment. Children and young people, or their carers were offered a choice of gender when initially booking the appointment with the provider's call centre.

Children and young people were offered a shower, toiletries and new clothing following their treatment at the SARC, and could also spend some time in the lounge area at the SARC where there were food and drink supplies suited to children and young people.

Information folders and leaflets provided details of local services and support available to anyone visiting the SARC, and was available in the aftercare area of the SARC for anyone to read.

Involving people in decisions about care and treatment

Children and young people or their carers were provided with information and were involved in decisions about their care and treatment at the SARC. Information was available in easy read formats or other languages and an interpreting service was also available if English was not the patient or carers first language. Communication needs were identified by the provider's call centre at the point of referral, and appropriate arrangements made prior to the child or young person attending the SARC.

Staff shared as much information as possible with patients and professionals to enable them to make informed choices, including age appropriate pictures and diagrams. Patient feedback indicated that those attending the SARC felt well informed and had processes explained clearly to them. Patient records also evidenced the voice of the child in the assessment process with their wishes documented and taken into account when treatment was carried out.

The provider had a detailed and user friendly website which provided information for children, young people, carers and families and other professionals on the services delivered at the SARC. Information leaflets about the SARC were also available on arrival.

Privacy and dignity

The provider had facilities which respected and promoted patients privacy and dignity. The SARC had a private rear entrance offering discretion to patients, and the layout of the area provided space for patients, families and professionals to either be together or have their own space in line with their wishes. Only 1 patient would attend the SARC at any one time with a gap between patients to allow for forensic cleaning.

Children and young people were clearly informed of how information they shared may be used and when it would need to be shared. Recorded documentation including assessment and forensic medical examination paperwork, and any recorded images, was stored securely within lockable cabinets in a secure staff area. Electronic records were held on a secure and password protected IT system which only SARC staff could access.

Are services caring?

Space was available within the SARC for professionals or family members to wait while the child or young person had their examination. A family member or carer could accompany the child or young person during their treatment if they wished.

Are services responsive to people's needs?

Responding to and meeting people's needs

The provider delivered services to meet children and young people's needs in line with the commissioned service specification. The provider identified and acted upon patient vulnerabilities, such as learning disabilities, communication barriers and mental health or substance misuse issues, during the assessment process and when considering onward referrals following treatment at the SARC. Staff were compassionate and highlighted the importance of the emotional support they offered anyone attending the SARC.

The provider had a process to manage self referrals to the SARC, and this included alerting the local authority and police prior to accepting a child or young person for treatment at the SARC. Managers acknowledged that this had resulted in some young people contacting them and not engaging further once they knew authorities would be informed, but they also recognised their responsibility to safeguard anyone contacting them and had acted appropriately.

Special arrangements and adjustments for patients with disabilities had been taken into account when designing the new facilities. The premises offered step free access, an accessible toilet with handrails and a call bell, and a hearing loop was currently being reviewed for installation.

Taking account of particular needs and choices

The provider had created a welcoming environment which was appropriate for children and young people. There were a number of toys for children and a television, and plans were in place to bring in more distraction items for older children and young people, as crisis workers had recognised that this group were harder to engage.

When referred to the SARC, children and young people could request a clinician of the gender of their choice.

The SARC provided services for all paediatric acute sexual abuse referrals across the West Midlands and despite the large catchment area and high number of referrals, assessments were carried out in a timely manner.

Timely access to services

Care and treatment was provided to children and young people in a timely manner in line with their needs. The appointment system was managed by the provider's call centre and ran efficiently. With only one forensic medical suite at the SARC, there was no cross over of services. Covering such a large area and with staff travel times crisis workers had requested increased time to attend for cases out of hours, which the provider had acted upon whilst maintaining appropriate timescales to see patients.

The provider's website and information leaflet gave contact details for the SARC either to arrange appointments or seek advice, and the call centre was staffed 24 hours a day 365 days a year to take calls and respond to patient or professional enquiries and referrals.

Listening and learning from concerns and complaints

The provider had an up to date complaints policy and details of this were placed around the SARC to ensure patients and professionals were able to share their feedback and make a complaint if they wished. Complaints and compliments were recorded electronically and investigated by managers. Regional managers had oversight of the SARC complaints and shared learning at quality meetings as part of the provider's governance framework.

Are services responsive to people's needs?

There had been 1 complaint in the 12 months prior to our inspection which had been appropriately investigated and feedback acted upon to improve the service. Managers told us learning would be shared with staff individually or in team meetings where appropriate.

Are services well-led?

Leadership capacity and capability

There was a knowledgeable leadership team with the capacity and skills to deliver high-quality, sustainable care. An experienced crisis worker and clinician were currently sharing management responsibilities overseen by an experienced forensic nurse examiner who was the regional manager. The provider had experienced several changes in management over the 12 months prior to inspection, which staff and managers acknowledged had been challenging and had led to some instability, however staff said they had continued to feel supported and that this had not impacted upon the service children and young people received. A new SARC manager was due to take up post shortly after the inspection who had previously worked within the service and had a good understanding of the SARC and local services.

Staff told us they felt managers were supportive and compassionate and we observed good interactions between managers and staff and a close team ethos. The regional manager visited the SARC regularly to support local managers, and an on-call rota ensured staff could contact a manager 24 hours a day if required.

Vision and strategy

The provider had moved the SARC to a new premises with the support of NHSE commissioners in the last 6 months, marking the achievement of a long term goal for the SARC. Despite the challenge of designing and moving the service, the provider had maintained their vision to improve the experience and continue to deliver a high quality of care to children and young people.

Following a period of instability with the premises move and changes in management roles, a manager was due to start imminently who had previously worked in the SARC and staff felt this would bring continuity and stability to the team.

The provider recognised the challenge of promoting the SARC and developing pathways with local services across the expansive geographical area they covered. The safeguarding and strategy manager role created around a year prior to the inspection had been intended to cover engagement, however it had become apparent the demand was such that two full time roles were needed. As a result, an engagement coordinator had been recruited and was due to take up post imminently to further develop engagement with local services and promotion of the SARC.

Culture

Staff we spoke with during the inspection told us they felt there was a supportive culture both within the organisation and the local team, and they told us they felt listened to and respected by managers. Most staff felt well supported and praised managers for their support through challenges with the premises move and changes in management, however there was additional support required for the newly created safeguarding and strategy manager role to ensure they received appropriate support in their unique role.

The two managers who had been in post pending the arrival of the new manager worked very well together to provide clinical and managerial support to the team. Managers had regard for the welfare of their staff and the challenging cases they managed on a day to day basis. The provider offered psychological support where required, and managers monitored staff welfare through regular one-to-one supervisions with staff. Managers also spent their time in the open office with the team to have oversight of daily activity and offer support where needed.

The provider had a whistleblowing policy in place and staff told us they knew how to raise concerns. Staff felt managers listened to their concerns, and that there was an open culture with learning shared to improve practice.

Are services well-led?

A lone working procedure had been developed for staff working out of hours, and this included the requirement for the clinician and crisis worker attending out of hours to arrive and leave the premises together. The SARC facilities for patients were in a separate part of the large health centre to the dedicated SARC staff office, and some staff we spoke with said they didn't always feel safe when the clinician was in the office area and they were cleaning forensic areas following a case. This was raised with the provider who intended to issue personal alarms as a safety precaution to all staff.

Governance and management

The provider had clearly defined roles and responsibilities for staff and had structured systems of accountability to support good governance. A national team oversaw the governance of SARC services which were regularly reviewed to identify areas for improvement. The two managers of the SARC had worked together to define their roles and responsibilities and communicated with staff to ensure they knew how to access the support they may require.

All policies and procedures were held on the provider's electronic system which all staff could access. The provider's national governance team updated policies and procedures as required and the electronic system always showed the latest version for staff. Any changes to policies and procedures were highlighted in team meetings and electronically.

Processes for managing risks, issues and performance

Assurance systems were in place such as a rolling audit programme, including a number of clinical audits, which helped managers monitor the quality of service provision and identify areas for improvement. There were also processes to monitor and review performance both within the organisational quality and governance framework, and through quarterly contract monitoring with NHSE.

A local risk register had been developed and was overseen by managers locally with regional management oversight to support the ongoing review of risk. Risks such as the changes in management and the move to new premises were documented with mitigating actions and clear review dates. Actions taken and those in progress were clearly documented. Business continuity plans were in place should they be required.

Appropriate and accurate information

The provider had robust information governance arrangements and staff had all completed information governance e-learning. Patient information was managed appropriately and patient records were stored in line with data security standards (GDPR 2018). Staff we spoke with during the inspection understood their responsibilities to protect children and young people's sensitive information.

Quality and operational information such as data and learning from incidents and complaints was used alongside feedback from patients, professionals and staff to improve performance. The SARC collected data in line with the SARC indicators of performance which were monitored by the local managers and regional manager, and shared with NHSE.

Engagement with patients, the public, staff and external partners

Staff had increased their engagement with external partners and the safeguarding and strategy manager had carried out extensive work to build relationships with police and local authority partners across the catchment area. The engagement work had led to a significant increase in referrals to the SARC, and a new engagement lead role had been created to further improve engagement across areas identified as harder to engage, and expand engagement to other local services.

Are services well-led?

The provider invited feedback from children and young people attending the SARC, as well as their families or carers, and any professionals attending. Feedback could be shared anonymously on child friendly pictorial forms, on written forms for young people or adults or over the phone at follow up calls. Despite these varied methods, patient feedback was limited from children and young people however it was consistently complimentary to staff. The provider was considering alternative methods to obtain more detailed feedback from children and young people to identify how they may be able to improve services.

Staff were invited to share feedback on how to improve the experience of children and young people at the SARC. Staff told us they felt able to share their feedback and ideas for the SARC, and new distraction items were being considered for older children after this was raised by a crisis worker.

Continuous improvement and innovation

The provider had a number of systems and processes for learning, continuous improvement and innovation. These included a comprehensive learning and development programme for all staff, regular peer review sessions and clinical group supervision. These forums, alongside managerial supervision and annual appraisals, promoted a learning culture. Staff showed commitment to their own continuing professional development, and to the patients they supported. Staff learned from each other and supported each other which helped improve the experience of children and young people attending the SARC.