

The Blue Sky Centre - Nuneaton SARC

Inspection report

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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.

Overall summary

We do not currently rate services provided in sexual assault referral centres.

We carried out a focused desk based review of healthcare services provided by G4S Health Services (UK) Limited (G4S) of the Blue Sky Centre – Nuneaton SARC in October 2020, to follow up on their progress against the action plan submitted in April 2020.

The purpose of this review was to determine if the healthcare services provided by G4S were now meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008. We found that improvements had been made and the provider was no longer in breach of the regulations.

During this desk based review we looked at the following questions:

Are services effective?

We found that this service was providing effective 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.

At this inspection we found:

- The provider monitored staff training, supervision and peer review in line with Faculty of Forensic and Legal Medicines guidance.
- Audits of patient records were used to inform service improvements.
- Incident reporting was well embedded with a focus on reflective learning and service improvement.
- The provider had developed a newsletter with the learning from all regulatory inspections which took place in 2019 and this had been shared widely through service improvement meetings.

Our inspection team

This desk based review was conducted by two CQC health and justice inspectors and included:

A review of the action plan and evidence submitted by G4S Health Services (UK) Limited (G4S) including training and supervision matrices; peer review data; incident reporting data; governance and assurance arrangements.

We held a video conference with the registered manager, reviewed additional evidence relating to medical examiners and documents provided by NHS England commissioners.

We held a second teleconference with the registered manager and senior G4S managers and reviewed further evidence submitted by G4S.

We did not visit the Blue Sky Centre to carry out an inspection because we were able to gain sufficient assurance through the documentary evidence provided.

Background to The Blue Sky Centre - Nuneaton SARC

In the West Midlands, services for the support and examination of people who have experienced sexual assault are co-commissioned by NHS England and Warwickshire, West Mercia and West Midlands Offices of the Police and Crime Commissioner. NHS England commissioning managers take the lead in contract management and coordination. The contract for the provision of sexual assault referral centre services for adults in the West Midlands is held by G4S Health Services (UK) Limited (G4S). G4S is registered with CQC to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder or injury.

The Blue Sky Centre is located on the site of the George Elliot hospital in Nuneaton, Warwickshire.

We last inspected the service in February 2020 when we judged that G4S was in breach of CQC regulations. We issued a Requirement Notice on 30 March 2020 in relation to Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The report on the comprehensive February 2020 inspection can be found on our website at:

<https://www.cqc.org.uk/location/1-5497183428>

Are services effective?

At our last inspection we found that mandatory staff training, staff supervision and peer review did not always take place in line with organisational policy. We also found that audit processes were not effectively embedded and that learning from audits was not always shared with the centre manager. During this desk based review evidence showed that significant improvements had been made.

Monitoring care and treatment

The provider had improved communication around record audits for forensic medical records which were shared with the centre manager, along with learning from these reviews. Systems for reviewing crisis worker records had also been improved with a cyclic audit approach. This facilitated improved focus on effective care for patients.

Effective staffing

The centre manager had worked with the national training coordinator and SARC clinical lead to improve the monitoring of training, supervision and peer review. Improvements included:

- The centre manager had received support from the training coordinator to use the staff learning management system and conduct weekly reviews of staff training records.
- The SARC clinical lead provided details of training and peer review for doctors who conducted forensic medical examinations but were not based at The Blue Sky Centre with the centre manager. This demonstrated that G4S were now able to assure themselves that all forensic medical examiners were appropriately trained and supported.
- Three Blue Sky Centre staff had attended face to face life support and three attended level three safeguarding training during February 2020 prior to changes resulting from Covid-19 impacting on the availability of face to face training.
- All forensic examiners and crisis workers who had completed their induction and were signed off as competent to work unsupervised were now in date with life support and level 3 safeguarding training.
- National training leads were working with local managers and partners to re-introduce face to face training for resuscitation techniques and safeguarding training courses. Managers were also working with partners to set up virtual alternatives for these courses where appropriate.
- The local clinical lead supported forensic practitioners with peer review and kept records of sessions attended. The centre manager was now invited to some peer review sessions and learning from these peer reviews was shared with centre staff.
- The centre manager was now able to access and monitor compliance with peer review for forensic practitioners including doctors.
- The centre manager facilitated a virtual training session on giving evidence in court as a refresher for all forensic practitioners and to improve statement writing skills.
- The provider had begun to implement peer review sessions for crisis workers as well as forensic practitioners.
- There was increased focus on supervision and weekly team meetings where staff discussed cases for reflective learning.

Are services well-led?

At our last inspection we found that records of staff training, supervision and peer review were not complete, particularly for forensic examiners. Staff records did not always show that staff were in date with their mandatory training, supervision and peer review and not all learning from regulatory breaches at other G4S locations had been shared and acted upon. We also identified that not all concerns were formally recorded as incidents. During this desk based review evidence showed that significant improvements had been made.

Governance and management

There had been improvement in assurance processes around records for self-employed forensic medical examiners, and managers were now embedding assurance arrangements.

The centre manager had recognised the impact of the Covid-19 pandemic upon training, supervision and peer review. Additional support through telephone and video meetings had been offered to crisis workers and forensic nurse examiners during the pandemic.

There had been greater focus on formally recording incidents and learning since our inspection in February 2020. This demonstrated a more effective learning culture and systematic approach to recording and learning from incidents.

After the inspection in February 2020, the provider introduced a newsletter to share themes, positive learning and concerns from inspections. This was shared with managers in all locations.

During the Covid-19 pandemic, G4S had increased the use of video conferencing for organisational meetings. Regular calls with senior leaders and colleagues had helped embed greater focus on shared learning.

Continuous improvement and innovation

The service had continued to make improvements including during the Covid-19 pandemic.

Crisis workers were now required to complete a patient safety and risk form as part of the initial meet and greet discussion. This ensured that any significant risks or prior self-harm was identified before the comprehensive forensic examiner interview and ensured patients were safeguarded appropriately.

During the pandemic, infection prevention and control arrangements had reduced staff working in the office daily. A secure social media application was used to improve communication between full time staff, this proved effective for information sharing and was followed by a group for full time and bank staff to ensure all staff received important information promptly.

G4S asked centre managers to provide a short video demonstrating access and infection prevention control arrangements to manage social distancing and reduce cross contamination. This video was for organisational assurance and illustrated an innovative approach to governance arrangements during Covid-19 lockdown.