G4S Health Services (UK) Limited

# Horizon SARC Walsall

## Inspection report

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Date of inspection visit: 1 December 2020 & 2 December 2020
Date of publication: 11/02/2021

## Overall summary

**Background**

Horizon SARC Walsall is located on a residential street in an adapted end of terrace house just outside of Walsall town centre. There is a secure side entrance for privacy which is monitored with CCTV, and a small car park. The SARC is accessible 24 hours a day seven days a week and is accessible for patients with limited mobility.

G4S Health Services (UK) Limited (G4S) are commissioned to deliver the adult SARC service (16 and 17 year olds could choose to be seen in the adult service if they wished to). Mountain Healthcare Limited (MHL) and G4S are co-commissioned to deliver the paediatric pathway which is provided as an in-reach service to the G4S premises in Walsall. This inspection report relates to the adult SARC service only which G4S provide as a nurse-led service with forensic medical examiners available to support with complex cases and rota cover. G4S provide crisis workers for all patients, including children, and offers onward referrals to external agencies for counselling support.

Horizon SARC has been managed by G4S since 2013, with the forensic element of the service also transferring to G4S in April 2018. G4S has a second location, Castle Vale SARC, which is registered and has been inspected separately by CQC, however the two sites operate with the same management and staffing team. The team includes a SARC manager, a deputy SARC manager, two full-time forensic nurse examiners (FNEs), five flexible forensic medical examiners (FMEs), and fourteen crisis workers. The lead doctor supporting the Horizon SARC Walsall is a member of the Faculty of Forensic and Legal Medicine (FFLM).

As a result of the COVID-19 pandemic, G4S made the decision to separate staff working for the adult and paediatric pathways so that staff could operate in two bubbles. As a result of this, adult staff worked and saw adult patients at the nearby Castle Vale SARC, whilst the paediatric pathway continued to be delivered from the Horizon SARC Walsall.

During the inspection we visited the Horizon SARC Walsall premises, and spoke with four staff members, however we did not speak with any patients. We looked at policies and procedures and other records about how the service is managed. We reviewed the records for 8 patients seen at the Horizon SARC Walsall prior to the COVID-19 pandemic.

# Summary of findings

Horizon SARC Walsall has two forensic examination suites on the ground floor, each with a pre/post examination room. There is a storage cupboard and a hallway with two separate entrances to the building. Upstairs there is a kitchen with laundry facilities, a staff toilet and two staff offices.

As a condition of registration, and as the provider of the service, G4S 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 Horizon SARC Walsall was the service manager and organisational SARC lead for G4S.

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 effectively manage risk.
- Safeguarding processes were appropriate 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 patient's needs.
- The service had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- Staff and patients were asked for feedback about the services they provided.
- The staff had infection control procedures which reflected published guidance.

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

- Ensure that all staff record safeguarding concerns and actions in line with policies and procedures.
- Ensure that all staff receive safeguarding level 3 training and complete training in the use of the new incident management system.
- Ensure that all staff have a completed competency assessment appropriate to their role.

# 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

**Safety systems and processes**

There were appropriate systems in place to keep patients safe and protected from the risk of harm. Staff received the required level of safeguarding training for both safeguarding children and adults, and the organisational Safeguarding Policy had been reviewed and updated prior to our inspection. Staff we spoke with understood their responsibilities to safeguard both adults and children and staff were clear on how they would raise and follow up on a safeguarding concern.

Staff identified patient vulnerabilities as part of the assessment process. A safeguarding proforma had been introduced in recent months to provide space for safeguarding concerns and actions to be documented. One of eight patient records reviewed during the inspection documented a request for an urgent referral to the community psychiatric nurse (CPN) however the doctor had not included this information on the safeguarding proforma. As a result the request to make the referral was missed by the staff member processing the record the following day and the referral was not made. This was raised with the SARC manager during the inspection and the case followed up to identify learning to share with the team. An audit was scheduled to review the use of the safeguarding proforma with all staff to ensure that information was documented appropriately and not missed again, as well as plans to review the proforma with all staff at the next team meeting.

Patients with vulnerabilities such as a mental health issue or learning disability had this clearly identified within their care records, and assessment paperwork prompted staff to consider whether the patient was at risk, for example, from female genital mutilation (FGM) or modern slavery. Patients requiring support with communication were flagged at the point of referral, and arrangements made with the police for an interpreter to attend. The police also facilitated interpreters for patients who self-referred.

Staff we spoke with demonstrated an understanding of the need to adapt the assessment process and work flexibly to support patients with additional needs. For example, staff would carry out an assessment with a patient at home or in an alternative setting such as a prison environment if required. As a result of COVID-19, staff had used a visor for a face to face assessment with a profoundly deaf patient to enable them to lip read instead of holding the assessment over the phone.

**Risks to patients**

The provider had appropriate systems in place to assess, monitor and manage the risks to patient safety. Risks to people who use the service are identified at the point of assessment and through ongoing communication with patients whilst at the SARC. Staff looked for signs of deteriorating health, including mental health, during the assessment and examination and medical emergencies were promptly identified and acted upon. Signs of child sexual exploitation, female genital mutilation, and domestic abuse were acted upon where identified with onward referrals made for additional support if the patient consented to this.

Patients received a comprehensive assessment for post-exposure prophylaxis after sexual exposure (PEPSE), antibiotic and/or hepatitis B prophylaxis. Patients were also offered emergency contraception where appropriate. Physical injuries were recorded on a body map and patients supported to access urgent treatment if required.

G4S health and safety policies, procedures and risk assessments ensured that patients were kept as safe as possible whilst attending the SARC, and employer's liability insurance was clearly displayed on a notice board in the hallway of the SARC. A business continuity plan was in place and had been reviewed in light of the COVID-19 pandemic with updated procedures to reduce the risk to staff and patients.

Clinical staff had received the required vaccinations, including Hepatitis B virus, and this was monitored on a spreadsheet held by the SARC manager.

# Are services safe?

Staff received training in responding to medical emergencies and all staff had recently attended a face-to-face intermediate life support training session. Emergency equipment was available including an emergency grab bag, and a medical grab bag. Both sets of equipment were regularly checked in line with the provider's policy to ensure it was in date and available to use when required.

**Premises and equipment**

The premises for Horizon SARC Walsall were old and challenging with numerous maintenance issues. Commissioners had acknowledged that the premises were not fit for purpose as a SARC and new premises had been identified. The concerns regarding the existing premises were documented on the provider's risk register and reviewed regularly to manage risk. It had been hoped that the service would move to the new premises in 2020 however this was delayed due to the COVID-19 pandemic and was now expected to happen in 2021. A building assurance inspection was carried out in June 2020, and a regular risk assessment was completed by the health and safety lead regularly with the last one completed in November 2020.

The deputy manager and one of the SARC pathway coordinator's took a lead role in health and safety of the building. A comprehensive filing system was in place as well as an electronic system to record and oversee all required checks. Regular checks of emergency lighting, fire detection and fire equipment, gas and electrical appliances, and water systems were up to date and recorded. Control of substances hazardous to health (COSHH) risk assessments and weekly legionella flush checks were completed regularly with no issues identified. An organisational policy was in place for the appropriate management of clinical waste and forensic specimens. Issues identified with the premises, which are managed by NHS property services, were reported in a timely manner and escalated to commissioners where further support or action was required.

At the time of our inspection the SARC was temporarily closed to patients due to a concern with electrical works carried out in 2017. Assurance was being sought from the sub-contractor who completed the works to ensure all appropriate electrical checks were completed and signed off. The issue had been identified prior to our inspection and escalated to commissioners who were supporting G4S to resolve this as quickly as possible.

A forensic nurse examiner (FNE) led on infection control measures and audits which were completed regularly. At the time of our inspection, we observed windows which could not be opened, and issues with exposed dirty pipework in a post examination room. These issues were known to the provider and had been reported to the maintenance company. Work had recently been completed to remove a broken gate at the front of the property and to chain the clinical waste bins to the building to prevent movement. During the inspection a disused shower curtain rail and rusty radiator were reported to be removed/replaced and this was actioned in the week following our inspection, as well as the replacement radiator being fitted.

Cleaning schedules were in place for forensic examination areas. Forensic cleaning was carried out by trained crisis workers with deep cleaning from an external agency monthly. Certificates for completed deep cleans were stored on site. Decontamination processes ensured forensic integrity and forensic samples were managed in line with national standards.

A bag for medical emergencies was available with the appropriate equipment and medicines which were in date. The provider had a procedure in place to monitor this weekly. Staff were trained to the appropriate level to use a colposcope (specialist equipment for recording intimate images during examinations, including high-quality photographs and videos).

**Staff**

# Are services safe?

The provider had a Whistleblowing policy in place which provided staff with details on how they could raise a concern within the organisation, should they not wish to do so at a local level. Staff were aware of the Whistleblowing policy but told us that they felt comfortable raising concerns with the deputy or SARC manager as well as regional managers who were visible within the service.

The safe recruitment of staff was supported by appropriate policies and procedures. Recruitment records were not stored on site however local competency, training and appraisal records were stored securely at local level to aid management oversight. All staff working for the service had enhanced Disclosure and Barring Service (DBS) checks as well as police vetting prior to commencing their role. A spreadsheet was updated with professional registration and DBS dates to enable the SARC manager to ensure the ongoing review of these checks.

Clinical staff completed continuing professional development (CPD) as part of their role within the SARC and dedicated time was provided for this.

A rota was in place for 24 hours, seven days a week for telephone support should staff require assistance in an emergency, such as a self-harm incident or violent conduct. Staff could also contact the G4S organisational SARC call centre where clinical and medical staff were able to provide advice and support.

**Information to deliver safe care and treatment**

Care records we reviewed evidenced that care was delivered safely to patients. Risks were clearly identified with appropriate information documented, including specific risks for 16-17 year olds seen within the adult service. Records were accurate and complete, however one was illegible in parts, which had been addressed with the appropriate staff member. Records were stored securely in line with data protection requirements, and photo documentation and intimate images were also managed and stored appropriately.

Staff told us that they had the information required in order to deliver safe care. Specific information was available relating to the local area so that staff could make appropriate referrals to other agencies in a timely manner. All patients were offered a referral to an independent sexual violence advisor, and safeguarding concerns were referred promptly to the local authority. Referral pathways were also well established for independent domestic violence advisors, genitourinary medicine, housing services, mental health teams, and the crisis team.

**Safe and appropriate use of medicines**

The provider had systems in place to ensure the appropriate and safe handling of medicines. Medicines were stored in a locked cupboard in a staff office, and the room temperature was monitored daily to record the minimum, maximum and actual room temperatures. At times during the summer the maximum room temperature had reached 30 degrees which was the maximum the organisational policy allowed for before the integrity of medicines could be compromised. This had been escalated to the G4S pharmacist and some local actions had been taken to address the room temperature. This included the removal of a fridge below the cabinet which was generating heat, and a request to NHS property services to fix a locked window so that fresh air could ventilate the room and reduce the temperature.

A fridge was available to store medicines at a lower temperature. The provider's monitoring systems flagged an issue with the temperature of the fridge which had now been resolved. This was a good example of how the system had worked effectively to highlight an issue, and the provider had responded quickly to minimise the impact on service delivery. Patients had been signposted to their GP for vaccinations whilst these had not been available on site. No medicines were stored in the fridge at the time of the inspection. A stock control system was in place to manage medicines stored on site. NHS prescriptions were not used or stored on site.

There was an appropriate range of Patient Group Direction's (PGDs - written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) which had been reviewed by senior clinical managers in the organisation and signed by clinical staff locally.

# Are services safe?

**Track record on safety & lessons learned**

An incident reporting system had recently been introduced to report and review incidents and complaints. The system provided an audit trail of actions taken following an incident as well as the lessons which were learned. Staff told us they would report an incident to a manager and plans were in place to commence training for staff to use the new incident reporting system in the next three months. The SARC manager monitored incidents and reviewed these to identify learning. Feedback from incidents was shared with staff during team and governance meetings, and the SARC manager had oversight of all SARC incidents across each location enabling a wider identification of common themes. There had not been any serious incidents reported in the last 12 months.

A system was in place to act upon safety alerts and share these with staff, incuding external safety, patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment, care and treatment**

Patients' needs were assessed by a crisis worker followed by a more in-depth clinical assessment with a nurse upon arrival at the SARC. Care and treatment were delivered in line with guidelines from the Faculty of Forensic and Legal Medicine (FFLM). The assessment documentation provided a clinical pathway for the nurse to follow which took account of the possible requirement for immediate healthcare needs such as emergency contraception, antibiotic or HIV/Hepatitis B prophylaxis.

Staff received updates from external agencies such as FFLM and National Institute for Clinical Excellence (NICE) through team meetings or by email communication to ensure that care and treatment was delivered in line with the latest guidelines. All staff had received training in the Mental Health Act (MHA) to ensure they would be able to support a patient subject to the Act. Staff we spoke with demonstrated a good awareness of the MHA Code of Practice.

Patients received advice throughout their time at the SARC on where they may seek further help and support following their attendance. This included physical and mental healthcare, counselling, holistic support such as substance misuse and housing, and sexual health services. Although advice was shared, referrals were also made subject to patients consenting to this.

**Consent to care and treatment**

Treatment options were discussed with patients at the point of referral and again at assessment, and records demonstrated patient choice was promoted and adhered to. 16-17 year old patients who elected to be seen within the adult service were assessed for their capacity to consent by staff. The SARC website and information leaflet also included information for patients on treatment options so they could make an informed decision. Patients were offered a choice in gender of clinician for the forensic examination, as well as gender of crisis worker. Although no male crisis workers were employed at Horizon SARC Walsall, male crisis workers were available in other nearby SARCs under the same provider, and could be called upon as needed.

The assessment paperwork prompted staff to gain consent from patients in line with the Mental Capacity Act 2005, and this was evidenced in the care records reviewed. Staff told us they would continue to review consent with the patient during the examination, as well as when arranging referrals to other agencies for onward support. Staff

**Monitoring care and treatment**

Staff captured details of patients' needs, including current and past medical histories in care records. The assessment proforma included standard questions to ensure that all relevant information was captured and documented. An audit process was in place to monitor the quality of care records which ensured that patients received effective care and treatment appropriate to their needs. The clinical lead doctor shared audit feedback with the doctors and addressed any concerns through supervision, whilst crisis workers received feedback and support from their line managers.

The crisis worker and nurse recorded outcomes of their patient's visit to the SARC within the care records. This included details of the procedures undertaken, treatment given (including medicines if applicable), onward referrals and contact with other agencies. All patients attending the SARC received a follow up phone call from a crisis worker the following day to check their welfare and offer any additional advice and support. During the inspection we identified one patient who had not been contactable on three occasions following attendance at the SARC. This had not been escalated despite some vulnerabilities being known, and was raised with managers during the inspection. Immediate action was taken to discuss this with the staff member, and a process implemented to ensure any patients who were not contactable would be identified and escalated to ensure their welfare.

# Are services effective?

## (for example, treatment is effective)

The provider carried out routine monitoring of patient care in the form of performance data which was collated monthly by the SARC manager and shared with commissioners. No performance issues had been raised for the SARC, however, the data enabled the provider to monitor factors such as the gender and race of patients so they could reach out to miniority groups to promote the service.

**Effective staffing**

All staff joining the SARC team received a staff induction in line with the organisational policy. The induction process had been reviewed as a result of the COVID-19 pandemic and was delivered as a two-day virtual online induction for all G4S SARC services, including crisis workers and sexual offence examiners. The virtual induction includes topics such as consent, as well as training based scenarios carried out virtually with both nurses and crisis workers. A face-to-face induction was completed on site at the start of employment with lead nurses delivering face-to-face training for examinations. The revised induction aims to improve consistency for new staff and has been well received to date.

The SARC manager monitored training completion for all staff on a central database. This included both mandatory and optional training as well as attendance at supervision and peer review sessions. Annual appraisals were also logged here to monitor dates for review and completion. Much of the face-to-face learning for staff had been replaced with online courses as a result of the COVID-19 pandemic. Safeguarding level 3 training had recently been made available online and all staff members who were due to receive this training were booked to attend a session within the next 12 weeks. Intermediate Life Support (ILS) training had not been available, however the provider had confirmation from the Resuscitation Council that ILS certificates for professionals had been extended for 12 months due to the COVID-19 pandemic.

Training matrices were in place for crisis workers, sexual offence examiners and forensic nurse examiners supporting adolescents. Training matrix documents included details of mandatory training, which was mainly delivered online with some face-to-face sessions such as basic and intermediate life support. Additional training was delivered both in house and from external agencies and was accessible to all staff. Recent sessions included colposcopy training, statement writing from police colleagues, and a HIV/Hepatits B update.

Competency to practice was signed off for new staff on completion of the training matrix, as well as observed practice with a nurse/manager. At the time of our inspection we identified three forensic medical examiners who had not received a G4S competency check since becoming private sub-contractors. The SARC manager immediately took action to address this and a competency matrix was put in place for the FMEs with a completion date of 31 December 2020. This was commenced during the inspection.

The provider had policies in place for clinical and managerial supervision and these were followed with staff receiving regular managerial support as well as access to clinical supervision sessions. The provider had implemented regular peer review sessions which were led by an external clinical lead doctor following clinical supervision sessions. The sessions provide an opportunity for staff to raise concerns, share information and updates, and constructively challenge each other when reviewing cases. Staff told us that they found peer review sessions beneficial, and experienced good support from peers when reviewing cases in this forum.

**Co-ordinating care and treatment**

The SARC worked closely with the police and engaged in regular meetings with them to strengthen joint working and resolve any issues. Staff regularly engaged with local sexual health services for advice and referrals, and maintained open lines of communication with the local authority to share information with social workers or follow up safeguarding referrals.

# Are services effective?

## (for example, treatment is effective)

All patients were offered a referral to an independent sexual violence advisor (ISVA), and a process was in place to confirm the referral was received and acted upon. Data was also shared to inform the SARC of the numbers engaging in ISVA support following referral. A number of other pathways including psychosocial, advocacy, counselling and ongoing support services were in place for staff to make referrals where appropriate.

# Are services caring?

## Our findings

**Kindness, respect and compassion**

Staff demonstrated an understanding of the diverse needs of the local population and had engaged with various communities in the area including the Somali community. This had given staff a greater understanding of various cultures, and more work was planned to engage with the LGBT community in the new year. Patient information was available online and within the SARC for patients, family members and professionals to view.

Patient feedback was sought for all cases at the SARC. Feedback reviewed during the inspection was very positive and suggested that staff were caring and patients were put at ease.

**Privacy and dignity**

The SARC was situated in a residential area with limited signage to be as discreet as possible. The newly identified premises were expected to improve the privacy and dignity of patients due to the location within an NHS primary care centre, with a larger space and separate entrance.

Despite the small environment at the SARC there were two clearly defined areas which could be closed off should two patients access the service at one time, however this was rarely the case. Bathroom facilities were part of the examination suite, however family members had to use the staff bathroom facilities which were located on the first floor of the building.

Information Governance training was mandatory for all staff and office areas we observed complied with information governance standards. Patient records were stored in locked cabinets in staff areas and were held on site for 1 month before being transferred securely to the organisation's central archives. Computer systems were not accessible to patients and confidential information was locked away when not in use. Information sharing we observed in care records was in line with the patient's consent.

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

Staff told us that patients were involved in all decisions about their care and treatment and that all options were fully discussed with patients before any treatment was undertaken. This was evident from care records we reviewed. Staff shared information with patients before making referrals to allow patients to make informed choices; this included 16 and 17 year olds who had opted to use the adult service. Safeguarding referrals were also discussed with patients where appropriate. Staff told us that patient carers or family members were involved in the decision making process where this was apporopriate, and we saw an example of this in the records we reviewed.

Staff communicated over the phone and face-to-face with patients as well as providing written information online and on arrival at the SARC to inform patients of their choices and explain what would happen next. Staff gave examples of how they had supported deaf and non-English speaking patients using lip reading and interpretation services arranged by the police. Easy read materials and literature in foreign languages was available on request.

Staff we spoke with told us that they checked the patient's understanding of treatment at each stage of the process and where there was a concern for the patients understanding, or the patient requested that the treatment stop, this was respected.

Family members were offered advice or a referral for support following their attendance with a patient at the SARC.

# Are services responsive to people's needs?

## Our findings

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

The SARC manager recognised that there were some hard to reach groups in the local community and had started to target some groups to raise awareness of the SARC and the support available. There were further plans in place to expand on this work and target specific groups who were often under-represented in the service.

Arrangements were in place for disabled access to the Walsall building and treatment areas, and bathroom facilities included adaptations for disabled patients. A staff member would remain outside the bathroom whilst it was in use and maintain communication with the patient to ensure they were alterted to any concerns should they arise while the patient was alone. A hoist was not available however the manager told us that should a patient be unable to walk or stand independently, the staff would visit the patient in their own home. Staff offered a flexible service and had provided treatment to patients in prison settings as well as at home. A portable colposcope was available for this as well as clinical bags with all required equipment.

Patients presenting with drug and alcohol misuse, homelessness or long-term conditions were supported to access the appropriate services and referrals were sent to the relevant agencies within 24 hours of a patient's attendance at the SARC. All patients were asked whether their GP could be contacted following their visit to the SARC and where consent was given, staff notified the GP of attendance and any concerns raised within 24 hours.

**Timely access to services**

The SARC was available for patients to access 24 hours a day, seven days a week 365 days a year. Staff reviewed all referrals made to the call centre to determine whether a patient was within the required timescale for a forensic examination. A target response time from the point of referral to a patient being seen was set at 60 minutes and agreed with commissioners. Response times were monitored by the SARC manager and cases with response times over 60 minutes were reported as incidents and investigated. Where demand outweighed capacity, patients were seen at other nearby SARCs if possible to ensure they received an assessment in the required timescale, however the issue was acknowledged by commissioners and was a further reason for the planned move to a bigger premises.

Information about how to access the service was available in leaflets or online. If a patient wished to be seen at a later time or date appointments would be made to facilitate this, and patients reporting historic sexual abuse could be offered an appointment for emotional support and appropriate onward referrals.

**Listening and learning from concerns and complaints**

The provider had a complaints policy in place which was displayed and explained to patients during their visit. Information was available for patients and carers/family members to read on how to make a complaint. Complaints were reviewed and addressed by the SARC manager who identified lessons learned. These were shared with staff by email communication and through team meetings. Learning was also dicussed at the national G4S SARC managers meeting to share learning and areas for improvement which may be relevant to other SARCs.

Three complaints had been received in the last 12 months which were from professionals and had now been resolved. The latest concern had been investigated by the clinical lead doctor and SARC Manager, and a number of lessons learned were identified from the investigation and shared with the staff member involved, as well as the wider team, to improve services.

# Are services well-led?

## Our findings

**Leadership capacity and capability**

The SARC manager, a registered nurse and sexual offence examiner, had worked at the SARC for approximately five years. They demonstrated extensive knowledge of the service, local stakeholders, and the team, many of whom had also worked for the service for a number of years. In addition to being the SARC and registerd manager for Horizon SARC Walsall, the manager had taken on the lead role for SARCs across the G4S business which had been beneficial to share learning and good practice elsewhere with the team locally. SARC coordinators and a deputy SARC manager post provided additional leadership opportunities for staff and added managerial support in the absence of the SARC manager.

Staff told us that the SARC manager and clinical lead doctor were very supportive and always available should the need arise. Staff also told us regional managers offered additional support. Despite working in isolation the majority of the time, staff told us that they felt part of a valued team, listened to by managers, and included in the development of the service.

There was a clear understanding from staff we spoke with and meeting minutes we reviewed of the challenges the team faced and the priorities for the service. Staff worked together to manage the demands and changes as a result of the COVID-19 pandemic, and had managed a small and challenging building in the best way possible to ensure the minimum impact on patients. Staff remained 'upbeat' and positive about plans to move to a better location despite significant delays due to the COVID-19 pandemic. Risks were raised and addressed in monthly team meetings, currently held virtually, and staff told us that they felt able to share ideas, concerns and risks with each other and managers, and there was a sense of inclusiveness in addressing challenges. The SARC manager worked with regional colleagues to update and review the risk register which included concerns relating to the suitability of the building, and service continuity during the COVID-19 pandemic. All risks had actions in place to mitigate the impact.

**Vision and strategy**

There was a clear vision for the future of the SARC which centred around the move to a new premises in 2021. Staff had been involved in developing this vision and had attended the new premises together to contribute to the redesign and decoration of the building. The vision for the service was outlined in a presentation to stakeholders and communication was ongoing to ensure the local community were aware of the planned move. Although the SARC was able to meet the needs of most patients, it was felt by the team that they would be able to offer an improved service to patients with additional space and an improved environment.

**Culture**

Staff we spoke with described the culture of the service as open with a sense of teamwork. Managers were friendly and open with the team and we observed positive interactions in line with the vision for the service. Feedback from incidents and complaints were routinely shared with staff, and managers were open when areas for improvement were identified. Staff welcomed this approach and told us they felt able to raise concerns without fear of consequences. There was a process in place to ensure compliance with the requirements of the Duty of Candour (the duty to be open and honest with patients, or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future) as well as an organisational policy available electronically for staff.

**Governance and management**

The provider had an appropriate suite of policies in place to support service delivery. During our inspection we identified some policies which were under review which were due to be completed in December 2020. Other policies we reviewed had been updated in line with their review dates. Policies were available online for staff to access and updates were shared with staff during team meetings.

# Are services well-led?

The provider had appropriate management arrangements in place with designated service and deputy managers, lead roles in areas such as safeguarding and infection control, and clear lines of accountability for both clinical staff and crisis workers. Staff we spoke with understood their roles and responsibilities and were given the opportunity to engage in regional and national meetings, and workstreams such as the development of a new induction programme for crisis workers.

The SARC manager held overall responsibility for the management and clinical leadership of the service and attended national governance meetings. Local clinical governance meetings were held regularly and included members of nearby SARCs and representation from senior managers in the organisation. This supported the clinical governance arrangements at the location and provided a forum to share lessons learned, ideas for improvement and feedback from inspections.

**Appropriate and accurate information**

Information governance arrangements complied with the Data Protection Act and patient information was stored securely. Data was collated by the SARC manager to monitor outcomes and performance and this was shared with commissioners as part of contract review arrangements. Audit findings were reported through local governance procedures as well as to individuals. Anonymised data was also shared within an annual SARC report available online and for stakeholders to demonstrate performance over the last 12 months. The last report was completed in March 2020, and included anonymised patient views on the service.

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

The SARC manager engaged regularly with partners and stakeholders to seek views and feedback to develop and improve the service offered to patients. This included work with the local university, regular meetings with police and the local authority, and engagement with the local Independent Domestic Violence Advisor (IDVA) group. Staff were encouraged to feedback their views on the service through discussions with managers, supervision forums or team meetings.

Patients were encouraged to share their feedback following treatment and this was recorded by the SARC manager. Feedback suggested that patients felt satisfied with the service they had received, however it was generally brief and did not include in depth comments to enable the provider to identify areas for improvements. The SARC manager had run a pilot to email patients two months following their visit to the SARC to see whether more detailed feedback could be obtained when the patient had reflected on the service they received, however this did not prove effective and the content of feedback remained the same. Staff we spoke with shared positive feedback on their experience working in the SARC, of managers and of colleagues, and felt that this also impacted on the positive experience which patients received.

**Continuous improvement and innovation**

There were systems and processes in place for learning, continuous improvement and innovation. Staff had access to a wide range of both mandatory and additional training, and group supervision and peer review forums encouraged constructive feedback between staff. Staff were encouraged to attend both internal and external conferences and events relevant to their roles, and share learning with colleagues during team meetings.

There was a robust audit process in place which was led by the deputy SARC manager and overseen by the SARC manager, who received a monthly report of audits completed. An annual audit schedule was available to demonstrate which audits should be completed and the required frequency. Staff members with lead roles such as health and safety were assigned regular audits to complete and these were reviewed by managers to ensure actions were addressed. Patient record audits were carried out regularly and concerns identified were followed up through line managers in supervision sessions. A process was in place to increase the frequency of audits should a concern be identified.

The provider was committed to supporting the professional development of staff and there was an appraisal process in place. All staff received an annual appraisal in line with the providers policy, and this took account of both staff well-being and development opportunities.