

G4S Health Services (UK) Limited

The Glade Sexual Assault Referral Centre-Bransford

Inspection Report

The Glade, Bransford
Worcestershire,
WR6 5JD
Tel: 01886 833555
Website: <http://www.theglade.org.uk/>

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Overall summary

We carried out this announced inspection on 5 and 6 February 2019 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 carried out by four CQC inspectors who were supported by 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.

Our findings were:

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?

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.

Background

In West Mercia, services for support and examination of people who have experienced sexual assault are commissioned by NHS England and West Mercia Police. The Glade provides these services in the counties of Herefordshire, Worcestershire and Shropshire. The centre is located in Bransford, Worcestershire in a building owned by West Mercia Constabulary. The Glade provides services to adults, with an option that young people aged 16 and 17 years old can choose to access this service

Summary of findings

instead of regional paediatric services if appropriate. A different provider holds the regional paediatric contract for sexual assault referral services in West Mercia, this service uses the Glade once every week to offer child appointments.

The centre is out of town in a rural location, all signage is for the Glade and discreet. It is adjoined to a confidential police interview suite and car parking is available outside the centre with level access for people who use wheelchairs. The entrance is welcoming, and covered by CCTV. The door is secure which protects patients accessing the centre. A clear record is maintained of all visitors.

The staff team consists a mix of permanent full-time staff and flexi staff that provide cover both day and night. Permanent staff include a centre manager and coordinator (also a crisis worker) along with two nurses and a midwife who are forensic medical examiners. Most examiners are nurses, though there is also some doctor cover within the rota. Flexi staff who are examiners and crisis workers work an on-call rota, to cover daytime, nights and weekends. The service has two medical suites.

The service is provided by G4S Health Services (UK) Limited (G4S). The centre is staffed Monday to Friday 9am until 5pm, with out of hours cover provided via rota cover. All requests and referrals to the centre by phone are through a call centre run by G4S, who liaise with examiners and crisis workers to ensure appointments meet the needs of patients and forensic examination timescales.

During the inspection we spoke with the centre manager who is the registered manager with CQC, a G4S regional manager, the centre coordinator, one forensic medical examiner and two crisis workers.

We looked at policies and procedures and other records about how the service is managed and reviewed patient case notes.

Our key findings were:

- The provider had systems to manage risk, and recognised where improvements could be made.
- Safeguarding processes had recently been improved and were being embedded.
- 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 referral and appointment systems met patients' needs.
- The service had effective leadership. There was a culture of continuous improvement.
- The service worked in partnership with many local organisations to raise the awareness of the SARC services but also promote healthy consensual sex and raise awareness of sexual assault and rape amongst vulnerable people.
- Staff felt involved and supported and worked well as a team.
- The centre was clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and emergency equipment were available.
- Staff and patients were asked for feedback about the service to inform continual development.

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

- Ensure that new patient risk assessment and safeguarding processes are fully embedded, and all safeguarding risk assessments are fully completed.
- Ensure the premises is appropriately risk assessed to reduce potential risks to patients who might be at risk of self-harm.
- Ensure that patient records contain relevant information about medicines which have been administered.

Clinical waste management arrangements should ensure all sharps containers are replaced to conform with infection prevention and control guidance.

Summary of findings

Are services safe?

Our findings

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

The service had clear systems to keep patients safe.

Staff were clear about their responsibilities if they had concerns about the safety of children, young people or adults who were vulnerable due to their circumstances. G4S safeguarding policies and procedures provided staff with information about identifying, reporting and dealing with suspected abuse. Centre staff had made nine referrals since October 2018. Staff were trained to the appropriate level in safeguarding.

There was a system to highlight vulnerable patients on records. For example, children with child protection plans, adults with known safeguarding concerns, people with a learning disability or a mental health condition, or who required other support such as with mobility or communication. There was additional oversight of patient records for newly trained medical examiners which ensured that staff developed their skills and knowledge around all aspects of the safeguarding assessments and picked up where risks might have been missed. An additional safeguarding conversation and record had been introduced recently following learning from another centre.

All health equipment was safe, appropriate and met the Provision and Use of Work Equipment Regulations 1998 (PUWER) and the Faculty of Forensic and Legal Medicines (FFLM) guidance (June 2017).

Staff were trained to the appropriate level for carrying out examinations including the use of the colposcope (a colposcope is a low-power microscope mounted on a stand, used for making records of intimate images during examinations, including high-quality photographs and video).

Managers followed G4S' recruitment policy and procedure to ensure suitable staff were employed. Staff who worked occasional flexible shifts (flexi-staff) to support patients were treated as permanent staff due to the sensitivity of their work. Initial recruitment disclosure and barring service and non-police personnel vetting checks were completed and repeated every three years.

The provider ensured facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Building management was the responsibility of West Mercia Constabulary. However, the centre manager provided assurance that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, except for one area where improvements were needed:

Whilst medical emergency procedures were clear, the premises had not been fully risk assessed for potential self-harm risks to vulnerable patients. The management team were already aware of this, and were in the process of developing and taking actions to reduce potential risks to patients. The provider took appropriate action to address the risks and submitted a copy of the risk assessment and actions taken to CQC following the inspection.

We looked at the service's arrangements for safe examination and treatment. The service's health and safety policies, procedures and risk assessments were up to date. Emergency equipment and medicines were available to reflect the Resuscitation Council Quality standards for cardiopulmonary resuscitation practice and training. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff knew who to contact in an emergency, including for incidents of self-harm, violent behaviour and first aid. Staff knew how to respond to medical emergencies and completed training in emergency resuscitation and basic life support (BLS) every year. There was a comprehensive induction process to ensure that bank staff were familiar with centre procedures.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, through an occupational health contract.

The service had clear protocols in place to support patients with urgent health concerns. Staff carried out

Are services safe?

comprehensive assessments for post-exposure prophylaxis after sexual exposure (PEPSE), hepatitis B prophylaxis, emergency contraception and physical injuries that required urgent treatment.

Infection prevention and control measures were appropriate. The service carried out infection prevention and control audits and regular “floor walks” to review the premises. The service was clean when we inspected. Arrangements to remove waste from the centre were appropriate. One sharps bin had not been replaced in accordance with guidance found in the Health Technical Memorandum 07-01: Safe management of healthcare waste (2013). This was addressed during the inspection.

There were decontamination protocols in place to ensure high quality forensic integrity in line with the operational procedures and equipment for medical facilities in victim examination suites or Sexual Assault Referral Centres (SARCs) FFLM 2016.

Information to deliver safe care and treatment

We discussed with staff how information to deliver safe care and treatment was handled and recorded. Patient information was kept in paper records which were stored securely within the centre, with archived records stored securely off-site, and an IT system with restricted access. Staff were clear about their responsibilities under General Data Protection Regulations.

Patient records were reviewed by G4S management as part of their quality assurance procedures, with a sample checked regularly for all staff. We looked at a sample of 17 care records to review patient safety, care and consent. The risk assessment in one of the records we reviewed had not been completed. However, the manager advised this had been identified during the records audit and risks to the patient had been appropriately addressed.

There were clear procedures adopted for the management of photo documentation and intimate images resulting from the assessment in line with FFLM Recommendations for the Collection of Forensic Specimens from Complainants and Suspects (July 2018)

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines, including emergency medicines. There were patient group directions (PGDs written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) in place to allow nurses to administer medicines as required to individual patients.

The team had an effective stock control system of medicines which were held in the centre. This ensured that medicines did not pass their expiry date and enough medicines were available.

Clinical staff followed current guidance (General Medical Council Good Practice in Prescribing and Managing Medicines and Devices (2013) and the Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Setting (January 2019)) when prescribing and administering medicines. Recent improvements had been made to the patient record template to include recording of emergency contraception batch details to ensure there was an effective audit trail.

Track record on safety

In the previous 12 months there had been three incidents reported. All staff had access to the incident reporting system though most incidents were entered into the system by the centre manager. We saw evidence of a comprehensive review of processes and documentation in response to a serious incident.

Lessons learned and improvements

The centre had documented procedures in place for reviewing and investigating when things went wrong. All learning was shared with the team electronically to prevent such occurrences happening again. In addition to discussing shared learning from local incidents at team meetings, the team also reviewed information from other G4S provided SARC services, and these were used to improve services which was good practice.

There was a system for receiving and acting on safety alerts, though none of these had been relevant to the centre to date.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The centre worked with local commissioners to develop the service and changes had been made since the new contract commenced in April 2018. This included effectively integrating clinical examiners into the service. This offered patients a more coordinated service.

Forensic medical examiners assessed needs and delivered care and treatment in line with current legislation. Clear clinical pathways and protocols supported timely healthcare including provision of emergency contraception, antibiotic or HIV/Hepatitis B prophylaxis.

Staff had clear regard and understanding of the Mental Health Act Code of Practice and gave examples where it had not been appropriate to carry out care due to lack of capacity.

Staff advised patients where to seek further help and support. The centre offered two different types of counselling to support patients as well as referral to a range of partner organisations including independent sexual violence advisors (ISVA).

After attendance at the centre, the coordinator would contact patients by telephone, to check they were well and whether they needed any further help. This was also used as a second opportunity to explain further support and treatment options.

Consent to care and treatment

The clinical staff gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. The coordinator checked the patients' understanding and consent and recorded this in the record. The service feedback questionnaire included asking patients whether staff gave them clear information about their treatment. Respondents had all been positive about this.

Advocacy services were available for patients who required additional help in understanding or communicating consent.

Staff involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

Management audited patients' medical care records to check that staff recorded the necessary information. Staff were involved in both self-audit and peer review to help them improve their practice. Additional patient record audits were also in place for newly employed staff to help them improve their examination and record keeping.

The centre manager kept a clear record detailing information about patients' care and treatment and outcomes which was shared with G4S managers and NHS England commissioners to inform service delivery.

To ensure patients' needs were met, the manager also monitored genito-urinary medicine (GUM) clinic attendance by patients who had been referred by forensic medical examiners during their treatment at the Glade.

Centre staff routinely identified the patients who had missed appointments and offered alternatives.

Effective staffing

Staff availability and rotas were appropriately managed, with crisis workers working specifically at The Glade, Bransford, and medical examiners covering wider SARC sites via a centralised rota. Where medical examiners were not available to meet requirements, appropriate arrangements were in place with neighbouring SARCs to provide cover.

Management had agreed that all flexi-staff would be treated as permanent staff for the purposes of training, appraisal and supervision due to the nature of the work they carried out at the centre. This ensured that all staff were appropriately supported and trained.

Staff were trained and appropriately qualified and had the skills they needed to carry out their roles effectively and in line with the: FFLM Recommendations for the Collection of Forensic Specimens from Complainants and Suspects (January 2019).

Staff told us they discussed training needs at annual appraisals and during clinical supervision. Managers monitored staff training, supervision and appraisal and mandatory training was up to date. Whilst formal supervision records were of a good standard, some ad-hoc supervision was not recorded. Management were considering whether they could do more to record this.

Are services effective?

(for example, treatment is effective)

We reviewed training arrangements, records and spoke with staff and management to confirm that staff were competent in both forensic medical examinations and in assessing and providing for the holistic needs of patients, including the assessment and management of physical and emotional conditions that may or may not be related to the alleged sexual abuse.

Crisis workers were trained to provide immediate support as appropriate.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

There were clear and effective pathways to other health services in place. Staff referred patients to an independent sexual violence advisor (ISVA) where appropriate, as well as GPs, mental health services, counselling and GUM clinics. We saw clear evidence in patient records where staff had followed up to ensure the patient received appropriate care from other agencies.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Staff were kind and caring in their manner and understood the impact of the experiences which had led to patients being referred to the centre. Patient feedback obtained by the service commented positively about staff kindness, empathy and care. Staff were passionate about supporting patients who had experienced traumatic events.

Staff were aware of their responsibility to respect people's diversity and human rights.

Staff confirmed their training helped them inform and advise patients about sexual violence and how a victim was never responsible for the actions of the perpetrator. They explained this was crucial to helping the patients cope with their experience and move on.

Where patients contacted the centre directly and attended as a self-referral, the crisis worker spoke to the patient at length with details of the examination process prior to them travelling to the centre. This gave patients assurance, answered their questions and alleviated their anxiety.

Crisis workers described how they offered both verbal and physical support during their time in the centre.

Patients were offered a choice of food and drinks once they had showered after an examination to help them feel more relaxed before travelling home.

Privacy and dignity

Staff were aware of the importance of privacy, confidentiality and dignity. The layout of the centre and examination suites supported privacy. The pre- and post-examination rooms were private and welcoming. Patients entered the examination room from the pre-examination room and were assured other staff could not enter the examination room. The examination process had recently been changed with police officers no longer

present. Crisis workers were always present during examinations, and stood where the patient requested them. Patients could also request a chaperone of their own choice should they wish. Examiners followed protocols to ensure patient privacy and dignity was respected during the examination.

A bathroom was attached to the examination room, which allowed patients to shower and change before they left the suite.

Office computer screens were not visible to patients and staff did not leave patients' personal information where others might see it.

Involving people in decisions about care and treatment

The centre's website provided patients with information about the range of available treatments. An easy read leaflet about the services offered had been designed with a partner organisation.

Staff helped patients be involved in decisions about their care and were aware of the importance of helping them to understand their care options. In the pre-examination rooms a set of communication cards was available so that when patients felt unable to talk, they could choose a card to advise staff or say they did not understand.

The police usually arranged interpreters when required before they attended with patients they had referred to the centre. Information leaflets were available in a range of languages. Staff also had access to a telephone translation service.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff described the conversations they had with patients to satisfy themselves they understood their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Since April 2018, there had been 168 referrals into the centre, with another 137 patients speaking to crisis workers on the phone. Patient numbers had been static since 2015. Care was offered both to patients with recent experiences of sexual assault and for non-recent cases.

Patients were asked by the police or SARC staff prior to attendance if they had a preferred gender of examiner and this was facilitated.

Crisis workers were highly knowledgeable about offering support and advice, with some initial contact calls covering complex and in-depth concerns. Some of these calls led to patients reporting a crime to the police, others chose to report to the centre who retained evidence for up to seven years on behalf of patients.

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff recognised the vulnerability of all patients accessing the service and described examples of how they adapted their care to meet individual needs. Hygiene packs and new clothing were offered to patients following examinations to promote patient wellbeing.

The centre had introduced feedback forms which could be returned later should patients wish to do so. Between October and December 2018, the centre had received 36 completed feedback forms, all of which said the patient was satisfied or very satisfied.

The service had made reasonable adjustments for patients with physical disabilities. These included step-free access, an accessible toilet with hand rails and a call bell. Staff described how they arranged examinations for patients in wheelchairs.

The centre took a key role locally in raising the awareness of the services they offered, but also about the awareness of sexual assault and rape and what constitutes consent. They spoke at local university events, attended a range of community events and had also provided training for 65 prison staff to increase the understanding of sexual violence in local prisons. There was also a range of public information shared, through local newspaper articles and social media to improve awareness and understanding of the services.

Full-time staff were encouraged and supported to identify potential areas of the service that they thought required further development and undertake projects to both develop understanding and improve the care provided. One such project was around gender identification and the use of language in the centre to ensure the service was fully inclusive. Patient survey responses had been used and one patient had been approached to ask for their input into the initial patient assessment questions. This learning and the revised assessment form was then shared with other G4S SARC services.

Timely access to services

Patients could access care and treatment from the service within an acceptable timescale. Data showed that 73% of referrals into the centre came from the police, with 16% from other health professionals and 11% were self-referrals.

The service was accessible 24 hours a day. This was reflected in the service information leaflet and on the website. Crisis workers were available 24 hours a day should patients require support or assurance.

The service had an efficient appointment system to respond to patients' needs. Patients referred by the police or requiring an urgent appointment were seen within the timescales recommended in the SARC national service specification and FFLM Sexual offences: POST PUBERTAL complainants (January 2016) forensic guidelines. There were arrangements in place for patients to access neighbouring SARCs for urgent cases where an examination was already taking place within the Glade.

The service website, information leaflet and answerphone provided telephone numbers for patients during the working day and when the service was not open.

Listening and learning from concerns and complaints

The centre had received no complaints during the previous 12 months. However, complaints and learning from other G4S SARC centres was shared between all SARC managers, and the Glade ensured staff were aware of these and any associated learning.

Managers and staff were aware of and explained that they would follow G4S complaints policy should they receive a complaint.

Are services well-led?

Our findings

Leadership capacity and capability

Managers demonstrated that they had the capacity and skills to deliver high-quality sustainable care, were knowledgeable about issues and priorities relating to the quality and future of SARC services. They understood the challenges and were addressing risks which they had identified.

Staff told us that managers were visible and approachable. They worked closely with staff, NHS colleagues and other partners to improve care.

Vision and strategy

There was a clear vision and set of values which staff were aware of and committed to.

Culture

Staff felt respected, supported and valued. They were proud to work in the service and commented it was the best job they had ever had.

The service focused on the needs of patients. Managers recognised that the type of care being provided was demanding for staff, and additional support measures were available. Staff had access to an on-call manager day and night.

There were robust lone working procedures in place due to the nature of the work and out of hours working. All telephone calls to request staff attendance went through a central call centre. Staff advised us this offered them additional personal security and support.

Openness, honesty and transparency were demonstrated when responding to incidents and concerns. A culture of openness and honesty empowered staff to discuss errors and we found that the provider had a clear understanding of its responsibilities under the duty of candour.

The service had a whistleblowing policy. Staff told us they could raise concerns and they had confidence that these would be addressed.

Governance and management

The centre manager was being supported by the G4S SARC manager to develop governance procedures at the time of

our inspection. This included centralised arrangements and making improvements following learning from other SARC centres. The manager was developing processes for managing risks, issues and performance.

Appropriate and accurate information

The service had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. There was an electronic patient record, which was kept updated by the coordinator. This complemented the initial assessment and treatment information completed when the patient attended the SARC.

Engagement with patient, the public, staff and external partners

Managers regularly worked with partner organisations and took their views into consideration for service development. For example, artwork displayed had been provided by students of a local college as part of an engagement project with local young people.

We found an area of good practice around partnership working and developing understanding of SARC services. The SARC worked actively with other G4S SARC services to continually develop local procedures, and with the local community in raising awareness of the sexual assault services. Project work included liaison with local voluntary groups and prisons to access groups who might not know about the centre. There was also a high-profile media presence with social networking and regular contributions to the local press

The service gathered feedback from staff through informal discussions and staff meetings. Staff were extremely complimentary about the responsiveness of the manager when they had concerns, comments or suggestions, advising they received prompt and positive responses whenever they contacted managers.

Continuous improvement and innovation

The centre management showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff were encouraged to support awareness raising events, and undertake projects where appropriate to their roles.

Projects included liaison with voluntary organisations to understand the barriers to certain groups of people and

Are services well-led?

reasons why they may not attend. This included non-white women, women in out of area domestic abuse shelters, men and members of the lesbian, gay, transgender, bi-sexual and queer community (LGBTQ).