Solent NHS Trust

St Mary's Hospital

Inspection report

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Overall summary

Background

We carried out this announced inspection on 17th August 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 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 examine during the inspection.

The Treetops Centre SARC provides forensic medical examinations and related health services to people who have been victims of sexual assault and who live in the local authority areas of Southampton, Portsmouth, parts of Hampshire and The Isle of Wight. The service is an 'all-age' service; that is, for adults aged 18 and over, children and young people aged 13 and above and children under the age of 13. The service is accessible to male, female and transgender patients. We inspected this SARC as it had not previously been inspected by us.

Summary of findings

The service is provided by Solent NHS Trust and The Treetops Centre is listed with CQC as a location aligned to St Mary's Hospital, Portsmouth as part of Solent NHS Trust. It is commissioned by NHS England and the Hampshire police and crime commissioner.

The service is available 24 hours each day. Children and young people can be referred to the service via the police or children's social care. Adult patients can also self-refer into the service should they prefer to do so. Patients aged 13 and over can also self-refer, but this is subject to safeguarding procedures for younger patients as we have set out below.

The staff team includes a centre manager, Sexual Offences Examiners (SOE) which includes five doctors, four trainee SOE's (all doctors) a qualified paediatric nurse, two substantive crisis workers, one male crisis and health promotion worker, five bank crisis workers and two Young People's Independent Sexual Violence Advisors (YPISVA) and adult ISVAs. The substantive doctors were fellows of the Faculty of Forensic and Legal Medicine (FFLM) and examiners for Membership of the Faculty of Forensic and Legal Medicine examination processes. The paediatric nurse is also a qualified nurse prescriber and sexual health nurse.

Prior to our inspection, we spoke with the commissioner from NHS England. During our inspection, we spoke with the centre manager, two crisis workers, two SOEs and a YPISVA. We examined the records of nine people who had used the crisis and forensic examination service (one of these was a child under 13, six were young people aged 13 to 18 years and two aged 18 and over.

We left comment cards at the location in the week prior to our visit and received 13 responses from patients who had used services during that week. One of the responses was in 'easy read' format.

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 service had systems to help them manage risk.
- The staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The service had thorough staff recruitment procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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 clients' needs.
- The service had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The service asked staff and clients for feedback about the services they provided.
- The service staff dealt with complaints positively and efficiently.
- The staff had suitable information governance arrangements.
- The service appeared clean and well maintained.
- The staff had infection control procedures which reflected published guidance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**No action** ✓

Are services safe?

Our findings

There were systems and processes in place at The Treetops Centre to ensure patients were safe. However, during our inspection we did find that risk assessments in relation to ligature points, particularly those contained within the forensic shower room, did not accurately identify potential areas from which a service user might be able to attempt self-harm. Since our inspection we have been assured by Solent NHS Trust that our findings have been addressed and further that appropriate actions have been undertaken to remove those risks identified.

Apart from those areas identified above found during our inspection, we found that policies reviewed, and interviews undertaken with staff members, demonstrated that there were appropriate systems and quality assurance procedures in place to ensure both patient and staff safety.

Policies examined were clear, up-to-date and regularly reviewed. Policies were supported by regular, mandatory training in key safety topics which included; safeguarding children and adults, health and safety, immediate life support and infection control. Staff were up to date with training in these areas and those we spoke with demonstrated their knowledge and understanding of policies and systems in place.

Staff were employed in line with the provider's recruitment policy. Examples of recruitment procedures demonstrated due consideration being given to safeguarding people using the service. Pre-employment safety checks included, for example; enhanced Disclosure and Barring Service (DBS) checks, extensive interview processes and validation of individual references and qualifications prior to employment offers being made. Due to the nature of the work of the service within the criminal justice system, staff were also subject of additional vetting undertaken by the local police before being employed.

Clinical staff were trained to level three safeguarding children that met intercollegiate guidelines on safeguarding roles and competencies for healthcare staff. During the COVID-19 pandemic, and in accordance with government guidelines, face to face training had been reduced and moved to more online training. However, this had resulted in more managerial oversight to assure that the training provided was of equal quality as pre-pandemic training.

All staff at the SARC undertook regular clinical and safeguarding supervision with appropriately trained senior staff. We examined evidence of those supervision sessions being noted and further that records were also routinely audited to ensure that appropriate and timely actions had been taken by staff should safeguarding risks be identified, such as making a referral to children's social care for example.

Staff took part in daily case sharing meetings where they could share information and safeguarding practice, seek advice from peers, identify where improvement or different methodologies might be used and share good practice to better inform future interactions with patients.

Risks to patients

The Treetops Centre had processes in place to ensure all equipment was safe to use, that staff were trained to use it safely, that it was regularly checked and further that disposable parts of the equipment were kept within their expiry dates. This included, for example, specialist equipment used for recording intimate images during examinations.

Fire safety equipment had been inspected and was seen to be up to date. All portable electrical equipment had been checked and labelled to show that it was safe to use. However, during the COVID-19 Pandemic some of those checks were delayed to reduce the risk of infection, although risk assessments were seen to have been used to help Solent NHS Trust be assured that electrical equipment continued to be safe to use.

Are services safe?

Personal Protective Equipment (PPE) was seen to be available for both staff and patient use according to government recommendations during the COVID-19 pandemic. Appropriate governance procedures were in place to ensure that used PPE was disposed of safely.

We examined staff rotas and saw consistently safe staffing levels both prior to our visit and planned for future weeks. The provider ensured that a good skill mix of adult and child crisis workers, forensic examiners and administration staff were available which meant care was delivered in a timely manner and within forensically required timescales when required.

Patients were assessed for the need for Post Exposure Prophylaxis after Sexual Exposure (PEPSE) and emergency contraception (when appropriate). Appropriate medication to meet these needs was available from the SARC and was supplied as required. All patients attending the SARC were advised how to obtain screening for Sexually Transmitted Infections (STIs) away from the SARC and onward referrals (with patient permissions) were then made for both adult and child patients (with appropriate parental consent and/or Gillick Fraser consideration) to attend local sexual health clinics for follow up. We saw that strong links were maintained with sexual health services to ensure prompt and effective service provision, care and support where required.

Both ISVAs and YPISVAs were employed at The Treetops Centre to provide care and support to patients using services there. This included, for example, care provision to the parents of children and young people. We examined records that demonstrated how YPISVAs also supported patients and families both prior to, during, and after attendance at court, recognising well how impactive the process could be, not only to those victims of sexual assault but also their families.

We spoke with parents of children who had attended the SARC as they had indicated a desire to speak with us. They spoke positively of the support that had been provided by the YPISVA and the flexibility of the service and how safe staff made them feel.

Staff assessed risks to patients on an ongoing basis both prior to attendance at the SARC and throughout their time on site. Patients were comprehensively assessed for a range of risks during the reception process including; the risks of Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE) deliberate self-harm and potential suicide. We examined several examples of referrals made to local safeguarding partners and saw that they were detailed and comprehensive. We also saw that staff would, when not routinely advised by social care partners, seek the outcomes of referrals made.

During the COVID-19 pandemic, a decision was taken to reduce the amount of time patients would need to spend at the SARC to reduce the risk of infection. Patients, unless risk dictated otherwise, had their initial needs assessed by telephone conversation. This was in addition to any strategy discussions that might have already taken place. We examined recorded documentation of telephone risk assessments and saw that they were comprehensive and included multi-agency partner discussion where this had taken place.

Where additional vulnerabilities were noted, we saw that these were clearly written within patient records so that staff were made aware of them. This included, for example, where a child was looked after, where a patient was a regular attender at the SARC or if they were known to other services such as substance misuse services or mental health teams.

Premises and equipment

Forensic specimens were stored in freezers specific to that task and daily temperature checks were recorded by staff to ensure the correct temperature was maintained at all times. Site power outage plans were maintained by Solent NHS Trust.

Infection prevention and control measures, including waste management, were appropriate and adhered to. A cleaning schedule was in place and infection prevention and control audits were regularly carried out to evidence compliance. There were processes in place to prevent patients and staff from acquiring healthcare-associated infections. We examined a clear, detailed and up-to-date infection control policy, and staff we spoke with were aware of this and their own responsibilities in relation to, for example, hand washing, cleaning practices and the importance of complying with advice and guidance pertaining to the COVID-19 pandemic and the latest government guidance.

Are services safe?

Cleaning arrangements were in place for the waiting and examination rooms to prevent the cross-contamination of evidence. These met the guidance issued by the Faculty of Forensic and Legal Medicine (FFLM). Documents examined, and staff we spoke with, confirmed they had received training on cross-contamination and infection control.

The forensic examination room in use at The Treetops SARC was stringently cleaned after use to prevent the cross-contamination of evidence. The cleaning and checking met guidance issued by the FFLM. Each room was sealed after use with a numbered cable tie and we saw that those numbers were recorded in a file along with the time and date of each seal being broken and re-sealed. Each change was signed by the member of staff entering and exiting the rooms leaving a clear and identifiable audit trail.

Information to deliver safe care and treatment

Records examined demonstrated that staff used specific templates to help them in both assessing and examining patients. These were based upon templates recommended by the FFLM with age appropriate forms for children and young people under 18 years of age or for adults. In records examined, we saw that staff completed templates both accurately and in detail. Body maps were also used to document injury and potential evidence that might be used at court. Records were seen to be clearly written and accountable to those staff members completing them.

Records pertaining to children and young people were seen to consider those children's views and wishes at all times. We examined written evidence of conversations that had taken place between staff members and children which documented, in the child's own voice, that they were fully involved in processes that might affect them. We also saw that they were given choices at all times so that, should they change their mind for example, then those views would be respected and acted upon.

We saw that both electronic records and paper records were stored in safe, lockable areas with controlled access, ensuring that patient personal information was always secure.

Specialist equipment known as a colposcope was available to use at The Treetops Centre and all clinicians were trained to use the colposcope to take video and photographs of intimate examinations. In addition to body maps, photographic images and video were taken using the colposcope where there were injuries to intimate areas in adult cases and in all child cases in line with FFLM/RCPCH guidelines. After the examination, copies of the images were made on DVD's and a master copy and working copy produced. The images were kept as part of the patient's electronic medical record. All images recorded were seen to be password protected and securely stored on site.

The colposcope at The Treetops Centre is dedicated to the documentation of injuries during forensic medical examinations only.

In every case, informed consent for the taking and recording of intimate images, was obtained and recorded. We saw that it was clearly explained that the person giving consent could withdraw that consent at any time and that refusal would be respected and recorded in patient records. We also saw that patients were reminded several times by staff of their right to withdraw consent about any aspect of their care at any time during their visit to the SARC. This ensures that all patients were fully aware and involved in processes that took place at all times.

Safe and appropriate use of medicines

Staff at The Treetops Centre routinely used a very small number of medicines, none of which were controlled drugs. We saw that none of the medicines used were temperature sensitive, so did not require appropriate temperature-controlled storage.

The provider regularly audited the use of prophylactic medicines and oral contraception. Audits examined showed that the assessments of patients for these medicines were accurate and that the medicines were provided safely in accordance with guidelines issued by the British Association of Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH) respectively.

Are services safe?

During our visit, we reviewed medicine systems in place. We found that medicines were stored safely and securely, and that there was an effective system for reconciling the medicines through weekly audit. Stock and administration records were seen to be accurate with clear accountabilities provided by staff administering medicines. Audits were also undertaken of patient records to ensure that medication was given appropriately, safely and was recorded accurately. If discrepancies were noted then we heard that action would be taken to ensure the safety of the patient, and then to review the incident and take action to reduce the risk of repetition.

Track record on safety

We saw that audits undertaken of, for example, case records, staffing levels, adherence to call-out times, medicines management, cleaning procedures and safeguarding procedures, were undertaken routinely. We also saw that regular audit of case files followed a mandatory checklist that ensured that protocols were followed and, should any elements be missed, then these were followed up at the earliest opportunity. This demonstrated that the provider understood risks to safety and that proactive actions could be taken to minimise any risks identified.

There was continued assessment and performance monitoring of any practice changes made due to the COVID-19 pandemic. This included continued oversight of sometimes rapid changes in government advice and guidance, both local and national. Any changes made to service provision as a result of the pandemic were continually monitored to ensure patient safety and compliance with government guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patients attending The Treetops Centre were thoroughly assessed according to national FFLM guidance. Records examined clearly demonstrated that assessments undertaken were holistic and fully considered physical health, emotional resilience, mental health and a range of social attributes. This ensured that patient needs were thoroughly assessed and identified. It also meant that staff working with those patients were well informed so that they could adapt interpersonal interactions according to patient need.

Patients were seen quickly and by the right person according to their individual needs. On the rare occasion when patients were still in hospital as a result of injuries sustained during a sexual assault, staff would attended the hospital to carry out the initial examination there and also liaise with hospital staff to ensure that an examination was conducted with due regard to the patients current physical and mental health. In records examined, we saw that that examinations were undertaken sensitively and with the patient's consent.

Patient's routinely received an holistic assessment, that included considering their current circumstances and emotional wellbeing and mental health. Where required, staff made referrals, with appropriate consent, to multi-agency and multi-disciplinary partners such as sexual health services, Child and Adolescent Mental Health Services (CAMHs), adult mental health services or substance misuse services. We examined referrals made to multi-agency partner services and saw that they contained appropriate detail and professional opinion so that the person considering the referral could make an informed decision about how to proceed. We also saw that, when necessary, staff followed up the referral to check on progress and updated patient records accordingly.

Consent to care and treatment

Obtaining informed consent from patients or, depending on the age and capacity of a patient, their parent or carer was at the forefront of staff interactions with patients. Staff were trained in communicating with people of different ages and provided patients with clear information about the SARC's services, both verbally and in written formats. We saw that staff took as much time as was necessary to explain to patients the purpose of the examination to ensure they understood what they could expect both before, during and after the procedure. Signed consent was obtained from patients and their advocates or carers in accordance with FFLM guidelines and this was revisited throughout the clinical examination to ensure that consent was ongoing and had not changed.

Staff used the standard for obtaining consent from a young person known as 'Gillick Competence'. Staff further followed particular guidelines, known as 'Fraser guidelines', before providing contraception and sexual health advice to young people. Staff we spoke with knew the difference between both standards and we examined evidence of enquiry appropriately documented in patient records.

Where informed consent could not be obtained, such as when a patient was unable to communicate whilst in hospital following a sexual assault, we saw that staff undertook a full needs assessment with multi-disciplinary partners to ensure that a medical examination was in the best interests of the patient and for the collection of evidence. We also saw that those discussions and outcomes were recorded in detail within patient notes.

Monitoring care and treatment

Managers and staff at The Treetops Centre SARC participated in a range of quality monitoring activities and routine audits which ensured the service was effective and operated within stated guidelines. This included for example, audits in the use of PEPSE medicines and emergency contraception.

Are services effective?

(for example, treatment is effective)

Case file audits and regular, routine peer-to-peer discussions helped staff and managers alike maintain good oversight of best practice and where further development or training might be required. Staff members we spoke with were able to give examples of learning taken from both local and national issues that could be used to enhance the patient experience at The Treetops Centre.

Medical reports were subject to multi-disciplinary review which ensured that they were of a quality that met the needs of legal processes and reduce the likelihood of challenge regarding the way that evidence was both obtained and recorded, otherwise known as due process. This in turn helped patients by reducing stress bought about by any legal challenge after they had undergone medical examination.

Effective staffing

All clinical staff received initial, specialist training in their role that aligned to national requirements set by the FFLM. There was also a comprehensive induction programme for each staff group which were competency based and used, for example, national occupational standards set out by the 'Skills for Justice' national training organisation. As well as online and face-to-face training programmes, staff received structured learning from exposure to workplace experiences so they could be 'signed-off' as competent.

Two of the centre's doctors who were Fellows of The Faculty of Forensic & Legal Medicine (FFLM) and examiners for the Membership of The Faculty of Forensic & Legal Medicine (MFFLM) exams

The nurse had completed the Foundation for the study of Male Rape and Sexual Assault course and recently achieved a diploma in legal medicine.

Both doctors and the other suitably trained forensic medical examiner (qualified nurse) were referred to as SOEs at The Treetops Centre as they all undertook the same duties. All children aged 13 years and under were examined by a paediatrician with another Sexual Offences Examiner (SOE) in attendance. All 13-16 year olds were examined by two SOEs depending on vulnerabilities identified and were discussed with a paediatrician beforehand to decide who should be present at the examination. Young people aged over 16 years were single clinician examinations by a qualified SOE.

In all records we reviewed we found that children received the appropriate care and support to meet their needs.

Staff working directly with children received additional training on subjects that included; child and adolescent development, attachment, trauma, bereavement, adverse childhood experiences and other relevant key topics that might assist them in their work with vulnerable children and young people.

Staff working with children and young people who have experienced traumatic events were alert to the possibility of vicarious trauma and were supported in the form of safeguarding supervision or clinical managerial supervision. They could also access external support structures should they wish to do so.

We examined documentation and training matrices that demonstrated that staff were up to date with mandatory training and that this was monitored by senior managers to ensure compliance.

Co-ordinating care and treatment

SOEs, crisis support workers and ISVAs or YPISVAs worked closely together to accurately assess patients prior to their examination and this supported continuity of care. This was continued for those patients who were referred onwards to other partner agencies for follow-up consultation.

Staff also worked closely with other multi-agency professionals to ensure the examination and follow-on care met patients' needs. Staff routinely met with police investigators or children's social workers before an examination began to agree the scope and extent of the examination for each individual patient and to further discuss any case specific sensitivities that they might need to be aware of. Strategy discussion prior to a medical examination taking place was considered an important part of the co-ordinating care and treatment process.

Are services effective?

(for example, treatment is effective)

Children and young people were also referred to other agencies, including the local authority, to be assessed for additional, targeted support through early help, child protection or child in need processes. We examined evidence of how staff at the SARC provided clear and detailed reports to inform the decision-making process at both initial child protection meetings and review child protection meetings. Where practicable, staff members were also supported by managers to attend child protection meetings. This was good practice to ensure that all relevant and important information was shared and recorded.

Health improvement and promotion

Patients attending The Treetops Centre had access to an abundance of advice and guidance, including 'easy read' guidance for those patients that required it. Information written specifically for children was also available.

Patients had access to a services guide which included information regarding the medical examination process, post-examination medical care and contact information should patients have any questions regarding the service or follow-up care. This information assisted people to take more personal control in processes that might affect them once they have left the SARC.

The provider ensured patients were routinely offered screening for sexually transmitted infections including HIV, but these were not undertaken at the SARC. Prophylactic medicines were supplied to patients at risk of HIV and hepatitis as required to help protect them from risk.

Are services caring?

Our findings

Staff at The Treetops Centre were kind, respectful and compassionate to patients who had used the service as a result of their experience of sexual, emotional and often physical trauma. We found that The Treetops Centre was a patient focused service.

Patients were invited to feed back on the service that they had received at the SARC and we examined examples of such feedback. All feedback examined, including those that had undertaken our own survey prior to our inspection, were positive about the way that care and support was provided, both prior to, during and after the sexual assault examination process.

Young people's comments left for us were positive about how staff helped them remain calm throughout the process and be in control by making their own decisions. They also spoke about how informative staff were and how they offered reassurance throughout.

Staff members we spoke with were knowledgeable about the nature of sexual assault and understood the impact of such abuse on both adult and child patients using the service. Evidence examined and discussions with staff demonstrated to us that people's emotional wellbeing was a priority and that people were treated with compassion having regard to their negative experience that bought them to The Treetops Centre in the first place.

Staff we spoke with were aware of the additional vulnerabilities of children and young people who might be a child looked after under the care of the local authority as 'corporate parent's' or who might have had special educational needs and/or disabilities. This ensured that those particularly vulnerable groups of children and young people were provided with care and support that met their specific needs.

Where young people were identified as living with additional disabilities then they would, where appropriate and following strategy discussion with multi-agency partners, be offered paediatric service provision over and above their physical age. This was an effective method to better engage with young patients whose age might not warrant them being provided with additional paediatric care and support, but who were identified as being more vulnerable due to their additional disabilities.

One young person used a CQC comment card in 'easy read' format that disclosed that they were happy with the way that services had been provided to them.

During the COVID-19 pandemic, certain restrictions had to be put in place to ensure patient and staff safety. For example, and as previously stated, initial assessments were being undertaken by telephone consultation prior to patients and their support arriving at the SARC. This meant that patients had to spend less time at the SARC so as to reduce the possibility of infection. Although waiting areas were used less than pre-COVID, we did see that they were bright, clean and spacious with easy clean toys available for children to play with should they desire.

Aftercare packs and new clothing was available for patient use following examination. We saw that the aftercare packs contained a good selection of products which included shampoos, deodorants and personal grooming products. There were also contact details of support organisations, sexual health centres, and other information to assist victims to seek help and advice should they wish to do so.

Privacy and dignity

Are services caring?

Staff at The Treetops Centre respected and promoted people's privacy and dignity at all times. Crisis workers and SOEs allowed patients time to fully understand procedures and processes at the SARC before going ahead with an examination. Screens were provided in examination rooms so that patients could undress in private and at their own pace. We saw feedback from patient's that demonstrated how their feelings were respected by staff and that they were made to feel comfortable and relaxed.

The providers website sets out what patients might expect when attending the SARC for examination, what people's rights were and how staff would maintain privacy and dignity during their examination. The website describes other available services, including aftercare, reporting processes and access for other professionals who might have questions regarding service provision. Patients could access this information and make informed decisions prior to making a self-referral to the SARC should they so wish.

Due consideration was given to patients whose first language was not English. This included ensuring that, for example, when interpreters were used to aid the assessment process, then the patient felt safe about sharing private information with them. Interpreters were offered face to face but this was discouraged where possible during the COVID-19 pandemic. Patients were continually provided with assurance from staff that their privacy was important and that they did not have to share any information that they did not feel comfortable in doing so, and further that this was their right throughout their time at the SARC.

Involving people in decisions about care and treatment

The service organised and delivered services to meet patients' needs. It took account of patients' needs and preferences recognising the population diversity in the area it served. This included, for example, reaching out where possible by way of promotion to residents living on The Isle of Wight who might not be aware that they could self-refer into the service at any time.

Although the COVID-19 pandemic had resulted in changes to the way that patients were initially assessed and how long they spent at the SARC, we saw that facilities remained as child friendly as government guidance allowed. All rooms that were currently available at the SARC were comfortable and children had access to child focussed toys and literature should they so desire. Patient feedback seen demonstrated that staff took time to explain to them necessary changes in service provision due to the pandemic that helped to keep them safe.

Along with information leaflets being available to patients while in attendance at the SARC, links to the same information was available on the provider website. Those links included service links to primary care, mental health (including CAMHS), sexual health and service links in specific areas such as those in Southampton or Portsmouth. We saw that there was specific information available to male survivors of sexual abuse and violence to encourage male patients to report abuse.

Are services responsive to people's needs?

Our findings

Timely access to services

All examinations were undertaken by prior appointment and, even when these were made at short notice, we saw that patients were seen in a timely manner that met their needs. This included self-referrals, referrals made by the police or via safeguarding processes.

Patient's accessing services at The Treetops Centre from The Isle of Wight also received services within appropriate timescales, with good relationships between SARC staff and police services on the Island reducing the risk of delay even in bad weather. Where necessary, we did hear that examinations could take place on the Island, but this had not occurred in the months leading up to our inspection.

Patients were seen quickly and, where at all possible, by the right person according to their individual needs. This included, for example, when patients had to be seen in hospital following a sexual assault.

We saw that disabled access to The Treetops Centre SARC was good with due consideration given to wheelchair users for example.

ISVAs and YPISVAs helped to ensure that patients could access other services outside of the SARC, such as sexual health services. Continued patient contact after examination helped to ensure that those patients received appropriate care and support after attendance at The Treetops Centre SARC.

Listening and learning from concerns and complaints

There was a provider policy in place which called for each complaint to be thoroughly investigated and responded to in writing within set time limits. Clear advice regarding how to make a complaint was provided to patients on leaving the SARC with further information about how to make a complaint to other agencies should it be preferred.

There had been no complaints at the time of our inspection, but we did see that people who made comments about the way that services were provided did lead to discussion and, where possible, could could in turn mean that services were adapted in line with comments made, such as increasing awareness of safe sexual health.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders at The Treetops Centre had a thorough understanding of the local population demographic, which included The Isle of Wight and had, where possible, tailored the service to meet the needs of the diverse population that it served. They managed a consistent team of professionals and had developed stable relationships with multi-agency and multi-disciplinary partners. There was a culture of continued learning and reflection which in turn led to continued service updates to meet the needs of the patients it served.

Leaders were based at the SARC and engaged fully in processes that involved patients attending the service. This further ensured that they maintained a good understanding of the client base they served.

We spoke with staff members both at the SARC and remotely by video interview. They all spoke of managers and leaders who were visible, supportive, approachable and open to challenge. Systems in place, such as standard operating procedures and up to date policies and procedures, helped to support staff in their daily interactions with both vulnerable children and adults who attended the SARC to receive medical and emotional care and support. Staff members also told us that they were encouraged and supported to undertake additional training and develop their careers.

When notified of our findings regarding potential ligature points identified at the SARC, leaders acted in an efficient and rigorous manner to rectify those risks. This included, for example, engaging the Solent NHS Trust's safety manager to undertake a full ligature point assessment of the building and act on their findings by producing new risk assessments and undertake changes to the fabric of the building.

Vision and strategy

Staff were encouraged to not only support each other, but also challenge their peers and managers where they thought that it was necessary. Staff told us that they valued productive discussion, and this was shared by a variety of communication methods including both clinical and safeguarding supervision and daily peer-to-peer meetings and discussions. This demonstrated a culture of continued learning and service development that was owned by all staff members employed at the SARC.

Culture

In discussions with staff we found that a culture of peer support and supervision was evident and embedded at the SARC.

A culture of openness and learning was demonstrated by staff understanding about how to report an incident, however trivial it might seem. The culture of learning was further evidenced by how much staff valued peer support and challenge that took place on a daily basis.

A culture of continued learning and professional development was promoted by leaders. For example, staff routinely accessed additional training over and above mandatory training to aid their own professional development. Where staff expressed an interest in career progression, we heard that they were encouraged to do so.

Governance and Management

Senior leaders within Solent NHS Trust continued to have oversight for key areas of The Treetops Centre including; safeguarding, quality and oversight, information governance and education although these areas were all managed by those leaders at the SARC. An overall governance group maintained accountability for decision making processes which in turn informed the providers future strategic direction and purpose.

Are services well-led?

The Treetops Centre was in receipt of positive feedback continually provided by service users, and commissioners we spoke with had no concerns about the way that services were provided. Roles, responsibilities and systems of personal accountability which supported good governance and managerial oversight were in place and seen to be adhered to.

Staffing levels were well maintained to ensure continuity of staffing and regular 'bank staff' were available to fill in gaps should a shortage occur, such as during the COVID-19 pandemic.

Managers maintained good oversight of staff performance by way of regular clinical supervision, safeguarding supervision, ad-hoc supervision and peer support and guidance. Staff we spoke with told us that they could access appropriate supervision, support and guidance at any time and at regular scheduled meetings. Staff we spoke with told us that they felt supported by managers when they were required to give evidence in court and that appropriate training had been provided where necessary.

Appropriate and accurate information

We saw that there was regular audit programmes of areas that included; medicines management, patient surveys, patient record audit, safeguarding audit and information handling/sharing audits, all demonstrated that information was sought and provided to better inform and develop service provision. Data obtained from those audits was continually assessed against previous performance in key areas so that leaders were consistently kept informed in an accurate way of local and national trends that might impact on performance.

Engagement with clients, the public, staff and external partners

The strong ethos of the positive attributes to be gained from multi-agency and multi-disciplinary partnership working was considered a key element in the provision of safe and effective care and support to patients accessing services at the SARC. This was managed by regular dialogue with partners who were also encouraged and involved in monitoring the performance of The Treetops Centre through operational performance meetings, challenge and feedback.

Continuous improvement and innovation

There were well established systems and processes in place to monitor and promote continuous learning, improvement and innovation at The Treetops Centre. Action plans were seen to be routinely monitored with clear accountabilities and target review or completion dates adhered to. At the point of review those action plans would, where necessary, be amended and altered to take into account changes that might impact on them, such as the COVID-19 pandemic.

As previously mentioned above, staff attended both mandatory training but could also access additional training according to their own specific interests that would also enhance patient experience as well as their own personal development. Both local and national learning was considered and formed a basis to better inform practice at the SARC.