Care Quality Commission

Care UK Health & Rehabilitation Services Limited

Bicester SARC

Inspection report

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Date of inspection visit: 11 and 12 December 2018
Date of publication: 26/06/2019

Overall summary

We carried out this announced inspection on 11 and 12 December 2018 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 and a specialist professional advisor.

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

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

Our key findings were:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The service had systems to help them manage risk.
- The staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Systems were in place to support multi-agency working
- The service had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment/referral system met patients' needs.
- The service had effective leadership and staff told us they felt well supported and listened to.
- Staff felt involved and supported and worked well as a team.
- The service asked patients for feedback about the services they provided.
- The service staff had systems to deal with complaints positively and efficiently.
- The staff had suitable information governance arrangements.
- The service was clean and facilities are well maintained.
- The staff had infection control procedures which reflected published guidance.

Summary of findings

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

- Develop a workplan that sets out aspirations and service developments.
- Implement an induction programme appropriate to the team member that measures progress on competencies.
- Ensure the Crisis Support Workers have consistent access to regular reflective practice
- Consider ways to ensure children, young people and families are able to feedback on any leaflet produced for this age group.
- Assess and mitigate risks associated with upstairs windows
- Ensure Care UK have an overriding Consent Policy to lay out the organisational strategy for management of consent

Bicester SARC

Detailed findings

Background to this inspection

Background

Services for the support and examination of people who have experienced sexual assault are commissioned by NHS England and Thames Valley Police (TVP) and provided by Care UK Health & Rehabilitation Services (referred to in this report as Care UK). Thames Valley Sexual Assault Referral Centre (TV SARC) operates from two sites, one in Bicester which covers the North of the valley, and one in Slough, covering the South. The Bicester centre which is the focus of this inspection opened in June 2018 following relocation from Bletchley and provides a 24hr service to adults and children.

The centre is located at the Bicester Police Station site and building, and facilities are managed by TVP. The centre has been adapted to meet the needs of SARC patients visiting the site although it is not purpose built. The site is signposted discreetly, and the entrance has access for people with physical disabilities with adequate parking at the centre. Accommodation includes a forensic medical room and bathroom, forensic waiting room, an interview room and a family waiting room.

The clinicians, who work across the two sites, consist of 10 forensic practitioners (FP) and a clinical director. The Bicester centre has five crisis support workers (CSW) of which one is the senior CSW, the registered manager is also a trained CSW. All staff are permanent and there is one FP vacancy which was being recruited into at the time of the inspection. The staff are supported by a full-time administrator. The FP and CSW work an on-call rota, to cover daytime, nights and weekends. The FP work across the two sites as do the CSW when providing the out of hours service.

Any professional can refer to the service. Self-referrals, for safety reasons, are seen during the daytime only. Anyone can self-refer to the SARC and choose not to have the police involved in the case, but if the person is under 18, or if the case is of particular concern for the general public, then the patient is made aware that the police will be informed.

Care UK are not commissioned to provide counselling or therapeutic support and referrals are made to a number of services commissioned to provide this service in the area.

The service is open from 8am-8pm Monday to Friday, 10am-12pm Saturday and on call arrangements cover outside of these hours.

During inspection we spoke with the registered manager, clinical director, a forensic practitioner, two crisis workers, one specially trained police officer and the Care UK regional manager. We also looked at patient records, policies and procedures and other records about how the service is managed.

Patients spoke positively about the service and the quality of care that was provided.

During the course of the inspection Care UK informed the inspectors that they will be decommissioned as the main provider from 31 March 2019. Discussions and plans to manage the transfer of the service to a new provider were in progress. The service will remain on the same site as visited during the inspection.

Are services safe?

Our findings

Safety systems and processes

The Solace Bicester SARC had clear systems to keep patients safe. Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who are vulnerable. Staff expressed confidence that any concerns raised would be taken seriously by the management of the service.

A patient considered the centre to be a calm, safe place to be.

The service had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The policy for the management of child at the SARC was comprehensive and annually reviewed in consultation with the Named Doctors in both the acute and community setting. Feedback from clinicians was responded to in relation to the policy, an example had been to include extended guidance on the management of female genital mutilation(FGM) within the policy. The detailed policy supported SARC staff and the wider safeguarding community to offer a consistent approach to supporting children and families where an allegation of sexual abuse had been made including management of FGM.

The service identified and recorded vulnerable persons attending the SARC. The clinical records prompted staff to identify patients through history taking and risk assessments; for example, children in care, modern slavery concerns, those presenting with a mental health condition. Strong communication pathways with the local authority and police when dealing with vulnerable people were noted. We saw an example where staff had been particularly diligent in ensuring other professionals involved in a young person's care were updated so ongoing risk could be managed.

We saw evidence that both FME and CSW were trained to Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Guidance Level 3, the clinical director had led learning events for Forensic Practitioners (FP) and Crisis Support Workers (CSW) covering safeguarding issues that could impact on their patients, for example child sexual exploitation and domestic abuse. This supported promoting professional curiosity when considering risk to the patient, family and wider community.

The extended training undertaken by staff is not recorded on the main database and therefor does not offer a comprehensive oversight of training undertaken or support management in the identification the learning needs of staff.

Health equipment was safe, appropriate and met standards, including forensic standards laid down by regulatory bodies and Faculty Forensic Legal Medicine(FFLM) national guidance. Staff regularly checked equipment and it was serviced accordingly. Staff managed forensic samples in line with national standards. The decontamination protocols were followed to ensure high quality forensic integrity.

Staff were trained to the appropriate level regarding use of a colposcope, this specialist piece of equipment was available for making records of intimate images during examinations, including high-quality photographs and video. The purpose of these images is to enable forensic examiners to review, validate or challenge findings from the examination and for second opinion during legal procedures. There were clear procedures for the management of photo documentation and intimate images to ensure the safe ownership, handling, storage and maintaining patient confidentiality.

There were comprehensive infection control and forensic decontamination procedures with quarterly infection control and prevention audits being undertaken. The latest audit showed the service was meeting the required standards.

The service's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The service ensured that equipment was maintained according to manufacturers' instructions, including electrical goods. Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

It was noted that the window in a first-floor room used by patients could be opened fully and was not restricted. The registered manager confirmed that it would be very

unlikely a patient would be on their own in the room but acknowledged it presented a risk and stated that they would request from TVP, who manage the building, restrictors to be placed on all upper floor windows.

The service had a business continuity plan describing how the service would deal with events that could disrupt the normal running of the service, this included using the Slough site and staff to maintain continuity of service delivery in such situations.

We found staff safety had been considered by the organisation, a lone working policy was in place with additional steps having been taken by manager to support the safety of CSW working during the out of hours period. A 'buddy' system worked across the two sites (Bicester and Slough) that required the individual called to the SARC to let the other out of hours CSW know their start and end times and it is was used at times as debrief opportunity. This process ensured the management of risk and emotional impact of the work.

The service had a staff recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We looked at three staff recruitment records, these showed the service followed their recruitment procedure. We also saw samples of recruitment questions for FP that allowed the organisation to assess responses to safeguarding situations pertinent to the service.

The service had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

Risks to patients

The service's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The provider ensured that equipment was maintained according to manufacturers' instructions, including electrical goods.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The FP had received intermediate life support (ILS) level of training in order to provide an increased level of emergency medical care outside medical facilities. This recognised the clinical vulnerability of some patients seen at the centre such as those intoxicated or under the influence of unknown substances.

Where a patient was identified as being at risk of harm or urgent health concerns were identified, immediate and continuing action was taken to safeguard the patient. Staff knew who to contact in an emergency to manage patient safety and often worked with the police in these situations.

Staff were able to discuss the management of an individual going through substance withdrawal as an example of managing risk and safety. The service had developed additional guidelines for the FP to manage the safety of patients, this included guidance on consent and steps to take when referring to the emergency department of the local hospital.

Comprehensive assessment for post-exposure prophylaxis after sexual exposure (PEPSE), antibiotic and/or hepatitis B prophylaxis and the need for emergency contraception were in place and we saw these used effectively in a number of records.

There were effective arrangements for the management of forensic samples in acute cases that met FFLM national guidance, and this included waste management for both clinical and forensic specimens.

The service had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance and the provider had appropriate risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The premises at the service, in the areas we viewed, were clean when we inspected. We saw up to date cleaning schedules for the premises.

Information to deliver safe care and treatment

Patient care records were accurate, complete, and legible and were kept securely. Staff discussed confidently how information to deliver safe care and treatment was handled and recorded in line with data protection requirements and we looked at a sample of care records to confirm our findings. We saw risk assessment templates used consistently, offering a level of assurance that a holistic approach was taken when caring for the patient.

Are services safe?

Clinicians assessed needs and delivered care and treatment, guidance supported clear clinical pathways and protocols to include plans for immediate healthcare including emergency contraception, antibiotic or HIV/ Hepatitis B prophylaxis. Pathways were established for children and young people to access sexual health services and staff showed a good understanding of the referral process.

Patient referrals to other service providers were timely and contained specific information which allowed appropriate referrals in line with service protocols and current guidance for example Working Together to Safeguard Children(2018). We saw further assessments of patients' needs being explored in the routine 72 hour follow up phone call made by the CSW. This indicated care and support was offered to the patient to manage their well-being after the initial site visit.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines. There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

An incident in relation to medication had recently arisen when a pregnancy test kit had been thrown away in error. Appropriate steps were taken following this error. An incident report was completed, and action was taken to communicate the issue to staff to reduce the risk of similar incidents happening again. A Care UK pharmacist had also visited to carry out a review of medicines practice and an action plan was created and was in progress.

Track record on safety

The service had good oversight of safety incidents. There were comprehensive risk assessments in relation to safety issues and the service monitored and reviewed incidents and in the previous 12 months there had been four safety incidents. A health and safety annual report undertaken by TVP on the site in July 2018 had identified a number of actions, we saw a plan that showed trajectories for completion were progressing. This approach managed risks and was leading to safety improvements.

Lessons learned and improvements

There were satisfactory systems for reviewing and investigating when things went wrong. We heard how a document audit identified greater clarity on recording parental responsibility was needed and this was taken forward as a learning discussion for staff. This had led to an improvement in record keeping and ensured aspects of the legal status of a child or young person was considered

There was a robust method of sharing individual and team learning for the FP which was led by the clinical director and also indicated that performance issues were managed efficiently. The CSW reflective learning sessions which formed part of their supervision arrangements were not held consistently, although learning from incidents was discussed at the team meet not all CSW would be in attendance. The inconsistency reduced the opportunity for shared discussion on learning outcomes and also the important opportunity for staff to have protected time be supported and guided in often emotionally difficult work.

There was a system for receiving and acting on safety alerts to support the service to learn from external safety events.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The centre has worked with local commissioners to develop the service. For example, evidence-based research was used to support a business case to commission a trauma support service to all patients using the service. The clinical director has co-written a research paper from findings of a one-year study on the assessment of the mental health status of patients attending the two SARC settings, which had informed practice through director led discussion with staff.

Staff were competent in assessing and providing for the holistic needs of patients. This included the assessment and management of physical and emotional conditions that may or may not be related to the alleged sexual abuse. Regional management were confident in the skills of the staff and their commitment to a team approach in delivering an effective service.

Safeguarding needs were consistently considered for children under the age of 18. Any child that was seen at the SARC had a notification or referral sent to the child's local authority children's safeguarding hub, even if already known to services. In addition, a summary was sent securely to the school nurse and GP. This supported a multi-agency consideration of any child protection or early help intervention the family and child may need.

Consent to care and treatment

Staff understood the importance of obtaining and recording patients' consent to treatment in line with legislation and local protocols. The clinical staff told us they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patient feedback reported they had been involved in the decisions about their care and staff answered any questions they had.

The staff understood their responsibilities when treating adults who may not be able to make informed decision. Training on the Mental Capacity Act was mandatory for all staff and we saw evidence of appropriate use and recording within a set of records which showed the patient's rights had been protected. Patients records also offered evidence that staff listened and gave clear information about treatment to patients.

The safeguarding children's policy included guidance on a child under the age of 16 years of age consenting for treatment and staff were aware of the need to discuss and document decisions this when treating young people under 16 years of age.

Although we saw consent considered in a number of policies we were told Care UK did not have an overriding Consent Policy to lay out the organisational strategy for management of consent.

Monitoring care and treatment

The service audited patients' care records to ensure the necessary information and detail was included to inform care and treatment. Findings from the quarterly audit, both deficits and good practice were fed back to individual clinicians to promote a consistent standard of care for the patient.

The centre manager kept data detailing information about patients' care and treatment and outcomes which were shared with the trust and NHS England to inform service delivery. The NHS England target for the provision of medical examinations was being met, where they were not, it was usually due to patient choice being offered for the appointment time or venue.

It was noted that compliance with completion of medical statements often did not meet commissioner requirements. This was being managed through a strategic board who had asked for more detailed exception reporting to understand the context of any delays.

Outcomes overall were positive for patients and this was supported by patient feedback within the Thames Valley Partnership Sexual Abuse Referral Centre Annual Report (2017-18).

Effective staffing

Staff were qualified or trained in the skills needed to carry out their roles effectively and in line with best practice. All staff are permanent and there is one FP vacancy which was being recruited into at the time of the inspection We were told of the CSW and FP induction programme and saw information to support this, however the process required further development to ensure a structured approach gave assurance of staffs' progress on key skills and knowledge during the induction period

Are services effective?

(for example, treatment is effective)

Staff told us they discussed training needs at annual appraisals and peer review and we saw evidence of completed appraisals and how the service addressed the training requirements of staff. For example, the clinical director had recently identified that staff may benefit from specialist input on trauma informed practice and was identifying a specialist to undertake the training. Staff mandatory training was up to date.

Care UK had a number of services that could confidentially support staff. We noted there was no organisational policy in the management of employees experiencing domestic abuse.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. Partnership working was well embedded in the service with clear pathways for care. We saw good examples in records of liaison with social care services to ensure care was co-ordinated. However, it was recognised by the clinical director that SARC FP expertise was underutilised at safeguarding strategy meetings and further work was needed with the local authority to address this as the interpretation of clinical information may not always be undertaken by a professional with specialist knowledge.

We spoke to a Thames Valley Police specialist officer linked to the service and who confirmed, the partnership working to be good with a high level of confidence that individuals would carry out their roles effectively. The person also had confidence that any issue raised with the service manager would be dealt with efficiently and sensitively.

Care UK did not directly commission support and counselling services, however patients were advised and referred onto appropriate services such as independent sexual violence advisors (ISVA) and local rape crisis organisations, in the records we saw this consistently discussed and where appropriate, acted on.

The Bicester SARC worked collaboratively with commissioned counselling services by offering the facilities of their site to see patients, this offered additional flexibility and focused on the patient's needs.

Are services caring?

Our findings

Kindness, respect and compassion

Staff spoke compassionately of the patients they gave care and support to and the records offered evidence of the patient being treated with respect and kindness and involved in the care they receive. Patient feedback was positive regarding the care and support offered.

The service gave patients clear information to help them make informed choices. Staff described the conversations they had with patients to satisfy themselves they understood their treatment options.

The service sought to be responsive and sensitive to patient's needs, a number of individualised toiletries were available for each patient to take from the site if they wish to shower at home rather than use site facilities. This recognised personal choice and staff told us patient feedback was positive as this was one of the only times they had been offered toiletries personal to themselves and that they appreciated being able to take them home with them.

The service respected and promoted patients' privacy and dignity. We heard of an initiative by a CSW to maintain patients dignity. The gowns provided by the centre were one size and this did not meet the needs of all patients, the CSW sourced gowns of different sizes, gained agreement from management to purchase them and the centre are now able to offer a choice in sizes to patients.

The service's website and information leaflet provided adult patients with information about the range of treatments available at the service and post attendance. Any information taken off site by the patient was discretely packaged in a sealed envelope to support the patient to maintain confidentiality.

Further work was needed to ensure children and young people had a leaflet available to them offering information appropriate to their age, this was recognised by the clinical director and is part of ongoing work for the service.

Privacy and dignity

The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely. Staff worked with other agencies to protect patients from abuse, discrimination and breaches of their dignity and respect.

Involving people in decisions about care and treatment

Patients were empowered to make informed decisions about their treatment and care. The service gave patients clear information to help them make informed choices. Staff described the conversations they had with patients to satisfy themselves they understood their treatment options and helped them to think about their treatment and aftercare.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service was organised and delivered a responsive service to meet patients' needs, it took account of patient wishes, working with them to meet forensic timescales while still offering choice. This included arrangements with the Slough SARC for clinicians and CSW to see patients at the Slough site if that was their preference.

When needed, the service had access to advocacy services and different forms of communication material to meet patients need. This was invariably undertaken with the support of the police service who were the main source of referrals. Although we were told arrangements could be made independently if the patient had additional needs and did not wish for police involvement.

The staff understood how they could manage the diverse needs of patients and steps that would be needed to communicate with someone where English was not their first language. A translation line had recently been commissioned and staff reported interpreters usually attended to support the patient understand procedures in their first language.

The service had facilities for patients with physical disabilities. These included steps free access and an accessible toilet with hand rails and call bell. It had not been possible to make all of the building accessible, but steps had been taken to ensure patients with additional needs could receive their care on the ground floor. However, this meant the more 'informal' sitting room facilities outside of the forensic environment were not available to all.

Staff recognised the importance of offering a gender equitable service, we were told if the patients requests for a gender specific staff member was not met this was raised as an incident to consider impact and learning. Work had also been undertaken to complete a self-assessment tool for quality standards for services supporting male victims and survivors of sexual violence and had identified areas of strengths and for development. This work did not form part of a service workplan to measure the development and improvement and consider how the service can strengthen feedback and engagement from this minority group.

We heard the FP had extended patient centred care by offering an 'offsite' service for when a patient was unable, or it was not appropriate for them to attend the site. For example, the service could be offered at a care home or emergency department. However not all onsite procedures could be offered as the FP does not have access to a portable colposcope, this reduces the opportunity to provide an equitable service as forensic documentation of photographic images is less robust offsite.

The CSW and FP were available 24hrs and this enabled professional colleagues such as GP's, paediatricians, emergency department doctors to seek advice when considering the clinical element of a potential referral. The clinical director told us this supported ensuring people's needs were met by the most appropriate professionals.

Senior managers recognised that patients were not able to access trauma therapy post incident, the clinical director presented a business case to the strategic board and an all age service was commissioned in November 2018. It was too early in the process to measure impact of the newly commissioned service.

Due to the sensitivity of the service it was not possible to speak to patients that had used the service, however feedback collected during the two weeks prior to inspection and the review of the annual and quarterly report would indicate a high level of satisfaction with the service.

Timely access to services

The service included its opening times on their website and we were told work had been undertaken with partner agencies to support timely referrals of patients.

Patients could access care and treatment from the service within an acceptable timescale for their needs. This was coordinated from the initial contact with the service and the information gathering undertaken by the CSW. The CSW used a structured template to gather information and to support consideration of forensic timescales.

Listening and learning from concerns and complaints

The service had a complaints policy providing guidance on how to handle a complaint, however management reported they had not received any complaints from patients and professionals. We saw a complaints poster displayed in the centre and patients were provided with information on how to raise their concerns and complaints.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

The clinical director and site manager were clear on their leadership roles and were committed to delivering a high standard of patient centred care. The service had the capacity and skills to deliver a quality service, they understood the challenges and were addressing them.

Overall the service was meeting performance targets for seeing patients in a timely way. Any shortfalls were managed through exception reporting and representation by the leads at the SARC strategic board meeting. It was noted only one clinician undertook the non-recent child sexual abuse cases and steps were being taken to increase capacity in this area.

The management of the service recognised the importance of developing the skills of staff and clinical staff completed continuing professional development (CPD) and this formed part of the annual staff appraisal. We saw that the staff were supported to access additional training to meet the needs of their patients.

We saw evidence of leaders taking forward initiatives to improve the experience of patients for example trauma therapy, annual review of children's pathway, however we were told endorsement of initiatives at management level often took an extended period of time.

Vision and strategy

We did not see documentation to support Care UK's strategic vision for the service in the form of a strategic or operational plan. However, it was acknowledged that the SARC service will be re-commissioned by an alternative provider from April 2019.

Staff felt that there had been periods when regional management had been less visible and available to them, the regional manager spoke of some of the challenges to senior management due to sickness and vacancies that had been experienced in 2018.

The operational management of the service had a clear vision which was focused on providing good quality care to adults, children and young people using the service. Staff were clear about the aims of the service and their roles and responsibilities.

Culture

The culture was positive within the SARC and staff told us that the operational management was approachable and visible, and communication was good. Regional management commented on the cohesiveness of the team and supportive environment at the Bicester site. Staff talked positively of operational management and partner agencies**.**

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance. Regular managers meetings were held to oversee operational issues and matters that needed to be escalated to strategic level. We saw that the manager had oversight of incidents and accidents and audits had been undertaken on a range of areas such as fire safety and medication. The clinical director audited records on a quarterly basis.

Care UK had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Appropriate and accurate information

The service gathered appropriate and accurate information, patients feedback was integral to performance information, however there was not strong evidence on how data was driving change. A formal work plan that sets out aspirations and service developments and offers evidence of progress was not in place.

Engagement with patients, the public, staff and external partners

The service had identified leads to undertake training with partner agencies, professionals and the public. We heard the senior CSW was engaged in raising awareness of the service within the community with presentations at the local university and some school settings, modifying the information to the audience. The clinical director was proactive in delivering training to a number of groups including GP and emergency department staff. The view of management was that, although this was an ongoing approach to raising the profile of the service, it continued to be an area for further development.

The service used patient comment cards and verbal feedback to obtain views about the service. However,

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

consideration had not been given to how patient voice could be used to support coproduction of leaflets, or the SARC environment. We did see examples of suggestions from staff the service had acted on.

Continuous improvement and innovation

The service had effective assurance processes to encourage continuous improvement, through peer review, training sessions and audits of medical records. The registered manager and clinical director showed a commitment to learning and improvement and individual members of staffs' contribution was valued. However, a document that offered evidence of how the service was recording and measuring impact as part of service improvement was yet to be developed