

## Mountain Healthcare Limited

# The Elms

### Inspection report

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## Overall summary

We carried out this announced inspection on 3 March 2021 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 a second CQC inspector.

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

Mountain Healthcare Limited (MHL) are commissioned by NHS England (NHSE) and the Cambridgeshire Office of the Police and Crime Commissioner to deliver Sexual Assault Referral Centre (SARC) services to children, young people and adults who have experienced non-recent or recent sexual abuse across the county of Cambridgeshire. The Elms SARC is situated within the grounds of Hinchingbrooke Hospital with discreet access to provide privacy for people entering and leaving. The SARC is accessible 24 hours a day seven days a week, is accessible for patients with limited mobility, and has parking available outside.

# Summary of findings

The SARC facilities include four forensic examination suites, two adult and two paediatric situated at different ends of the building. Each suite includes a pre-examination room and forensic examination room with accessible bathroom and shower facilities. Two separate aftercare rooms are adjacent to the suites. There is a separate toilet and accessible toilet, storage room, cleaning cupboard, kitchen area and staff office. The SARC is co-located with police colleagues who have an adjoining office, and there is a police live link room as well as three counselling rooms which can be used by external agencies, the police or SARC staff.

The team consists of a SARC manager, a forensic medical examiner, 10 forensic nurse examiners and 11 crisis workers. The SARC manager is in the process of applying to become a member of the Faculty of Forensic and Legal Medicine (FFLM). The forensic medical examiner is a member of the Royal College for Paediatric Child Health (RCPCH).

The service is provided by Mountain Healthcare Limited 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 The Elms was the service manager.

During the inspection we spoke with seven members of staff and reviewed eight patient records. We looked at policies and procedures and other records about how the service is managed. 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 robust safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Care records evidenced a holistic approach to assessing patient needs.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- There were excellent working relationships with co-located police colleagues.
- There was effective leadership and culture of continuous improvement.
- Staff showed care and passion for their work and felt very well supported in their roles.
- Patient feedback was positive about the support they received from the SARC and there had been no complaints.
- Comprehensive information about local services, referral pathways and the operation of the SARC was readily available to staff.
- The provider had good governance arrangements to support the delivery of services from the SARC.
- The environment was clean, welcoming and included age appropriate rooms and equipment with local school artwork and visual distractions for children.
- The provider had infection control procedures which reflected published guidance and had adapted quickly to COVID-19 guidelines to ensure services remained available to patients throughout the pandemic.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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

# Are services safe?

## Our findings

### Safety systems and processes

The provider had systems and processes in place to keep patients and staff protected from the risk of harm. There were appropriate policies and procedures for the safe care and treatment of patients which were regularly reviewed by the provider, and staff knowledge and skills were refreshed in line with the provider's training schedule. Training records showed that all staff had received the appropriate level of safeguarding training, which was monitored and updated every three years. Staff we spoke with understood their responsibilities to safeguard patients, and told us they felt confident in the process to raise concerns when risks were identified.

Patient vulnerabilities were highlighted as part of both the referral and assessment process, and were clearly documented in patient records we reviewed as part of our inspection. This included risks such as mental health, modern slavery, and female genital mutilation (FGM) for example. Patients requiring support with communication, or with additional needs such as a learning disability or health condition were flagged at the point of referral to the provider so that they could adapt their assessment process to meet the patients' needs. Despite most assessments taking place over the phone due to the COVID-19 pandemic, a patient with a learning disability had recently received a face to face assessment and an easy read proforma was available.

Managers had worked closely with the local authority to identify processes to share safeguarding information about patients attending the SARC. The team were able to access the local authority database to identify whether a child or young person had a social worker, and make contact with them directly where appropriate, which was good practice. The provider also had a strong working relationship with co-located police colleagues and staff attended all strategy meetings for children and young people referred to the SARC.

### Staff

The provider had a whistleblowing policy in place which was accessible to all staff electronically and in the staff office. This provided staff with details on how to raise a concern within the organisation if they did not wish to do so at a local level. Staff we spoke with during the inspection told us they were aware of the policy but also felt very comfortable approaching their SARC manager to raise any concerns they may have.

The provider had clear recruitment processes and all staff were subject to enhanced DBS checks in line with the provider's recruitment policy. DBS and registration information were recorded on a managers database which was monitored to ensure that staff were subject to the appropriate ongoing checks.

Clinical staff completed continuing professional development (CPD) and received dedicated time to fulfil this as part of their role working for the SARC.

Managers were available locally and regionally for staff to contact seven days a week in case of an emergency, such as a self-harm or violent incident, and alarm strips were installed in all non-clinical areas which co-located police colleagues responded to if activated. Portable self-activated alarms were kept outside medical rooms for staff to take to wear on entering for their own safety. The provider's call centre was also available 24 hours a day 365 days a year for staff to seek support if required.

### Risks to patients

The provider had robust systems in place to assess, monitor and manage the risks to patient safety. Risks to patients accessing the SARC were identified from referral details, during the assessment process, and through ongoing communication with patients during their time at the SARC. Staff we spoke with as part of our inspection told us that they

# Are services safe?

would look for signs of deteriorating health including mental health, physical health, and substance misuse concerns. The assessment process prompted staff to consider risks to patients around child sexual exploitation, domestic abuse and female genital mutilation, and referral pathways to the appropriate agencies were in place. Records we reviewed during the inspection evidenced that risks to patients had been identified and appropriately acted upon.

Patients received a comprehensive assessment for post-exposure prophylaxis after sexual exposure (PEPSE), antibiotics, and/or hepatitis B prophylaxis. Patients were also offered emergency contraception where appropriate, and referrals to sexual health services for additional treatment were available if required.

Clinical staff received the required vaccinations to enable them to safely carry out their roles, including hepatitis B virus, the details of which were held on a managers database which was regularly reviewed. Staff training records showed that all staff had received up to date mandatory life support training. The provider carried out an annual ligature risk assessment, and included any concerns arising on the service risk register.

The SARC is situated within the grounds of Hinchingsbrooke Hospital and is close to the accident and emergency department. The manager had established links with the emergency department and a direct line is available to contact medical staff for assistance in case of a medical emergency whilst a patient is at the SARC. The assessment process included body mapping to document any physical injuries the patient may have and referring any urgent treatment needs to the hospital. An automated external defibrillator (AED), oxygen and a medical grab bag were stored in the staff office and were checked regularly to ensure they were in full working order.

The provider's health and safety policy, procedures and risk assessment ensured that patients were kept safe whilst attending the SARC. Employers liability insurance was in date and displayed in the reception area of the premises, and a business continuity plan had been updated in light of the COVID-19 pandemic with new procedures to reduce the risk of infection to staff and patients.

## **Premises and equipment**

The SARC premises were purpose built and opened five years ago. The police leased the building from the hospital and were responsible for the management of the premises including health and safety. The police contracted cleaners to attend daily, and crisis workers carried out the forensic cleaning of medical examination suites. A quarterly external deep clean was also commissioned by the provider. Medical rooms were appropriately tagged and logs completed after cleaning, which were stored outside the entrance to the rooms. The SARC manager had access to the police portal to raise any maintenance issues regarding the building, and had close working relationships with commissioners to escalate concerns if required.

The provider held a record of health and safety checks carried out, including fire alarm and emergency lighting tests, and electrical appliances were assessed annually to ensure they were in safe working order. A fire risk assessment review had been carried out by police colleagues in January 2021. A Legionella risk assessment report was completed in September 2020 and a certificate issued the following month to confirm compliance.

Infection control measures were in place in line with the provider's policy and decontamination processes ensured forensic integrity. Forensic samples were managed in line with FFLM guidelines. Staff received training in the use of a colposcope (a colposcope is to make a digital recording of genitalia).

## **Information to deliver safe care and treatment**

Care records we reviewed during the inspection were complete and legible and evidenced that care was safely delivered to patients. Records were subject to a regular audit cycle by the SARC manager, and were stored securely in locked cabinets in a staff office which complied with data protection requirements. Photo documentation and intimate images were also stored appropriately in locked cabinets.

# Are services safe?

The team had worked hard to compile a broad range of information on local services, referral pathways and partner agencies which may also support patients. There were comprehensive details of these people and services within files in the staff office which were an invaluable resource. Staff we spoke with during the inspection told us that they had the information they needed to deliver safe care to their patients, and that the effective links established with the local authority meant they could share information with social care services in an efficient and timely manner.

## **Safe and appropriate use of medicines**

The provider had systems in place to ensure the safe storage and handling of medicines. Medicines were stored in a locked safe within a restricted access staff area, where the room temperature was monitored and recorded daily. Temperature record charts we reviewed during the inspection demonstrated that the maximum temperature of the room had not exceeded the limit according to the provider's policy. A stock control system was in place to manage medicines stored on site. No medicines were held on site which required storage in a fridge.

There was a range of Patient Group Directions (PGD's) in place (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). These were subject to regular organisational review and local clinical staff had signed the PGDs.

## **Track record on safety & lessons learned**

The provider used an incident reporting and investigation system: positive, adverse and irregular events reports (PAIER's). All PAIERs reports were recorded on a log which managers had oversight of to track investigations and any actions arising. A traffic light system was used to highlight the stages of actions within the log, and a review of the log during our inspection showed that investigations were completed in a timely manner with appropriate actions completed.

A serious incident reporting framework was in place to highlight any significant incidents to commissioners, however no incidents had been reported recently. An annual review was carried out by the provider to identify common themes from incident reports, the findings of which were included in the provider's annual governance report.

A system was in place to act on patient safety alerts including external safety, patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

Patients' needs were assessed by a crisis worker and clinician prior to a forensic medical examination. During the COVID-19 pandemic, the initial assessment was carried out with the patient over the phone where possible. Patient feedback suggested that this had been easier for some patients than face to face, and the SARC manager planned to offer the telephone assessment as an option when service delivery returned to business as usual.

Care and treatment were delivered in line with guidelines from the Faculty of Forensic and Legal Medicine (FFLM) and the clinical assessment of patients took account of the possible need for immediate healthcare such as emergency contraception, antibiotics, or hepatitis B/HIV prophylaxis. Staff received updates from external agencies including the FFLM and National Institute for Clinical Excellence (NICE) to ensure that care and treatment were delivered in line with the latest guidance. All staff received training in the Mental Health Act (MHA) and staff we spoke with demonstrated a good understanding of the MHA code of practice.

Staff captured details of patients' needs, including a current and past medical history. The assessment paperwork designed by the provider included standard questions in line with the guidance from the FFLM to ensure that all relevant information was captured and documented, and documentation we reviewed assured us that a comprehensive health assessment had been undertaken as part of the forensic examination.

Patients, their parent/carer and other professionals received advice regarding onward referrals and support agencies available prior to leaving the SARC. Referrals to relevant services such as the GP were also made subject to consent.

### **Consent to care and treatment**

Staff understood the importance of seeking informed consent from patients or carers. Treatment options were discussed with patients or carers at the point of referral and again during an initial assessment with a crisis worker at the SARC. SARC literature provided to patients and carers, and the provider's website included details of treatment options and promoted patient choice; records we reviewed evidenced this, and the voice of the patient (whether an adult, young person or child) was clearly documented. Staff told us that they would check their patient or carer continued to give consent to treatment throughout the assessment and examination process, and would stop at any point if consent was withdrawn.

Patients provided consent in line with the Mental Capacity Act 2005. Staff understood the legal standards to obtain consent from a child and used the Gillick competence framework when seeking consent from under 16's, in addition to consent from the person with parental responsibility. Consent was clearly documented in care records we reviewed.

### **Monitoring care and treatment**

Care records were subject to regular audits to ensure that patients received effective care appropriate to their needs; the SARC manager regularly reviewed crisis worker assessments, whilst forensic medical examination records were peer reviewed by clinicians. Audit feedback was shared with staff during team meetings and supervision sessions, and peer reviews were carried out with the examining and reviewing clinicians both present where possible.

Outcomes for patients attending the SARC were recorded on the assessment paperwork. This included details of the procedures undertaken, treatment provided (including medication issued if applicable), and communication or referrals to other agencies for ongoing support.

Adult patients received a follow up at two and six weeks following their attendance at the SARC, and staff made three attempts to contact in each instance. Under 18's, or their responsible parent/carer, received a follow up call three weeks following their visit to the SARC. All patients who had attended the SARC were reviewed in a recently introduced daily meeting where staff monitored the contact made and any outstanding actions for the patient.

# Are services effective?

(for example, treatment is effective)

The provider carried out routine monitoring of patient care and outcomes through SARC indicators of performance, the data for which was reported to the provider's senior managers, and commissioners, on a monthly basis. The SARC manager had identified that the number of males seeking support from the SARC was low. A best practice working group had been commissioned by NHSE regarding male survivors and the SARC manager and crisis worker were involved in this workstream which aimed to increase referrals from this difficult to reach group.

## **Effective staffing**

Staff working at the SARC received a full induction from the provider in line with the organisational policy. The provider had an extensive induction and development programme which included a range of specialist training modules related to the staff members role. Most induction training was delivered by the provider's senior management team, alongside some online learning. The provider had also developed a comprehensive workplace competence development programme for Forensic Nurse Examiners (FNE's). This was set out in three-monthly blocks under the mentorship of the provider's medical director who was responsible for signing-off competence in different aspects on the role.

A mandatory training programme was in place for all staff which was monitored using an online system with oversight from the SARC manager. Training completion was also monitored in data performance reports to senior managers and commissioners. The majority of mandatory training had been moved to online learning as a result of the COVID-19 pandemic. Staff continued to access face to face learning to sign off annual life support training, and all other training was either up-to-date or scheduled. A large space was available within the SARC for local or organisational training to take place. Although this could not be utilised currently due to COVID-19 restrictions, this had previously been used to deliver training from local agencies such as sexual health.

Staff received an annual appraisal in line with the provider's policy, and clinical staff received allocated time to complete their continuing professional development.

Peer review sessions were held for clinicians on a quarterly basis, with attendance recorded and monitored by the SARC manager. Safeguarding supervision sessions were run by the safeguarding executive team (who had received Barnardo's safeguarding supervision training) on a six weekly basis which nurses, crisis workers and the SARC manager were able to access. Work was ongoing with NHSE commissioners to source external safeguarding supervision for the safeguarding executive team. The peer review and safeguarding supervision sessions provided a forum for staff to raise concerns, share information and seek advice. Staff told us they valued the support from peers in these forums, and found the sessions beneficial and a positive experience.

## **Co-ordinating care and treatment**

The team at the SARC had excellent working relationships with co-located police colleagues and engaged in regular meetings together to strengthen joint working. SARC staff were invited to all strategy meetings for under 18's referred to the SARC which allowed for information sharing and identification of risk from the point of referral.

All patients accessing the SARC were offered a referral to an independent sexual violence advisor (ISVA), and staff received an acknowledgement of the referral. Where patients or carers provided consent, information was shared with the GP and sexual health services, as well as other local support services such as mental health or substance misuse teams where appropriate. The strong links with the local authority and shared access to systems meant that safeguarding information was shared without delay, and named social workers could be contacted where appropriate.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff we spoke with showed care and compassion for their patients and this was evidenced in the care records we reviewed. Staff had received positive feedback from adults, children and their families regarding the care they had received, and they praised staff members for their understanding and kindness during their time at the SARC.

Staff were sensitive to the diverse needs patients may have, adapting assessments and examinations to suit each individual, and allowing the patients or their carers to take control of the pace at which the assessment and examination were carried out. Staff took time to explain what would happen during their time at the SARC and on leaving, and information was available throughout the SARC for patients or their families to read at their leisure.

Patients were offered a choice in gender of their crisis worker and examiner. Whilst a male examiner was not routinely available, this could be possible with cross county cover if required, and recruitment was underway to recruit a male crisis worker to offer this option to patients.

The team working at the SARC had taken time in the design of the building to consider how they could make the patient's time with them as comfortable as possible. Soft furnishings and age appropriate toys were used in aftercare rooms, and clothing and toiletries were offered to all patients to use at the SARC or take away with them. Local school children had completed artwork for the SARC, and this had been made into wallpaper for the paediatric forensic room with a wipe clean service to comply with infection control and forensic standards. This provided a bright and colourful distraction for children and young people, and staff told us this was a good talking point to build a rapport between clinicians and the patients when entering such a clinical environment.

### **Privacy and dignity**

The SARC was situated in the grounds of Hinchingsbrooke Hospital with a discreet entrance and parking available directly outside for patients or carers. The premises were spread over a large footprint and had three main entrances; one main entrance, and a further two on separate corridors which led to separate paediatric and adult area to promote patient confidentiality. Staff showed respect for patients privacy offering them time alone to shower or use the bathroom, but remained close by to ensure patients were safe from harm.

All staff completed mandatory information governance e-learning and understood the importance of secure storage of patient records. Patient information was stored within locked cabinets in a locked staff office, and electronic records were held on a password protected computer system. The staff office storage and computers we observed complied with information governance standards, and care records we reviewed evidenced that information was appropriately shared in line with patient consent.

### **Involving people in decisions about care and treatment**

Staff told us that patients or their carers were involved in decisions about their care or treatment, and the voice of the patient or carer was evidenced in care records we reviewed. Staff told us that they provided information to patients or carers to enable them to make informed choices, and the SARC website included information on what to expect when attending the SARC. Feedback the provider had received from patients highlighted how well staff had explained the process to patients when they attended the SARC.

Staff carried out assessments over the phone and face to face with patients or carers. The team could access language line to communicate with patients who did not speak English as their first language, and easy read materials and assessment paperwork were available.

# Are services responsive to people's needs?

## Our findings

### **Responding to and meeting people's needs**

The provider had appropriate measures in place to support patients needs. The building was fully accessible to those with mobility issues, and a hearing loop was in place for any patients with a hearing impairment, however this had not been used to date. Examination suite bathroom facilities and separate bathrooms were all accessible with hand rails and call bells. Paediatric areas were child friendly with age appropriate toys and distraction equipment which was subject to regular cleaning. Patient feedback and staff we spoke with clearly demonstrated the caring environment the SARC provided to patients.

The provider had established good links with a wide variety of local agencies to meet patients ongoing needs. Referrals were offered and made with patients consent, and the outcomes of referrals were monitored to identify and address any unmet needs. The premises offered space to ISVA's and other local charities supporting victims of sexual abuse with counselling or talking therapies, however this had moved to virtual support during the COVID-19 pandemic.

### **Timely access to services**

The provider operated at 24 hour a day 365 days a year service to patients, and referrals could be made to the provider's call centre at any time. The call centre staff would liaise with the local team to schedule appointments and the local team worked closely with their co-located police colleagues to ensure patients were seen in a timely manner.

Response times from the point of referral to the start of assessment were monitored by the SARC manager and police colleagues, and were reviewed as part of contract monitoring arrangements with commissioners. There had been several gaps in the clinical staffing rota; this was due to a clinical team member leaving, and recruitment was ongoing. The SARC had worked closely with SARC teams in the neighbouring counties to ensure patients could still be seen in the required timescales.

The contact details for the provider and local SARC were clearly identified on the SARC website and on service information leaflets, and opening times of the SARC were clearly advertised.

### **Listening and learning from concerns and complaints**

The provider had a complaints policy which was displayed in the SARC, and on the website. Patient information leaflets handed out to all those who attended the SARC included details on how to make a complaint, and staff explained this to patients as part of the assessment process.

The provider had not received any complaints in relation to the SARC in the five years since opening. A process was in place for complaints to be recorded and investigated using the provider's PAIERS system should any be received. Governance meetings held regularly with staff provided an opportunity to share feedback with staff, and complaint outcomes were reviewed regionally and nationally by the provider to share learning between different services.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The SARC manager was a registered nurse and sexual offence examiner, and had managed the SARC since it opened in 2016, also being the registered CQC manager for this period. The manager also had extensive experience working with victims of sexual assault, and worked on national projects with the provider and external agencies around sexual assault services. The SARC manager was knowledgeable about the local area and led a team who were also experienced and knowledgeable in their field of work. A robust senior management team provided oversight of the provider's SARC services on a regional and national level, supporting the SARC manager with any issues requiring escalation.

Staff told us that they felt very well supported by the SARC manager, and felt able to raise any concerns they may have. Despite often working alone, and only coming together for team meetings or training, staff said they felt valued and listened to, and virtual events were established during the pandemic for staff to check in with each other and catch up informally outside of more formal events and meetings. The manager and regional managers were visible and staff spoke positively about their compassion and shared vision to support patients in the best way possible.

### Vision and strategy

The provider was working on several local projects as part of the vision for the future of the SARC. One workstream was ongoing with commissioners and local agencies to reach out to some minority groups who did not often present to SARC services, specifically male victims of sexual assault. There had also been recent work to create a new role for an ISVA to offer support to patients between them attending the SARC and being offered their first appointment with an ISVA. This helped to bridge the gap some patients experienced due to high demand for the service and long waiting lists.

A SARC operational group and provider SARC manager meetings ensured that services were delivered in line with the organisational policies to meet the needs of the population, and provided a forum to share business ideas and strategies to achieve service priorities.

Although the provider's values were advertised in the SARC and clearly understood and promoted by staff, the team felt strongly that they were also part of the wider team working with the police to support victims of sexual assault. This was evident from the interactions we observed between SARC staff and police colleagues during the inspection.

### Culture

Staff told us that there was an open culture within the provider and locally within the SARC, which the manager promoted. There was a strong sense of teamwork and support between staff, and staff welcomed the open and inclusive leadership style of the manager. Staff said they felt able to raise matters without fear of retribution, and their ideas were welcomed and actioned where possible. Team meetings provided feedback to staff regarding any incidents, complaints or patient feedback, and this promoted transparency among the team.

### Governance and management

The provider had robust clinical governance arrangements in place including policies, local operating procedures, and risk assessments relating to the delivery of care and treatment in the SARC. Policies were subject to regular review by the senior management team, and policy or procedure updates were shared with staff during team meetings. Staff were able to access provider policies and procedures in the staff office or online.

There were clear management roles, and staff we spoke with understood the management structure and lines of accountability, both locally and within the wider organisation. The SARC manager was responsible for the management and clinical leadership of the SARC team and felt well supported by regional managers.

# Are services well-led?

Governance processes effectively monitored the performance of the SARC. A SARC operational group met regularly to raise and resolve any issues collaboratively between agencies, and contract monitoring arrangements provided a forum to escalate concerns and identify areas for improvement.

Risks to the SARC service were identified and recorded on the service risk register which was regularly updated and reviewed by the SARC and regional manager. This evidenced that actions were completed within designated timescales, and documented any residual risks and how the provider may mitigate these.

## **Appropriate and accurate information**

Information governance arrangements complied with the Data Protection Act, and patient information was securely stored. Quality and operational information was collated by the SARC manager to monitor outcomes for patients, and was routinely shared with commissioners and relevant partner agencies to identify gaps and improve services. Patient feedback was also taken into consideration. The provider produced annual governance reports to highlight themes, areas of good practice and areas for development.

## **Engagement with patients, the public, staff and external partners**

The SARC team worked closely with co-located police colleagues to offer a high quality of care to patients. Staff had also worked hard to develop referral pathways with numerous local agencies which offered ongoing care to patients attending the SARC. One crisis worker had made efforts to establish a local service user group. This had been challenging and had to be placed on hold during the COVID-19 pandemic, but it was hoped this project could be revived in the future.

Feedback from patients, their carers and families was encouraged prior to leaving the SARC, and staff also sought patient feedback when carrying out follow up welfare calls. Patient feedback and comment cards we reviewed were all positive regarding their experience at the SARC. Professionals were also invited to share feedback with the provider, and police colleagues we spoke with were complimentary of the team and their support to victims of sexual assault.

Staff we spoke with were very positive about their experience working at the SARC, their manager and colleagues, and felt that this also impacted on the positive experience which patients had.

## **Continuous improvement and innovation**

The provider had systems in place for learning, continuous improvement and innovation. The SARC manager had oversight of service action plans, including the service risk register, to monitor and improve services.

Staff had access to a comprehensive programme of learning and development opportunities at provider level and locally, and staff were encouraged to engage in national conferences or events relevant to the field of work. Staff were then given the opportunity to share their own learning from events with the wider team during regular team meetings.

Quality assurance processes which the provider had in place meant that staff learned from peer reviews and audits which were regularly carried out, and the supervision and appraisal process allowed staff to identify areas for their future professional development. The provider and manager demonstrated a commitment to staff's continuing professional development, and lead roles or specialisms were encouraged for staff to develop and lead in certain areas.