

G4S Health Services (UK) Limited The Blue Sky Centre - Nuneaton SARC

Inspection Report

The Blue Sky Centre
George Eliot Hospital
College Street,
Nuneaton
CV10 0DJ

Tel: 01926 562160

Website: <https://blueskycentre.org.uk/>

Date of inspection visit: 11 and 12 February 2020

Date of publication: 30/03/2020

Overall summary

We carried out this announced inspection on 11 and 12 February 2020 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was carried out by two CQC inspectors with one CQC 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

In the West Midlands, services for the support and examination of people who have experienced sexual

assault are co-commissioned by NHS England and Warwickshire, West Mercia and West Midlands Offices of the Police and Crime Commissioner. NHS England commissioning managers take the lead in contract management and coordination. A new contract for sexual assault examination services commenced on 1 April 2018 with G4S Health Services (UK) Limited (G4S) commissioned as the new provider.

The Blue Sky Centre in Nuneaton provides the forensic medical examination service for adults with an option that young people aged 16 and 17 years old can access this service instead of regional paediatric services if appropriate. A different provider holds the regional paediatric contract for sexual assault referral services in the West Midlands, this service uses the Blue Sky Centre by agreement for child appointments.

West Midlands-wide independent sexual violence advisor (ISVA) and counselling services can be accessed through the Blue Sky Centre. These services are also co-commissioned with NHS England acting as coordinating commissioners.

Summary of findings

The Blue Sky Centre is located within George Eliot hospital in central Nuneaton. The building was designed and built as a sexual assault referral centre in 2013 and began operating in April 2013. Although building ownership is in transition to Warwickshire Police.

Car parking is available outside the centre with level access for people who use wheelchairs.

The staff team consists of a mix of permanent and flexible (flexi) staff to cover the rota. Permanent staff include a centre manager who is a crisis worker, a deputy centre manager, also a crisis worker, two forensic nurse examiners (FNE) and one crisis worker also acting in a coordinator role. Flexi staff include two FNEs, four doctors who are forensic medical examiners (FME) and five further crisis workers. Some FMEs were self-employed and some G4S employees. The team consisted of male and female forensic practitioners and crisis workers. Several new staff had recently been recruited and were undergoing vetting with inductions planned. Two of the nurse examiners had recently attained diplomas in the Forensic and Clinical Aspects of Sexual Assault (DipFCASA).

The service has two forensic examination suites, one of these was used regularly by the paediatric service.

This report uses the term 'forensic practitioner' to describe both FME and FNEs.

The service is provided by G4S Health Services (UK) Limited (G4S) and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager at The Blue Sky Centre was the centre manager.

We spoke with six staff, NHS England and police commissioners as well as staff from partner organisations during the inspection. Throughout this report we have used the term 'patients' to describe people who use the service to reflect our inspection of the clinical aspects of the SARC. We sampled 14 patient records during the inspection and reviewed patient feedback obtained by the service over the last few years.

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

Our key findings were:

- The service had effective systems to manage risk.
- The service had suitable safeguarding processes that reflected national guidance.
- The service had safe and effective staff recruitment procedures.
- Staff records did not provide adequate assurance that all forensic practitioners were appropriately trained or supported through peer review.
- Appropriate medicines and emergency equipment were available.
- The clinical staff provided patient care and treatment in line with current guidelines.
- Effective partnership arrangements and pathways had been developed to provide the care and support for people who had experienced sexual assault throughout Coventry and Warwickshire and wider areas.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment and referral systems met the needs of patients and appointments were facilitated within forensic timescales.
- The service had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- Patient feedback about the service was positive and patients' suggestions were used to improve the service.
- The service was clean and well maintained and staff followed infection control procedures which reflected published guidance.

There were areas where the provider must make improvements. They **MUST**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

There were also areas where the provider could make improvements. They **SHOULD**:

- Implement an effective audit processes that promotes a cycle of continuous learning.

Summary of findings

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

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

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

Records of staff training, supervision and peer review were not complete, particularly for forensic examiners.

Are services safe?

Our findings

Safeguarding processes were embedded, and recent improvements had been made to ensure patient safety was prioritised and any risks to patients (or others who might be affected by crime) shared with police and local authority safeguarding teams.

Staff were clear about their responsibilities if they had concerns about the safety of adults or young patients who were vulnerable due to their circumstances. G4S safeguarding policies and procedures provided staff with information about managing suspected abuse. Staff made referrals to multi-agency safeguarding hubs (MASH) when appropriate and contacted partners to ensure that other referrals had been made. Staff told us of occasions when they had identified that children might have witnessed a crime or be at risk from a perpetrator and how they had followed up to check that appropriate referrals had been made.

The centre manager was a safeguarding trainer and trained to level 4 in accordance with intercollegiate guidance. Managers were not able to demonstrate that all staff were in date with safeguarding training, they commenced a local training matrix during the inspection and sent evidence after the inspection that all G4S employed staff were either trained or booked onto training and were awaiting details from self-employed FMEs to confirm their status.

There was a system to highlight vulnerable patients on their records. This included identifying adults with known safeguarding concerns, people with a learning disability or a mental health condition, or who required other support such as with mobility or communication, and vulnerable young people with child protection plans in place. There was oversight of patient records for newly trained medical examiners which ensured that staff developed their skills and knowledge around all aspects of the safeguarding assessments and identified where risks might have been missed. Additional safeguarding conversation actions sheets had been introduced recently following learning from the inspection of other SARCs. These demonstrated that risks to individual patients were clearly identified and what actions were required to support them.

All centre equipment and health equipment was safe, appropriate and met the Provision and Use of Work Equipment Regulations 1998 (PUWER) and the Faculty of Forensic and Legal Medicines (FFLM) guidance (June 2017).

Staff were trained to the appropriate level for carrying out examinations including the use of the colposcope (a colposcope is a low-power microscope mounted on a stand, used for making records of intimate images during examinations, including high-quality photographs and video).

Managers followed G4S' recruitment policy and procedure to ensure suitable staff were employed. Initial disclosure and barring service and non-police personnel vetting checks were completed and repeated every three years.

Building management was the responsibility of other partners. However, the centre manager maintained a spreadsheet for assurance that water safety, emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested and maintained.

Risks to patients

Managers had implemented effective systems to assess, monitor and manage risks to patient safety.

Managers had risk assessed the premises with health and safety advisors for potential self-harm risks to vulnerable patients. Where staff were concerned about a patient's safety after they left the centre, they made urgent referrals to relevant services such as mental health crisis teams.

The service's health and safety policies, procedures and risk assessments were up to date. Emergency equipment and medicines were available to reflect the Resuscitation Council quality standards for cardiopulmonary resuscitation practice and training. Staff kept records of their checks to make sure emergency items were available, within their expiry date, and in working order.

Staff knew who to contact in an emergency, including for incidents of self-harm, violent behaviour and first aid. Staff knew how to respond to medical emergencies and completed training in emergency resuscitation and life support annually. However, managers were not able to demonstrate that all examiners were in date with life

Are services safe?

support training. This was rectified after the inspection. There was a comprehensive induction process to ensure that new staff, particularly flexi staff were familiar with centre procedures.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, through an occupational health contract.

Infection prevention and control measures, including waste management were appropriate. The service carried out infection prevention and control audits and followed up areas which were not fully compliant, for example new sofas had been ordered to replace worn sofas in pre-examination suites. The service was clean when we inspected and there was a regular cleaning service in place.

Staff followed decontamination protocols to ensure high quality forensic integrity in line with the FFLM guidance "Operational procedures and equipment for medical facilities in victim examination suites or Sexual Assault Referral Centres (SARCs)", (2016). Staff confirmed that they included privacy screens in the decontamination process, though these was not included on the checklist; this was amended during the inspection. An external contractor undertook monthly forensic swabbing and deep cleaning of examination suites. On rare occasions when swab results were higher than expected, managers reported this through the incident reporting system and investigated the reasons, sharing any learning with staff.

There were regular premises reviews to ensure the building and equipment was safe for patients and staff. During the inspection we noted that a flammable aerosol air freshener had been left in an accessible toilet. We discussed this with the manager who removed it and informed us that they would review the risk assessment and make arrangements for these products to be withdrawn from publicly accessible areas.

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

Forensic practitioners were required to complete intermediate life support training and crisis workers basic life support. The manager had identified that not all staff were compliant with training in an audit in November 2019, and additional life support training had been set up during February 2020 to facilitate this.

Staff followed clear protocols in place to support patients with urgent health concerns. The examination and assessment included a comprehensive assessment for post-exposure prophylaxis after sexual exposure (PEPSE), antibiotic and/or hepatitis B prophylaxis and the need for emergency contraception and physical injuries that needed urgent treatment. The centre had PEPSE, emergency contraception and Hepatitis B vaccinations (for both adults and children as medicines were stored and available for the paediatric service). There were also arrangements in place for immediate referral to the local sexual health services if required. Patients were offered onward referral to sexual health support at a clinic convenient for them to access.

Information to deliver safe care and treatment

Paper based patient records were stored securely within the centre, with archived records stored securely off-site, and an electronic system with restricted access. Staff were clear about their responsibilities under General Data Protection Regulation (EU) 2016/679.

Patient records were reviewed by G4S management as part of their quality assurance procedures. A summary sheet was written by the centre manager or deputy manager, as part of the review to ensure staff had taken correct action to support patients, particularly where safeguarding concerns were identified. The sample of 14 patient records we reviewed demonstrated clear consideration for patient safety, care and consent.

There were clear procedures adopted for the management of photo documentation and intimate images resulting from forensic assessment in line with FFLM Recommendations for the Collection of Forensic Specimens from Complainants and Suspects (July 2018)

Safe and appropriate use of medicines

The service had safe systems for appropriate and safe handling of medicines, including emergency medicines. There were 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) in place to allow nurse examiners to administer medicines as required to individual patients. These had not been authorised by managers when we reviewed the records, but this was rectified during the inspection.

Are services safe?

The manager had an effective stock control system of medicines which were held in the centre. This ensured that medicines did not pass their expiry date and enough medicines were available.

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

Where patients required medicines to complete courses after attendance at the Blue Sky Centre, staff offered appointments with the patients' community GP or sexual health in line with patient preference to ensure that courses were completed.

Clinical staff followed current guidance (General Medical Council Good Practice in Prescribing and Managing Medicines and Devices (2013) and the Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Setting (January 2019)) when prescribing and administering medicines.

Track record on safety

Staff reported incidents to the manager or deputy manager who entered them into the incident reporting system. Whilst incidents were reported and investigated, there had only been four incidents reported in the incident register in the last 12 months. We saw evidence that other concerns had been reported to managers and acted upon, but these

were not always recorded as incidents. The manager had recently reminded staff to ensure that near misses should also be reported to ensure potential risks could be eliminated.

Lessons learned and improvements

Managers had documented procedures in place for reviewing and investigating when things went wrong. Learning was shared with the team at team meetings and electronically to prevent such occurrences happening again. In addition to discussing shared learning from local incidents at team meetings, the team also reviewed information from other G4S SARC, and these were used to improve services. All incidents were discussed at SARC management meetings with other SARC managers and G4S leaders.

There was a well-developed reflective approach to patient care. We saw that managers had requested a clinical review of a complex case for consistency in patient care. Records of this demonstrated that learning was shared with actions taken to improve care when opportunities for improvement were identified.

Managers and staff received safety alerts, including external safety, patient and medicine safety alerts and had recently reviewed the use of one emergency medicine in response to this.

The system for receiving and acting on safety alerts was not recorded so managers implemented this during the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The centre worked with local commissioners to develop the service and changes had been made since the current contract commenced in April 2018. This included effectively integrating clinical examiners into the service, and the 24 hour G4S call centre which patients and professionals could contact for urgent needs. Staff informed us this offered patients a more coordinated service.

Forensic practitioners assessed needs and delivered care and treatment in line with current legislation. Clear clinical pathways and protocols supported timely healthcare and treatment.

Staff understood the Mental Health Act Code of Practice and gave examples where it had not been appropriate to carry out care due to the patient's lack of capacity. We saw clear assessment of mental capacity in patient records.

Staff advised patients where to seek further help and support. The centre referred patients to three regional counselling services dependant on their home location. Between April and December 2019, 159 patients were referred for counselling services. Staff also referred patients to a range of partner organisations including independent sexual violence advisors (ISVAs).

After attendance at the centre, staff contacted patients by telephone, to check on their welfare. This was used as a second opportunity to explain further support and treatment options.

Consent to care and treatment

Forensic practitioners gave adults and young people information about treatment options and the associated risks and benefits, so they could make informed decisions. The crisis workers checked and recorded the patients' understanding and consent. All staff checked whether a patient had the capacity to consent and would not proceed with examinations or treatment if they felt a patient's ability to consent was impaired.

Crisis workers acted as the patients' advocate and gave them reassurance that they did not have to consent to examination and could choose how to proceed. Patients were given the option of changing their mind or stopping the examination should they wish.

Staff involved patients' relatives or carers when appropriate and made sure there was enough time to explain treatment options clearly. This included ensuring an appropriate guardian or next of kin supported young people who were attending for forensic examination. There was easy read information available to support patients who needed additional support to understand the process.

Monitoring care and treatment

Audits of crisis worker records were carried out locally by the FNE. Whilst managers informed us they discussed any identified issues at supervision, the audits had not yet been repeated to demonstrate improvement in patient care. Forensic practitioner records were audited by a G4S medical lead. Centre managers did not receive feedback on these audits or improvements required. Processes were implemented following the inspection to improve this.

Centre management kept a clear record of demographic data detailing information about patients' care and treatment and outcomes which was shared with G4S managers and NHS England commissioners as part of the contract monitoring and used to inform service improvement.

The team had identified issues with patients' failure to attend follow up appointments and the wider pathways were currently being reviewed through an NHS England commissioned project which Blue Sky Centre staff had contributed to.

Effective staffing

Staff availability and rotas were appropriately managed with a centralised rota for forensic examiners. A recently-recruited full-time forensic nurse examiner was undergoing induction and once fully operational, the intention was to develop a nurse led service. Three further forensic nurse examiners and four new crisis workers were undergoing vetting with induction plans in place.

We reviewed training arrangements and records and spoke with staff and management regarding competence both in forensic medical examinations and in assessing and providing for the holistic needs of patients, including the assessment and management of physical and emotional conditions that may or may not be related to the alleged sexual abuse. The comprehensive induction programme was supported by ongoing shadowing until both individual

Are services effective?

(for example, treatment is effective)

staff and centre management were satisfied they were competent to work alone. The G4S induction package for forensic practitioners had not yet achieved external accreditation.

Staff received annual appraisals and regular one to one supervision. Crisis workers and permanent forensic practitioners were managed directly by Blue Sky Centre managers. Flexi forensic practitioners were supervised and appraised centrally by senior G4S medical staff.

FME peer review sessions were available where cases were discussed (anonymously), facilitated by senior G4S medical staff in line with FFLM Guidance “Peer review in sexual offences” (June 2019).

Not all records of staff training, supervision and peer review were complete. A schedule with dates for peer review sessions had been circulated for 2020. We received assurance after the inspection that staff were appropriately trained and had regular peer reviews.

Staff informed us that under the previous contract they had had access to hospital psychologists for supervision, particularly around vicarious trauma and felt this enhanced the support they had received. This was not available at the time of inspection.

Co-ordinating care and treatment

There were clear and effective pathways to other health services in place. Staff referred patients to ISVAs as well as GPs, mental health services, counselling and sexual health clinics. We saw clear evidence in patient records where staff had followed up to check that patients received appropriate care from other agencies.

Are services caring?

Our findings

Kindness, respect and compassion

Staff were kind and caring in their manner and understood the impact of the experiences which had led to patients being referred to the centre. They explained how they treated patients with kindness, respect and compassion, and described occasions when they intervened to advocate for the patient with police and partner colleagues. Patient feedback obtained by the service was positive about care and how staff had made them feel. Staff were passionate about patient care and ensuring every patient felt welcomed and safe on arrival.

Staff were aware of their responsibility to respect people's diversity and human right and told us how they empowered patients to make their own decisions about examinations, reporting to the police and their healthcare treatment.

Patients were advised they could step outside for fresh air and there was a garden area where they could sit if they needed a break.

Where patients contacted the centre directly and attended as a self-referral, the crisis worker spoke to the patient at length explaining the examination process, answered their questions and alleviated their anxiety. We saw records and were told of patients who had attended the centre as a self-referral and been supported to report their assault to the police.

Crisis workers described how they offered both verbal and physical support during their time in the centre. Staff told us how they consistently advised patients about sexual violence and how a victim was never responsible for the actions of the perpetrator. They explained this was crucial to helping the patients cope with their experience and move on.

Patients and their relatives or friends were welcomed and offered a hot drink on arrival at the centre as well as a choice of food and drinks once they had showered after an examination to help them feel more relaxed before travelling home.

Privacy and dignity

Staff were aware of the importance of privacy, confidentiality and dignity. The layout of the centre and

examination suites supported privacy. The pre- and post-examination rooms were private and welcoming. The examination process had recently been changed with police officers no longer present. Patients could choose who accompanied them during examinations. If crisis workers were present, they stood where the patient requested. Forensic practitioners followed protocols to ensure patient privacy and dignity was respected during the examination.

A bathroom was attached to the examination room, which allowed patients to shower and change after the examination. Patients were given a gown and privacy to change in the bathroom prior to the examination. Fresh clothing was offered if a patient's clothing was required by the police as evidence. All patients were offered a hygiene pack, provided through a charitable scheme to support victims of sexual assault.

Office computer screens were not visible to patients and staff did not leave patients' personal information where others might see it.

Involving people in decisions about care and treatment

The centre's website provided patients with helpful information about the support available and the range of available treatments. An easy read leaflet about the services offered was available in the centre.

Staff helped patients be involved in decisions about their care and were aware of the importance of helping them to understand their care options.

If interpreters were required, the police usually arranged these before they attended with patients they had referred to the centre. Information leaflets were available in a range of languages to meet local needs. Staff also had access to a telephone translation service but told us this was seldom required.

Staff helped patients and their carers find further information and access community and advocacy services. An information pack was given to all patients before they left the centre which explained everything that had taken place, and gave information about ongoing services, referrals and support. This was not yet available in an easy read format.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Between April and December 2019, there had been 273 referrals into the centre. Care was offered both to patients with recent and non-recent experiences of sexual assault. There had been 15 young people who attended the most appropriate service at the Blue Sky Centre.

Approximately 10% of patients who attended the centre between April and December 2019 were male, less than 1% were transgender and 89% female. Patients were asked by the police or SARC staff prior to attendance if they had a preferred gender of forensic practitioner and this was facilitated. A local change had been made after one patient gave feedback that she had not been informed by the police that the forensic practitioner would be male. The G4S call centre was now instructed to inform police of the gender of the on-call forensic practitioner and offer them an alternative appointment time if the patient wished. Crisis workers now asked patients if they had been given the choice by the police and recorded this in the patient's record.

The centre was bright and welcoming which improved the experience of both adults and young people. There were fish tanks in both waiting rooms, calming pictures on display and age appropriate activities available for young people. The second examination suite had a waiting area more suited for young people.

The centre undertook publicity and raising the awareness of the SARC services and support available. They had created a short video about the centre which was accessible on social media. Their website linked to a variety of national contacts and were given examples of self-referral patients being supported to report assaults to the police and eventual convictions. Centre data demonstrated a lower proportion of black and minority ethnic people attended the centre than the local population data breakdown showed. As a result of this, centre staff had attended a range of black and Asian and LGBTQ+ community events.

Crisis workers were highly knowledgeable about offering support and advice, with some initial contact calls and emails covering complex and in-depth concerns. Some of these calls led to patients reporting crimes to the police,

and patients were offered the opportunity to report anonymously if they wished. Where appropriate, forensic evidence was retained for up to seven years on behalf of patients who self-referred within the forensic timescales.

Staff recognised the vulnerability of all patients accessing the service and described examples of how they adapted their care to meet individual needs. For example, examination couches could be lowered to support patients with mobility difficulties. However, there was no hearing loop in the centre.

The centre had introduced patient outcome forms in July 2019. Patients were asked to record how they felt on arrival and how they felt on leaving the centre. Between July and December 2019, the centre had received 41 completed outcome forms, all completed by female patients. The outcomes from these forms demonstrated that almost all patients felt significantly better on leaving the centre than they had when they arrived. The centre was considering how they could encourage some of their male patients to complete these forms.

The service had made reasonable adjustments for patients with physical disabilities. These included step-free access, an accessible toilet with hand rails and call bells in all publicly accessible toilets and patient bathrooms.

Timely access to services

Patients could access care and treatment from the service promptly. Forensic timescales recommended in the SARC national service specification and FFLM guidance "Sexual offences: POST PUBERTAL complainants" (January 2016) were always met if the sexual assault incident was recent. Data from 1 April to 31 December 2019 showed that 70% of referrals into the centre came from the police, 30% were self-referrals.

The service was accessible 24 hours a day via the G4S call centre. This was reflected in the service information leaflet and on the website. The centre was staffed from 8 am until 6.30 pm and appointments were scheduled by the call centre. Crisis workers were available 24 hours a day should patients require support or assurance.

There were arrangements in place for patients to access neighbouring SARCs, but this had never been required

The service website, information leaflet and answerphone provided telephone numbers for patients during the working day and when the service was not open.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The centre had received no complaints during the previous 12 months. However, complaints and learning from other G4S SARCs were shared between all SARC managers, and the Blue Sky Centre ensured staff were aware of any associated learning.

Managers and staff explained that they would follow G4S' complaints policy should they receive a complaint and the complaints process was displayed in waiting areas for visitors.

Are services well-led?

Our findings

Leadership capacity and capability

Managers demonstrated that they had the capacity and skills to oversee the service and were knowledgeable about issues and priorities relating to the quality and future of SARC services. They understood the challenges and were addressing risks which they had identified, for example the additional face to face training sessions during February 2020.

Staff told us that managers were visible and approachable. They worked closely with staff, NHS colleagues and other partners to improve care.

Vision and strategy

The centre had developed a memory aid when initially promoting the centre and the service with police which had also become the ethos of the centre “Make it Easier”. All staff were aware of this and committed to making the reporting of sexual assaults easier for patients and helping to improve conviction rates and tackle stereotyping of victims.

Culture

Staff felt respected, supported and valued. Recruitment of new staff was focused on identifying whether staff had the empathy and interpersonal skills to provide care and the emotional resilience to work in the environment of supporting patients who had experienced trauma.

The service focused on the needs of patients. Managers recognised that the type of care being provided was demanding for staff, and most additional support measures were available. Staff had access to an on-call manager day and night.

There were lone working procedures in place due to the nature of the work and out of hours working. All telephone calls to request staff attendance went through a central call centre. Hospital security staff were also available if SARC staff were arriving or leaving in the night, and managers were currently reviewing an additional staff safety precaution for staff working outside normal working hours.

Openness, honesty and transparency were demonstrated when responding to incidents and concerns. A culture of openness and honesty empowered staff to discuss errors and we found that the provider had a clear understanding of its responsibilities under the duty of candour.

The service had a whistleblowing policy. Staff told us of occasions when they had escalated concerns over colleagues’ or police officers’ actions and behaviours. These were reported and acted upon appropriately.

Governance and management

The centre manager was being supported by the G4S SARC manager to develop governance procedures at the time of our inspection. The manager had developed processes for managing risks, issues and performance. However, not all learning from previous inspections of G4S locations and regulatory action around record keeping and staff training records had been appropriately shared and acted upon at the Blue Sky Centre.

Records of training for crisis workers and full time forensic practitioners were up to date but managers were not able to assure themselves that flexi forensic practitioners had completed critical mandatory training. Peer review sessions were available, but during the inspection evidence was not available to demonstrate that peer review met the requirements of the FFLM guidance “Peer review in sexual offences” (June 2019). Some evidence around training and peer review was provided after the inspection and managers began liaising with the medical director and colleagues in the training department to improve local recording of peer review attendance and training.

Appropriate and accurate information

The service had information governance arrangements and staff were aware of the importance of these in protecting patients’ personal information. There was an electronic patient record, which was kept updated by the coordinator or centre managers. This complemented the initial assessment and treatment information (paper records) completed when the patient attended the SARC.

Engagement with patient, the public, staff and external partners

Managers regularly worked with partner organisations and took their views into consideration for service development. For example, some of the building design

Are services well-led?

had been supported by a local university and following patient feedback over hearing other people talking, radios had been provided in waiting rooms to provide background noise.

A range of public information was shared through local newspaper articles and social media to improve awareness and understanding of the services. Managers were working with local commissioners and partners around developing the sexual assault and rape strategy to reach population groups whose attendance data appeared lower than local the local population.

Managers provided training on the SARC and services around sexual assault to police and other professionals

The service gathered feedback from staff through informal discussions and staff meetings. Staff meetings were offered on two dates to offer flexi staff options. Attendance was recorded in minutes though managers did not record the frequency of attendance of staff at staff meetings. All information was shared by email with all staff after team

meetings. Staff were encouraged to share concerns, comments or suggestions and told us they received prompt and positive responses whenever they contacted managers.

Continuous improvement and innovation

The manager had been involved in the development and building of the centre and was consistently striving with staff, commissioners and partners to make the service the best it could be. For example, the summary sheet had been introduced into patient records as part of a management review process and this provided a clear account of the patient, their needs and any safeguarding concerns and actions.

A weekly bulletin had also been developed recently, to keep all staff informed, particularly flexi staff who had other jobs. Each bulletin included a variety of updates for staff, on a wide range of topics and learning including mental health, alcohol and substance use, female genital mutilation, honour-based violence. Staff told us they found these helpful.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">Records relating to people employed did not demonstrate that all staff had completed mandatory training and received regular peer review in line with the Faculty of Forensic and Legal Medicine guidance. <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">Systems and processes had not ensured that learning from previous regulatory breaches at other G4S locations in relation to staff training records had been shared and acted upon.