

G4S Health Services (UK) Limited

The Bridgeway

Inspection report

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Date of inspection visit: 14 & 15 May 2019

Date of publication: 22/07/2019

Overall summary

We carried out this announced inspection on 14 and 15 May 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 two CQC inspectors.

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.

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 not providing effective care in accordance with the relevant regulations.

At the time of the inspection, records of staff training were not available and the provider could not give assurance that staff had completed appropriate training to ensure patient care was effective and safe. Records provided after the inspection demonstrated not all staff had completed mandatory training.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive to people's needs?

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.

The Bridgeway

Detailed findings

Background to this inspection

In Cumbria, services for the support and examination of people who have experienced sexual assault are co-commissioned. The contract for the SARC is managed by the Office of the Police and Crime Commissioner with aligned funding input from NHS England commissioning to provide medical examinations and care. The Bridgeway provides the forensic medical examination service for adults and children and also provides a single point of contact for support services. The Office of the Police and Crime Commissioner commissions Cumbria wide independent sexual violence advisor and counselling services which can be accessed through the Bridgeway.

The Bridgeway is located within Penrith hospital in central Cumbria. Penrith is a small town within a rural part of Cumbria, with reasonable transport links throughout the county, although some patients may still have long journeys to access the centre. The building was specially converted in 2015 and the centre began operating in December 2015.

The building is NHS owned and leased by the police and includes a police interview suite. The police hold responsibility for the premises including equipment and cleaning; and equipment is owned by the police. Car parking is available outside the centre with level access for people who use wheelchairs.

The staff team consists of a mix of permanent full-time staff and flexi staff. Permanent staff include a centre manager who is a forensic nurse examiner (FNE), a forensic medical examiner (FME, whose role is split between the SARC and police custody) and two crisis workers covering a full time coordinator role. Flexible staff include four nurses who are FNEs, and five further crisis workers, with recruitment ongoing to increase capacity. The service has one forensic examination suite.

The FME is a member of the Faculty of Forensic and Legal Medicine and two of the SOEs have been supported to complete accredited courses in forensic medicine. The manager described their plans to support other SOEs gain relevant accreditation. This report uses the term 'forensic practitioner' to describe both FME and FNEs.

The service is provided by G4S Health Services (UK) Limited (G4S) 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 Bridgeway was the centre manager.

We spoke with five staff, NHS England and police commissioners as well as staff from partner organisations during the inspection. 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. We sampled 15 patient records during the inspection and reviewed comment cards from two patients.

We looked at policies and procedures and other records about how the service is managed.

Our key findings were:

- The service had effective systems to manage risk.
- The service had suitable safeguarding processes but not all staff had completed safeguarding training.
- The service had thorough staff recruitment procedures.
- Appropriate medicines and life-saving equipment were available, however many examiners were not in date with life support training.
- Staff training records were incomplete and demonstrated that staff had not all completed mandatory training.

Detailed findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Effective partnership arrangements and pathways had been developed to provide the care and support for people who had experienced sexual assault throughout Cumbria.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment and referral system met the needs of patients within forensic timescales.
- The service had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- Patient feedback about the service was positive and patients' suggestions were used to improve the service.
- The service was clean and well maintained.
- The staff followed infection control procedures which reflected published guidance.

We identified regulations the provider was not meeting. They must:

- Ensure that staff are appropriately trained to conduct examinations and provide safe and effective patient care.

- Ensure that systems to record and monitor staff training are effective.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Ensure that patient records are fit for purpose and include an accurate record of decision making around individual capacity to consent to examination.
- Ensure that staff conducting paediatric examinations have appropriate support arrangements and prompt access to suitably qualified colleagues to discuss complex examination and child protection situations.
- Ensure that all incidents which affect patient safety and welfare are systematically recorded to improve the quality and safety of the service.
- Ensure that patients have a choice of gender of forensic examiner.
- Develop the records audit processes to embed a cycle of continuous learning.

Are services safe?

Our findings

Safety systems and processes

The provider had a range of embedded systems to keep patients safe which staff understood and followed.

Safeguarding policies and procedures had been developed with the local safeguarding hub and police colleagues and staff were clearly aware of their responsibilities. Staff described how they recognised instances of vulnerability, not just of the patients attending the centre but also other parties who were at potential risk. Staff were clear about their reporting responsibilities and had made two safeguarding referrals and 69 safeguarding alerts to the safeguarding hub in 2018. Alerts were made where staff knew a referral had already been made, and used to ensure relevant health specific information was shared. We also saw evidence of staff liaising with the police and social services where a case suggested there might be other persons at risk to ensure appropriate safeguarding actions were taken. The centre had worked with the local authority and safeguarding hub managers to develop a mutual information sharing process, which allowed both SARC and local authority staff immediate access to relevant information. This supported patient safety and care.

The provider had recently changed the requirements for safeguarding training to ensure crisis workers were trained to level three safeguarding training in line with the intercollegiate document Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, January 2019. Four crisis workers and two forensic practitioners had either not completed this training or were out of date. Three of these staff had courses booked.

Patient records included an appropriate assessment of vulnerability including age, mental health concerns or learning disabilities, and risks around sexual exploitation. An additional page had been added to record discussions between the examiner, the crisis worker and police officers over safeguarding risks and the actions required at the end of an examination. This evidenced that safeguarding concerns had been identified and what actions were being taken.

Staff

The provider had procedures in place to ensure safe staff recruitment which included relevant pre employment checks and disclosure and barring checks every three years. Additionally, all staff who worked within the centre were vetted by the police.

Staff were confident they could raise concerns about patient care with the manager, and there was an open dialogue with partner organisations where they felt patient care was adversely affected.

Staff were trained to the appropriate level to use the colposcope (A colposcope is a low-power microscope mounted on a stand, used to look at the cervix under magnification and also has the ability to record the images) and make DVDs of the images.

There were appropriate emergency procedures in place and staff knew who to contact in an emergency, including for incidents of self-harm and aggressive behaviour.

Risks to clients

Staff described how they ensured that risks to people who used the services were assessed, monitored and managed and we saw evidence of this in patient records which we sampled. Staff clearly understood risks around deteriorating health, including mental health, medical emergencies, child sexual exploitation, female genital mutilation and domestic abuse. Staff described to us how they had arranged urgent support for patients when required.

The provider had a range of health and safety policies and risk assessments including employer's liability insurance in place.

There were regular premises reviews to ensure the building and equipment were safe for patients and staff. A recent walk around in March 2019 had reviewed potential ligature risks to patients and appropriate actions were taken to address these risks. An environmental audit had been carried out by the G4S health and safety manager the day before our inspection and the manager had begun to action the recommendations. During the inspection we noted that a potentially hazardous cleaning substance had been left in the patient toilet. We discussed this with the manager who removed it and informed us that they would review the risk assessment and make arrangements for these products to be withdrawn by the cleaning contractors

Are services safe?

There were arrangements in place should the building be inaccessible and a mutual support arrangement with a neighbouring sexual assault referral centre.

The arrangements for patient access, assessment, examination and care were regularly reviewed in line with the Faculty of Forensic and Legal Medicine, Faculty of Sexual and Reproductive Healthcare the British Association for Sexual and Reproductive Health guidelines. Forensic practitioners were required to complete intermediate life support training and crisis workers staff basic life support. Three examiners and one crisis worker were out of date with life support training at the time of the inspection. A course was booked for July 2019.

The examination and assessment included a comprehensive assessment for post-exposure prophylaxis after sexual exposure (PEPSE), antibiotic and/or hepatitis B prophylaxis and the need for emergency contraception and physical injuries that needed urgent treatment. The centre had PEPSE and emergency contraception available but not Hepatitis B. However, there were arrangements in place for immediate referral to the local sexual health consultant for children and adults who required other care or Hepatitis medicine. Patients were offered onward referral to sexual health support at a clinic convenient for them to access.

Premises and equipment

Although building management arrangements were the responsibility of the police, the manager was able to demonstrate that the premises and equipment were appropriately maintained. We viewed electrical, gas, fire extinguishers and equipment maintenance certification during the inspection. The recent G4S health and safety visit had not identified any serious concerns.

Emergency equipment and medicines were available to reflect the Resuscitation Council Quality standards for cardiopulmonary resuscitation practice and training.

The police managed the waste contract and the provider was able to show us copies of relevant waste collection notes during the inspection. Freezers for storing clinical and forensic specimens were monitored and action taken if temperatures varied from -19 degrees Celsius. A hospital generator provided essential power which meant sample integrity could be assured.

Staff followed a clear decontamination process of the forensic suite to ensure high quality forensic integrity. All laundry was washed and the washing machines cleaned after each use with decontamination chemicals.

There was a control of substances hazardous to health (COSHH) risk assessment in place for the use of the decontamination product which was used by the Bridgeway staff and relevant COSHH documents available for products used by the cleaning contractors. A cleaning schedule was in place for the non-forensic parts of the building. The building was clean and well-kept during our inspection.

Records showed that the cleaning contractors followed a flushing regime to ensure water was safe.

We reviewed the annual Infection prevention control audit from June 2018 and actions which were highlighted to the police. The next audit was due in June 2019. The manager carried out weekly premises checks and reported any concerns to the police.

Information to deliver safe care and treatment

Staff described 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 securely transported and stored off-site. The IT system had restricted access. Staff were clear about their responsibilities under General Data Protection Regulations.

There were clear procedures and secure storage in place 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).

Information sharing agreements were in place with the police, local authority safeguarding children hub and the genito-urinary medicine (GUM) clinic.

Safe and appropriate use of medicines

There were protocols in place for appropriate and safe handling of medicines which staff were aware of and worked to. This included patient group directions (PGD) (written instructions for the supply or administration of

Are services safe?

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.

Currently Hepatitis B prophylaxis was not available on site for patients. All FNEs needed to complete training in vaccinations and immunisations in order for the provision of Hepatitis B prophylaxis to be approved by the commissioners. The provider had identified that this was a concern and there were arrangements in place for immediate access to sexual health clinics which would ensure medicines were given appropriately.

Medicines were stored securely, with records kept. Staff monitored storage temperatures and expiry dates. Staff maintained records of medicines issued to patients in patient records.

Where patients required medicines to complete courses after attendance at the Bridgeway, staff offered appointments with their GP or sexual health clinics in line with patient preference.

Track record on safety

In the previous 12 months there had been one incident reported through the G4S incident reporting system, however other incidents relating to partner organisations had also been identified and discussed at peer review. We saw clear evidence of appropriate action being taken in

response to these however failure to systematically record all incidents was a missed opportunity to evidence and monitor shared learning. We were also informed by police colleagues that the centre regularly brought concerns to their attention about patient care.

Not all staff knew how to use the incident reporting system but advised us they would inform the manager of any incidents which was in line with the incident reporting policy.

Lessons learned and improvements

There was a well-developed reflective approach to patient care which included staff debriefing after all cases and regular peer review and supervision. Records of this demonstrated that lessons learned were shared appropriately and actions were taken to improve care when opportunities for improvement were identified.

The manager was able to describe themes from some unrecorded incidents and patient feedback and describe how awareness training for partner organisations took place to help reduce future incidents, however, there was no systematic recording, monitoring or trend analysis of these incidents.

The centre did not receive safety alerts directly including external safety, patient and medicine safety alerts but informed us that the senior SARC manager would send through any relevant safety issues.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The Bridgeway was commissioned to act as single point of access to wider support services for people who had experienced sexual assault. The service had worked with local commissioners and partner organisations to develop clear pathways into health and support services in Cumbria. The manager described how local arrangements were reviewed when national guidance was updated.

Forensic practitioners assessed needs and delivered care and treatment in line with current legislation. Clear clinical pathways and protocols supported timely and appropriate healthcare interventions, including provision of emergency contraception, antibiotic or HIV prophylaxis.

All staff attended peer review sessions where cases were discussed (anonymously) and this was an opportunity for all staff to develop their competence and confidence around complex forensic work.

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 examinations due to the patient's lack of capacity to consent. We saw evidence of this in the patient records we sampled. We were given examples of when discussions had been held to ascertain whether an examination was in the patient's best interest. The patient records we sampled did not always indicate how decisions were made on children's capacity to make decisions about their own treatment, though staff involved could clearly describe the basis for their decisions.

Staff advised patients where to seek further help and support. After a patient had attended the centre, the coordinator contacted them by telephone (or the patients' preferred communication method), to check they were well and whether they needed any further support. Patient records demonstrated that the coordinators used this call as a second opportunity to explain further support and treatment options.

Consent to care and treatment

Crisis workers and forensic practitioners gave patients verbal and written information about treatment options and the risks and benefits of these so they could make informed decisions. Patients were asked to sign their consent for the Bridgeway to contact them (or a person

they nominated) regarding follow up, as well as consent to share information with other health and support services. Patients also signed their consent to proceed with examinations. For children under 13 years old, a person with parental responsibility was asked for consent, in some cases parents were contacted by phone. This was in line with FFLM Guidance Consent from Children and Young people in police custody in England and Wales for medical examination August 2018.

All staff explained that if patients wished to discontinue an examination this was respected. We saw evidence of this in the patient records which we sampled.

Monitoring care and treatment

Patient records were reviewed by the manager as part of quality assurance procedures and any further actions required were taken, however there was no formal recording of this in place. The manager made changes to record templates during the inspection to include the management check. We looked at a sample of 15 records to review patient safety, care and consent. We found records were appropriately completed. Staff completion of records was audited and learning shared with staff through supervision and at peer review. Record sampling and individual record audits had not been developed into a cyclic audit process.

The centre manager recorded anonymised data about patients' care and treatment and outcomes which was shared with G4S senior managers and commissioners to inform service delivery.

Centre staff routinely identified the patients who had missed appointments with other support services, and contacted patients to offer alternative appointments.

Effective staffing

Staff availability and rotas were appropriately managed. Minimum staffing levels had been achieved, though recruitment was taking place to increase staff capacity. There was a comprehensive staff induction in place which included attendance at face to face training and shadowing colleagues to support each individual developing appropriate skills.

We reviewed training arrangements and spoke with staff and management to confirm that staff were competent in both forensic medical examinations and in assessing and

Are services effective?

(for example, treatment is effective)

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.

Staff were appropriately qualified to carry out their roles in line with the FFLM Recommendations for the Collection of Forensic Specimens from Complainants and Suspects (January 2019), however some staff informed us they had not completed all mandatory training. Some forensic practitioners worked primarily in police custody health, and the Bridgeway managers did not have access to their training records. Managers monitored supervision and appraisal but records for training were not available during the inspection due to a change of training provider and recording systems.

A training matrix was provided subsequent to the inspection, which demonstrated that there were significant gaps in staff mandatory training including life support, safeguarding, fire awareness and health and safety.

The Bridgeway worked closely with partner organisations providing training and awareness raising to improve the experience of patients who accessed the service.

Staff told us they discussed training needs at annual appraisals and during supervision and this was evidenced in notes from peer review sessions. Regular supervision for forensic practitioners and crisis workers was offered to suit flexi-staff who worked in other roles as well as at The Bridgeway. All peer review sessions were used as team

supervision, with one to one discussions after cases or when staff felt they needed further support or advice. All staff working at the centre were expected to attend a minimum number of peer review and supervision sessions annually.

Managers monitored attendance at peer review, and staff who did not attend were appropriately managed. Staff did not always feel that support around complex child cases was sufficiently accessible.

Crisis workers were trained to provide immediate support and were available to speak with patients by phone at any time of day through the call centre arrangements.

Co-ordinating care and treatment

We saw clear examples of how staff worked together with other health and social care professionals to deliver effective care and treatment.

Staff referred patients to independent sexual violence advisors (ISVA) and counselling where appropriate, as well as GPs, mental health services, and GUM clinics. In 2018, the service had made over 450 referrals for further care. We saw clear evidence in patient records where staff had followed up to ensure the patient received appropriate care from other agencies.

Managers had worked closely with genito-urinary medicine (GUM) consultants to develop appropriate pathways for patients, including for children to access sexual health services.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Staff understood the impact of the experiences which had led to patients being referred to the centre and spoke passionately about the care they provided for patients who had experienced traumatic events.

The two CQC patient comment cards we received were highly positive about the staff being caring and supportive. The service had received 106 patient feedback forms in the previous 12 months of which 101 said they were extremely likely or likely to recommend the service.

Where patients contacted the centre directly and attended by self-referral, the coordinator or crisis worker explained the process prior to them travelling to the centre. Sometimes it was not necessary for a patient to attend the centre, and referrals to appropriate care and support could be made directly. Staff described how they offered patients assurance, answered their questions and alleviated their anxieties.

Where children were brought to the centre for examination, crisis workers spent time playing games and engaging with them before the examination process began. A variety of wipeable toys and games were available. Children were also offered comfort blankets which had been provided by a local charity, and given the opportunity to take these home with them. We saw feedback that parents felt this helped children deal with their experience. There was a small games room which visiting staff or relatives were able to use whilst examinations were taking place.

Patients were offered a choice of food and drink once they had showered after an examination to help them feel more relaxed before travelling home. Domestic dressing gowns and slippers and towels were offered to patients to help them feel more comfortable with the examination procedures. Toiletry packs were offered to every patient through a national charitable scheme.

The centre did not have any male forensic practitioners but one male crisis worker had been employed, and this had supported links into the community to raise awareness for males who might experience sexual assault.

The records we sampled indicated patients were not routinely offered a choice of examiner at the centre. However, patients were informed by the police that all examiners were female. In the three years since the centre had been open, there had been no requests for a male examiner. There was a single forensic medical examiner able to conduct examinations of children.

A range of information about the centre was available on the Bridgeway's website and information leaflets were also offered to patients. Patients were given a leaflet called "how are you feeling?" after their attendance at the centre, as well as information on sexual health clinics in Cumbria and a slip identifying who they had seen and to which services the examiner had recommended referrals.

Privacy and dignity

Staff described examples of how they treated patients with privacy, confidentiality and dignity. The layout of the centre and examination suites supported privacy. The entrance was welcoming, and covered by CCTV. The door was secure which protected patients accessing the centre. A record was maintained of all visitors. The pre- and post-examination rooms were interlinked, private and welcoming. 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 were respected during the examination. For children under the age of 13, a parent or someone with parental responsibility was always present in the examination room to act in the interests of the child.

A bathroom was opposite the examination room, which enabled patients to shower and change before they left the centre.

Involving people in decisions about care and treatment

The centre's website provided patients with information about the care and treatment available, this was also given to all patients who attended after their examination. A helpful communication booklet had been designed with a local charity to include pictures and basic Makaton symbols to help communicate with patients who could not easily express themselves verbally.

Are services caring?

The police usually arranged interpreters when required before they attended with patients they had referred to the centre. Staff also had access to a telephone interpreter service.

Patient feedback described how staff explained the process in a respectful manner and made them feel at ease with the process when they didn't know what to expect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The Bridgeway service was commissioned based on data showing that between April 2015 and March 2016, 70 patients from Cumbria had attended the SARC In Preston. During 2018, the Bridgeway had provided support for 281 patients of which 87, (31%) were under 18 years old and 30 (10.5%) were male. The increase of 400% in attendance during the three years the centre had been open demonstrated how well the centre had responded to local needs.

The manager described the way in which the service met the needs of patients, including providing access opportunities at local festivals and higher education freshers events. The manager had identified that holiday periods placed additional demand on the service and had responded accordingly. For example, they had carefully coordinated examinations and treatment during a local festival when there were a number of incidents over a weekend period, to ensure that all patients were seen within forensic timescales and used this experience to influence future staffing arrangements.

Work had also been done to raise awareness of sexual assault and services at local schools and there was a formal arrangement with a local prison to enable patients to access sexual assault services at the Bridgeway.

The premises were suitably adapted for patients with limited mobility and individual arrangements were made for patients to meet their needs. There were handrails in the patient toilets and shower room and a hearing loop in every room.

Timely access to services

The service is accessible 24 hours a day, 365 days a year. Flexi staff who are forensic practitioners and crisis workers work an on-call rota, to cover daytime, nights and weekends.

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) and FFLM Sexual offences: PRE-PUBERTAL complainants (January 2016) forensic guidelines. Patients who self-referred were also seen within FFLM recommended timescales if alleged offences were recent.

The service was accessible 24 hours a day through the G4S call centre in Essex. This was reflected in the service information leaflet and on the website. Patients were able to speak with a crisis workers 24 hours a day should they require support or assurance. There was also always a forensic medical examiner available by phone for advice.

The Bridgeway employed one doctor who was a forensic medical examiner and the sole paediatric examiner. Whilst forensic timescales were always met, the dual nature of the FME role (covering both police custody and the Bridgeway) meant child examinations had to be scheduled according to the availability of the examiner. The provider had tried to recruit additional paediatric examiners and was working with commissioners to find a solution. This issue was identified on the risk register.

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 services was shared between all SARC managers, and the Bridgeway and ensured staff were aware of any associated learning.

The complaints process was made clear to patients, with information displayed in the post examination rooms and patients were given information about the complaints process when they left the centre.

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

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

Managers had demonstrated that they had the capacity and skills to deliver high-quality, sustainable care. The increase in numbers of patients seen at the centre since it had opened demonstrated how effective the team had been at working locally and awareness raising to support victims of sexual assault.

The provider had engaged effectively with commissioners to help develop the future contract for the service which was due to be re-procured.

Managers had developed a range of documents to assess business risks and were knowledgeable about the complexities of sexual assault services.

Staff told us that managers were visible and approachable, and ensured they were contacted after each case to offer support.

Vision and strategy

There was a set of aims for G4S SARC services which staff understood and worked to, and the centre had contributed to the vision for sexual assault support services within Cumbria. The managers recognised the barriers patients could face in reporting sexual offences and were active in trying to raise the profile of sexual crimes through media contributions and attending public events.

Centre managers contributed to rape strategy and safeguarding strategy meetings locally to help develop the local approach of preventing future offences and staff were clear that their work could lead to less people being affected by sexual abuse in future.

Culture

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. Staff, managers and stakeholders described how teamwork was crucial to the effectiveness of the service. Staff told us they felt respected, supported and valued within the centre and told us they were also able to access support from more senior G4S managers.

There were 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.

A culture of openness and honesty empowered staff to discuss errors and we found that the provider had a clear understanding of their responsibilities under the duty of candour. Stakeholders we spoke with informed us that managers worked not only to embed this into their own service, but also to raise concerns with partner organisations, flagging up where patient care needed greater attention by the police.

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 had developed a range of governance procedures and visits from the G4S SARC senior managers supported this. Due to distances, engagement with wider G4S SARC services sometimes took place via teleconferencing and the managers could not always attend meetings. During the inspection the manager identified several opportunities for improving governance and monitoring arrangements including recording the daily reviews of patient records.

There were regular contract review meetings with commissioners and the centre had developed a clear monitoring tool to show levels of activity.

The centre had a risk register which was updated regularly and used to inform service development and mitigatory actions. The issues with transfer to a new staff training system and training records had been identified within the risk register, however, the Bridgeway manager did not have access to records for the staff who worked primarily in police custody and could not be assured of their competence. Training records provided subsequent to the inspection demonstrated that:

- One crisis worker and three forensic practitioners were out of date for life support training;
- Six staff had not completed the required level of safeguarding training;
- Eight staff had not completed fire awareness training;

Are services well-led?

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

- Eight staff had not completed Prevent training to raise awareness about potential radicalisation and terrorism
- Five staff had not completed health and safety training.
- 11 staff had not completed patient consent training.

The service could not be assured that staff were appropriately trained to provide effective, safe and responsive care.

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 Bridgeway.

Engagement with clients, the public, staff and external partners

Managers had developed the service based on active engagement and involvement with the police, counselling and independent victim support services. There was regular attendance at police and local authority meetings and the centre provided awareness raising training for police officers, social workers, teachers and young people.

Patient feedback for the service was highly positive with suggestions for improvement used to develop the service, such as the provision of more modern underwear, hair conditioner and nicer biscuits.

Staff feedback was positive about how they were involved and given the opportunity to gain skills and attend additional training. For example, two nurses had been supported to train as forensic nurse examiners. There were regular peer review and supervision meetings offered at times when flexi staff would be able to attend. These were

used as team meetings and an opportunity for developing the service as well as reviewing individual cases and shared learning. Some staff took the lead on engagement locally, for example attending planning meetings for a local music festival which the centre attended as well as Cumbria PRIDE events.

Continuous improvement and innovation

The centre manager and FME had worked consistently since the centre was opened to continually improve the service and promote the centre within the whole of Cumbria.

The centre had identified that sexual health services for under 12 year old children had not been commissioned locally. They had worked closely with the local genito-urinary consultant to develop a pathway to ensure that young children had access to appropriate sexual health care after sexual assaults. This included joint training to improve patient care within the Bridgeway and the sexual health clinics.

The centre had worked with the police and the forensic laboratory to develop pathways for patients who self-referred. Adults who self-referred into the centre but did not wish for police involvement were offered the opportunity to undergo an examination (if the incident was within timescales within the FFLM guidance 'Recommendations for the collection of forensic specifics from complainants and suspects, January 2019'). A protocol was in place with the forensic laboratory which allowed the forensic practitioner to offer to send up to two samples for testing anonymously. If the test provided a positive identity through the United Kingdom National DNA Database, patients were informed there was a match. This gave patients the opportunity to choose to make a complaint to the police knowing there was forensic evidence to support their complaint.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have an effective system in place to monitor staff completion of mandatory training.

Staff records did not include all information relevant to their employment in particular mandatory training attendance.

Records provided after the inspection did not include assurance of training completed by the forensic practitioners who worked primarily in police custody.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Records provided after the inspection demonstrated that staff had not all completed all required elements of mandatory training.

The provider was unable to demonstrate that staff who worked primarily in police custody were appropriately trained.