

Northern Devon Healthcare NHS Trust

Devon Sexual Health - Exeter

Inspection report

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Overall summary

We carried out this announced inspection on 18 March 2021 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a 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.

Background

NHS England commission Northern Devon Healthcare NHS Trust to deliver a dedicated paediatric service based at Exeter Sexual Assault Referral Centre (SARC) for children and young people up to their 18th birthday. This service provides forensic medical assessments for children and young people from across Devon, Cornwall and the Isles of Scilly following recent sexual assault. The Exeter SARC also provides non-recent medical assessments of children and young people from Devon, Torbay, Plymouth and Cornwall following non-recent sexual assault.

Summary of findings

The SARC is situated on a business park outside of Exeter town centre with a staff office in a separate building, but close by, to the patient environment. The SARC is spread over the ground floor of the premises with disabled access, a discreet entrance to the rear of the building and car parking outside. The SARC is available for forensic medical assessments between 9am and 5pm Monday to Friday, and between 10am and 2pm Saturday and Sunday. A 24 hour telephone advice line is staffed by clinicians and available to professionals 365 days a year.

The SARC facilities, situated within a building leased by police with police offices adjoining, include two examination rooms, one for non-recent and one for recent examinations. There are two waiting rooms; one forensic and one non-forensic, as well as an aftercare room, storage room and small kitchen area. Bathroom facilities including showers are available within the forensic suites, and a visitors bathroom is accessible in adjoining police offices. The staff office, leased by the provider, consists of a large open plan staff office with kitchen and bathroom facilities, a disabled toilet, meeting room and two smaller therapy rooms.

The SARC team are overseen by a specialist services manager, with a SARC general manager and SARC service manager, and a specialist nurse carrying out the crisis worker role for all children and young people attending the SARC. The paediatric clinical lead is a consultant paediatrician supporting four forensic medical examiners (one of whom is currently on maternity leave). Three clinical staff are members/licensee of the Faculty of Forensic and Legal Medicine.

On the day of inspection we spoke with four staff members and reviewed eight patient records. We reviewed policies and procedures and other records about how the service is managed. We also spoke with three staff members via virtual meetings in advance of the site visit.

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:

- Staff understood their responsibilities for safeguarding adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- There were good working relationships with police colleagues.
- There was a culture of continuous improvement.
- Staff showed care and passion for their work and felt well supported in their roles.
- Patient feedback was positive about the support received from the SARC, and there had been no complaints.
- The environment was clean and included age appropriate rooms and equipment with toys and visual distractions for children.
- The provider had infection control procedures which reflected published guidance and had adapted quickly to COVID-19 guidelines to ensure services remained available to patients throughout the pandemic.

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

- Ensure that patient records are complete and contemporaneous, and evidence the discussions with patients and/or their responsible adult to explain the clinicians decision making and the rationale for care and treatment provided.

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

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

Summary of findings

- Ensure that assessment proformas evidence how a clinician has determined capacity to consent.
- Include the Gillick Competence assessment for staff to complete with under 16's if applicable.
- Evidence the voice of the child in assessments.

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?	Requirements notice ✗

Are services safe?

Our findings

Safety systems and processes

The provider had clear systems to keep children and young people safe and safeguarded from abuse. Staff we spoke with demonstrated an understanding of their responsibilities to safeguard patients and how they would raise concerns if required. SARC staff engaged in strategy meetings with police and children's social care colleagues for all children and young people referred to the SARC, and had undertaken work with police colleagues to ensure referrals were made in all appropriate cases with SARC involvement from initial contact with police.

A children's safeguarding policy was in place, and a new self-referral policy for young people aged 16-17 had recently been developed. Commissioning arrangements had recently changed to enable 16 and 17 year olds to self-refer to the SARC without police involvement if they did not wish to report the abuse. The provider had completed comprehensive research and worked with the 4 local authorities the SARC served to produce a self-referral policy for 16 and 17 year olds, and to agree that these patients would receive a safeguarding assessment from the trust to determine whether a referral to children's social care was required. Where staff identified a safeguarding risk, a safeguarding referral would be made, regardless of consent.

Staff received appropriate safeguarding training according to their roles, and a specialist safeguarding nurse for SARC services was embedded within the team joining strategy planning meetings for children and young people, and providing safeguarding advice and support to the team. Multi agency meeting attendance and onward referrals evidenced that staff considered children's vulnerability, for example those at risk of or known to be experiencing female genital mutilation (FGM) or modern slavery.

Staff

The provider had a staff recruitment policy in place to ensure suitable staff were employed and trust whistleblowing procedures were in place. Staff were supported by a comprehensive management team both locally and within the specialist services division of the trust. Staff had access to both clinical and managerial supervision, peer review sessions and safeguarding supervision. Attendance was monitored by managers and time was allocated to clinicians to complete their continuing professional development.

An on call rota for out of hours contact was in place for staff to speak with a clinician should they require advice or support outside of office hours.

Risks to patients

The provider had systems to assess, monitor and manage risks to patient safety. Immediate risks to patients attending the SARC were identified at the point of referral, or through the multi agency strategy planning meetings SARC staff attended. Children and young people received a comprehensive assessment on arrival at the SARC to identify physical or mental health needs, and medical emergencies. Children and young people received a comprehensive assessment for post-exposure prophylaxis, hepatitis B prophylaxis, antibiotics and emergency contraception.

Assessment proformas completed with patients or their responsible adult included prompts to consider risks to the child or young person in relation to domestic abuse, and child sexual exploitation, however staff recording of details surrounding these areas was minimal and did not evidence the discussions that had taken place surrounding these risks.

Staff we spoke with knew how to respond to a medical emergency and mandatory training records demonstrated that staff had received the appropriate life support training. Emergency equipment for paediatrics, including oxygen, were accessible to all staff and checked regularly to ensure equipment was available and in date.

Are services safe?

A ligature point audit had been carried out and anti-ligature cords had been installed for alarms and lights in bathroom areas. Staff told us that a child or young person would not be left unattended other than to use the bathroom, when a responsible adult would sometimes be with them. Staff were able to open locked bathroom doors from the outside if they had a concern, and anti-ligature equipment was available to staff.

Premises and equipment

The provider held comprehensive maintenance records for the SARC facilities in line with the trust health and safety policy and procedures, and an adverse events procedure was in place to support business continuity. A health and safety risk assessment and audit had been reviewed by the specialist services business manager in November 2020 with no significant issues outstanding. A fire risk assessment was carried out in May 2020 and regular checks were completed for fire equipment. Annual fire drills were documented and staff fire training was due to be refreshed in July 2021.

Health equipment was checked regularly and serviced as required. A colposcope (a low-power microscope mounted on a stand, used to look at the cervix under magnification) was available for use in the forensic medical suite and clinicians received training in how to use this.

Staff followed appropriate infection prevention and control measures and waste management arrangements were satisfactory. The police contracted an external company to carry out forensic cleaning and rooms were tagged following cleaning with logs to monitor entry and cleaning on entry to the rooms. The police also provided general cleaning services for the SARC facilities, and a crisis worker completed a monthly deep clean of forensic areas. The SARC had facilities to store forensic samples and specimens for those patients who had self-referred Freezers used for storage were temperature checked daily to ensure forensic integrity was maintained.

Information to deliver safe care and treatment

Staff told us they had the information they needed to deliver safe care and treatment to patients, and this was evidenced in the eight care records we reviewed. SARC staff were invited to attend the majority of strategy discussions for children and young people referred to the SARC. This provided staff with detailed information regarding risk to the patient and the circumstances surrounding the referral. Onward referral details were held both electronically and within paper records for patients; those we reviewed during the inspection evidenced the timely sharing of information.

A daily rapid review meeting had been established with police colleagues to review any cases in the last 24 hours which the SARC should have been involved in. Managers felt that these meetings had been fundamental in improving strategic relationships with police colleagues. A daily meeting was also held to review cases at the SARC within the last 24 hours. This was attended by clinicians, managers and the designated safeguarding lead, and included confirmation of referrals made as well as any outstanding actions. A case would be carried over to the next daily meeting until all actions were closed.

Photo documentation and intimate images were managed in line with guidance from the FFLM.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines. Medicines were stored in a locked safe within a storage room where the temperature was monitored daily. A monthly medicines audit was completed by the specialist paediatric nurse and a record was held to record medicines issued. Fridge temperatures were monitored and recorded daily by a nurse to ensure temperatures remained in range for medicines held inside. The trust had an appropriate range of patient group directions (PGDs- written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Track record on safety

Are services safe?

The trust used the electronic system Datix to record all incidents relating to the SARC. Staff we spoke with demonstrated an understanding of their responsibilities to report concerns and said they would also report near misses. A serious incident framework was in place to report and address serious risks, however none of the five incidents reported in the year prior to our inspection had met the threshold to be reported under this framework.

Lessons learned and improvements

Staff told us they received feedback from incidents they reported, and lessons learned were shared with staff in team meetings. Managers reviewed incident themes from the Datix system, and wider governance arrangements were in place for lessons learned to be shared within the specialist services division, and then with the wider trust at a senior level.

A recent incident had been reported following an unidentified serious injury to a child prior to their attendance at the SARC. An investigation with partner agencies was in progress to ensure this did not happen again, however there had not been an impact on the child as a result of the incident.

The trust had a procedure in place to receive and notify staff of safety alerts, including external safety, patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Clinicians assessed children and young people's needs and delivered care and treatment in line with guidelines from the FFLM and Royal College of Paediatrics and Child Health (RCPCH). Staff had all completed mandatory e-learning and those we spoke with demonstrated a good understanding of the Mental Health Act (MHA) code of practice.

Local operating procedures provided clear treatment pathways for staff to follow, for example, emergency contraception, HIV/Hepatitis B prophylaxis, and onward referral for immediate healthcare. Quality improvement initiatives, such as the peer review process, ensured consistency in the treatment children and young people received, and staff were encouraged to attend external events to keep up to date with evidence-based practice. Clinicians working within the SARC were encouraged to carry out research projects and take on specialist roles, for example a recently recruited forensic medical examiner hoped to take a lead on adolescent examinations.

Staff provided children and young people and their responsible adults with information on where they could seek additional support following their visit to the SARC as well as making onward referrals to relevant agencies the patient had consented to, such as the GP, and children and young people's sexual violence advisors.

Consent to care and treatment

Staff sought young people's consent to care and treatment in line with the Mental Capacity Act 2005. Staff told us that they would always see a child with a responsible adult, parent or carer, and would seek parental consent remotely if required. During our review of care records during the inspection we found that the medical proforma provided limited opportunity to document how the clinician had assessed consent, and who this was obtained from. Staff we spoke with demonstrated that they had an understanding of the Gillick competence assessment framework, however there was no Gillick competence template within the proforma to complete if required.

Staff told us they would discuss treatment options and the examination procedure with the child and/or responsible adult, and would always speak directly to the child to check their understanding of what is happening to them. Staff told us that they would always stop an examination at any time if the child or parent/carers asked them to, and that they could decline any part of the examination they didn't feel comfortable with.

Monitoring care and treatment

Clinicians completed a standard proforma with children and young people or their parent/carers. The proforma included pre-assessment questions, documentation of the forensic medical examination, and an aftercare assessment. During the inspection we reviewed eight care records of children and young people, all of which included a comprehensive report to summarise the assessment, which was shared with the GP and children's social care. However, we found that there were significant gaps in information recorded in all of the records reviewed.

In particular, we found that in five of the eight records, the emotional health assessment of the child had not been completed, and in six of the eight records no family details were recorded in the family tree, despite indications elsewhere on the proforma that the abuse was linked to family. Three of the eight records reviewed were for children over the age of 13. Two of these records did not have a risk assessment completed for child sexual exploitation, and one had only circled examples from a list with no text or evidence of discussion.

In our review we identified that the proforma was not fit for purpose as it did not capture faith and language needs of the patient, and it did not evidence the reason or discussions for yes/no answers in relation to disability, domestic abuse and

Are services effective?

(for example, treatment is effective)

female genital mutilation (FGM). We were assured that staff had the required discussions during assessments, but managers agreed that the proforma did not provide the opportunity to document faith or disability in detail, including how this may impact on treatment. The provider immediately reviewed the proforma based on the inspection feedback, however despite their responsiveness, records seen on the day of inspection were not contemporaneous.

An audit of 10 care records was carried out by the SARC consultant paediatrician in March 2020. The audit identified 92% compliance in the completion of care records to the required standard, however some areas for development had been identified. One example was body mapping of injuries to the child or young person, which only scored 30% compliance in the audit. During our review of care records, we found this to be an area of strength demonstrating that the provider had responded to this audit feedback and improved recording of injuries on body maps.

Children and young people's care and treatment and their outcomes were monitored by managers locally and within the specialist services division of the trust. Performance data was collated and reported to NHS England commissioners on a monthly basis, and quarterly meetings were in place for formal contract monitoring. Engagement from the provider was described as open and positive by commissioners. Although the SARC was commissioned by NHS England, we saw evidence in governance processes of good joined up working with the police to support children and young people attending the SARC.

Effective staffing

Newly recruited staff received an induction programme including a range of mandatory training courses. Clinical staff were given several shadow opportunities before achieving competency to carry out forensic medical examinations with children. Staff received an annual appraisal in line with the trust's policy, which was recorded on the training log and reviewed monthly by the SARC general manager. Clinical staff maintained their own records of continuing professional development, while qualifications and revalidation details were collated on a spreadsheet held and monitored by managers. This included membership/licentiate details for the FFLM.

The provider had a range of mandatory training courses for staff working in the SARC, with a system to flag when courses were due to both the staff member and managers. Completion of training was recorded on a spreadsheet monitored by the general manager and reported to monthly governance meetings. Mandatory training included safeguarding level 3 training which was up to date in records we reviewed during the inspection. Additional training was offered by trust staff to support staff in meeting the holistic needs of children, such as SARC best practice, and court skills.

A standard operating procedure had been developed for the peer review process. Monthly peer review sessions were scheduled with attendance recorded, and 7 of the 8 care records we reviewed during the inspection, evidenced a peer review had taken place to identify best practice and learning. The SARC consultant paediatrician provided regular clinical supervision, and monthly managerial supervision was carried out by the SARC general manager for all staff, including clinicians. A monthly crisis worker group supervision was established with time allocated to discuss safeguarding, and attendance from a safeguarding nurse.

Co-ordinating care and treatment

The provider had worked closely with police and safeguarding colleagues to develop joint working relationships and procedures. The SARC facilities were part of a police office building which promoted efficient communication, however significant work had been undertaken with police managers to develop joint meetings to review patient cases and identify any patients who could have been referred to the SARC but had not been. Feedback we received from police colleagues during the inspection was positive regarding SARC staff, joint working and support children receive.

A recent project to develop a self-referral policy for 16 and 17 year olds attending the SARC had led to increased joint working with safeguarding teams across the 4 local authorities served by the SARC. A number of meetings had taken place to agree the policy ensuring that safeguarding and SARC procedures were aligned and agreed by all parties. Under the

Are services effective?

(for example, treatment is effective)

new policy, all children under the age of 16 who attended the SARC would automatically be referred to the local children's social care team, however 16 and 17 year olds who self-referred to the SARC would receive a safeguarding assessment by the SARC team to determine whether a referral was required. A designated safeguarding lead supported the team in any assessments and decisions they made through daily case reviews.

All children and young people were offered a referral to see a children and young people's sexual violence advisor (CYPSA). Referrals were made to the service within 24 hours of attending the SARC, and staff sought confirmation that referrals had been received, as well as further data to confirm whether the patient had attended an appointment. Referrals to other agencies were also completed within 24 hours of a patient attending, for example to the GP, talking therapies or child and adolescent mental health services. All referrals were discussed and staff followed up on outstanding actions at the daily case review meeting.

Are services caring?

Our findings

Kindness, respect and compassion

The provider held a record of feedback from patients, their families and professionals in the 12 months prior to our inspection, all of which was positive and suggested that patients felt they received compassionate care from staff who were kind and respectful of their needs. Staff told us that everything they did was in the child's best interests, and they would be respectful of the child's wishes, for example some children may prefer not to have a health check, or to keep their socks on, and staff would adapt to the child's wishes. Staff told us that children and young people or their parent/carer would be offered the choice of gender of the care professional they see at the SARC.

Children and young people were offered a shower if they wished following an examination, and a wash bag was provided with a selection of toiletries which the patient could take away with them. The SARC also held a range of clothing which children and young people could change into if they wished to, or if they had their own clothing seized for evidence.

Privacy and dignity

The provider respected and promoted children and young people's privacy and dignity; a pre-examination, clinical and aftercare room used for children and young people included age appropriate cues and toys. The layout of the facilities protected patients confidentiality, and the entrance to the SARC was at the rear of a building so was discreet, and there was a small outdoor area behind the building with a bench to provide a peaceful outdoor space for a patient/visitor if required.

Children and young people's records were held both electronically and on paper. The electronic system used by the trust was secure and password protected, while paper records were stored in locked filing cabinets within secure staff offices. Staff offices were separate to patient SARC facilities which provided confidentiality for staff making phone calls regarding patients. Staff we spoke with demonstrated an understanding of protecting patient confidentiality and electronic systems we observed were password protected and locked when not in use.

Involving people in decisions about care and treatment

Information about the SARC was available to children and young people, their families and professionals in appropriate formats and alternative languages if required. Staff told us that they were able to access interpretation services through language line where required, and access to signers was available for any patients with a hearing impairment, however interpretation needs were not routinely recorded on assessment paperwork.

Children and young people were provided with information to make informed choices such as age appropriate pictures to understand treatment. Feedback from patients who had attended the SARC stated that staff had been very helpful in providing lots of information and discussing treatment options. Of the eight care records reviewed during the inspection, we did not see any evidence of the voice of the child, and the provider should consider how this can be evidenced from the assessment moving forward.

Further information about community services and advocacy was offered to children, young people and their families before leaving the SARC. Staff sought consent from the child, young person or their responsible adult before making any onward referrals, and this was documented in care records we reviewed during the inspection.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

The provider delivered services to meet the needs of children and young people in line with the specification they were commissioned to offer. The provider's policies and local operating procedures took account of individual preferences, and a paediatric lead nurse role was incorporated into the staffing structure to provide specialist insight and support to children.

The needs of vulnerable patients were assessed from the point of referral to the SARC through the multi-agency strategy meeting, and through a telephone assessment prior to arrival at the SARC which had been implemented as part of the provider's response to the COVID-19 pandemic in order to reduce face to face contact where possible. On arrival at the SARC, patients needs would be further assessed prior to an examination taking place to identify any additional needs such as a learning difficulty, substance misuse or underlying health condition. During the inspection we noted that the medical proforma did not offer space to identify details surrounding the type of disability a patient had, and whether this may impact on the care and treatment they receive. The provider acknowledged this and took action to address in the week following our inspection.

The SARC was accessible to people with a physical disability, including step-free access and an accessible toilet. Children and young people could be seen outside of the SARC in exceptional circumstances, for example in an Accident and Emergency department, and a portable bag was prepared with equipment required to facilitate this.

Timely access to services

Children and young people were able to access care and treatment within acceptable timescales to meet their needs, as well as the requirements of the FFLM. The provider was commissioned to deliver both a telephone advice line for professionals as well as forensic medical examinations, the details for which were well advertised on the SARC website and within SARC information leaflets. Leaflets had been developed for children and young people, families and carers, and professionals and were available online or within the SARC.

A booking system was in place to make appointments for those referred for non-recent abuse. Acute cases were seen within the required timeframe and SARC staff were now invited to the majority of strategy meetings with police and social care colleagues.

The provider's website for the SARC was clear and easy to navigate with translation options available. Contact details for parents, young people and professionals were well advertised and details of what to expect when attending the SARC were available, as well as a virtual tour of the facilities to help those due to attend know what to expect on arrival.

Listening and learning from concerns and complaints

The provider had a complaints policy in place, and information was available on the website and in the SARC for patients, family members and professionals detailing how a complaint could be made and escalated if required. The provider had not received any complaints in relation to the SARC in the 12 months prior to our inspection, the provider utilised the Datix system to record complaints should the need arise, and managers told us that complaint feedback and learning would be shared with the team during governance meetings if this arose.

Are services well-led?

Our findings

Leadership capacity and capability

The SARC general manager had a background working as an independent sexual violence advisor and was experienced working within the SARC environment. A consultant paediatrician led the clinical team and had extensive experience and qualifications working in forensic medicine and paediatrics. We observed positive joint working between the senior management team and the mix of skills and experience the managers shared provided a good capacity to deliver high quality care. The additional leadership from the director of specialist services in the trust, and the designated safeguarding lead nurse enriched the team's capacity to identify and respond to risks and develop pathways with other agencies.

In addition to the SARC general manager, who oversaw services for both adults and paediatrics across Devon and Cornwall, a SARC service manager also supported the local team. Staff told us that they felt very well supported by managers and commented on the multi-agency working managers had undertaken to embed the SARC in strategy meetings with police and social care. Staff told us that the team were strong and passionate, and they felt proud to work within the team.

Leaders were visible during the inspection and staff on site were included in the inspection process and feedback, which was positive. Leaders demonstrated a sound knowledge of the priorities and risks the SARC faced; regular strategic meetings both within the trust and with police colleagues were included in the governance framework to monitor and address concerns.

Vision and strategy

The main vision for the SARC was to identify new premises. The SARC is currently located within a police leased building which is shared with police colleagues, however the facilities are utilised for both adult and paediatric patients, and with the increase in numbers attending the SARC, it is felt that a new location with bigger facilities is required. The provider is keen to source a premises with police colleagues to maintain co-location and joint relationships, however this has been challenging to date despite support from commissioners. The team spoke passionately of a vision for a large centre with separate entrances for adults and children, as well as spaces for talking therapies and partner agencies to work from so that children can access multiple services in one location.

In addition to new premises, the Director of specialist services also shared a vision for the development of a nursing team to support the clinical team at the SARC, and the development of dual competency for working with both adults and children. The trust was also starting to consider business plans ahead of the re-commissioning of the service due to take place in 2021.

Culture

Staff we met during the inspection demonstrated a passion and commitment to providing the best care they can to children and young people at the SARC, telling us that the service they provide is child focused and led by the child. Staff told us that they enjoyed working at the SARC and that there was a positive atmosphere among the team.

We saw evidence of a learning culture within the team; the daily case review meeting provided opportunities to share feedback and identify learning, while staff also told us they felt listened to, with immediate action taken when concerns are raised, and feedback given to individuals to help them improve. A recently reported near miss was discussed with the wider team and a good example of the open culture the team working in to promote development and learning.

Governance and management

Are services well-led?

The provider had clinical governance arrangements in place including policies and procedures specific to the SARC service which were accessible to all staff and were reviewed and updated regularly. A range of meetings supported the governance structure with local governance meetings feeding into divisional governance meetings. Team meetings had also continued throughout the pandemic, but had been adapted to run virtually.

Staff told us they knew other managers and who they could speak to if they needed support or to raise a concern. The general manager and service manager worked closely to support the local team alongside the clinical lead and there were clear systems of accountability within the trust specialist services division.

A risk register was in place for the SARC to identify any risks relating to the services provided, however there were no open risks identified at the time of our inspection. The provider had an emergency response plan in place to manage operation under the COVID-19 pandemic restrictions, and appropriate policies were in place within the trust to manage staff performance if required.

Appropriate and accurate information

The provider's information governance arrangements were robust; staff we spoke with during the inspection were aware of their responsibilities to protect children and young people's sensitive information, and all staff had completed information governance mandatory training online.

Quality and operational information was used to monitor and improve performance. Complaints, incidents and patient feedback were standing agenda items for governance staff meetings, and were utilised to improve service delivery. Audit findings and service updates, in particular regarding COVID-19 were also shared in these forums to ensure staff had the most up to date information they needed to deliver care and treatment.

Medical proformas completed by clinicians provided documentary evidence of the assessment of children and young people, and treatment provided. During our review of 8 proformas during the inspection, we found that: faith, disability, consent, language needs, social care involvement and family history were not explained in the documents, and the documents required a review to ensure that the details of risk and needs identified were fully documented.

Engagement with patients, the public, staff and external partners

The provider had undertaken engagement work with police and children's social care colleagues to develop joint working protocols and raise the profile of the SARC in multi-agency strategy meetings for children and young people. Both staff and stakeholders spoke positively of this higher level of engagement and felt the new arrangements improved the quality of care children and young people received. Additional engagement work had taken place with local medical services and universities to again raise the profile of the SARC.

The provider invited feedback from children, young people, their families or carers and visiting professionals attending the SARC. A new process to encourage children to give their views on the service they received prior to leaving the SARC was implemented in February 2020 and audited in January 2021 to analyse its effectiveness. The new process saw forms designed in a child friendly way to encourage the voice of the child, rather than parents, in feedback. The audit in January 2021 found that generally feedback received from children and young people was positive with 100% completion rate of the 41 forms handed out between March 2020 and December 2020. Plans were in place to carry out a larger scale audit and increase the frequency of auditing upon relaxation of COVID-19 restrictions. Senior managers were also considering alternative ways to obtain feedback in line with technology developments, such as an automated text response to patients following their attendance at the SARC.

Continuous improvement and innovation

Are services well-led?

The provider had systems and processes for learning, continuous improvement and innovation which included an annual audit programme, the results of which were reported to senior managers in the trust. The SARC staff were up to date with audits, the findings of which were shared with the team in governance meetings, and actions were identified to address any issues arising. Quality assurance processes included regular peer review sessions which was compulsory for clinical staff quarterly, as well as the review of all cases by a fellow clinician.

Staff told us that they felt listened to by managers and that they were able to raise ideas or concerns which would be acted on quickly. Staff received training which was in line with the trust policy, and managers acknowledged the importance of continuing professional development, taking this into account when completing rotas and reviewing time allocated with clinicians during supervision.

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	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17(2)(c) Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;</p> <p>The provider must ensure that patient records are complete and contemporaneous, and evidence the discussions with patients and/or their responsible adult to explain the clinicians decision making and the rationale for care and treatment provided.</p>