

# Gloucestershire Health & Care NHS Foundation Trust

## Hope House

### Inspection report

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### Overall summary

We carried out this announced inspection on 3 and 4 May 2023 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 three further CQC inspectors.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

### Background

The service is commissioned by NHS England to provide support services for people who have experienced both recent and non-recent sexual abuse or assault. The service is commissioned 24 hours a day, seven days a week, to see adults as well as children aged between 16 and 17-years-old. Children under the age of 16 are not seen at this service.

The service accepts self-referrals, referrals made by the police, other professionals and stakeholders.

# Summary of findings

Gloucester Health and Care NHS Foundation Trust 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 service is provided from two sites, Hope House in Gloucester, and Swindon and Wiltshire SARC in Swindon. While the Trust manage all aspects of the service at Hope House directly, another organisation has been subcontracted to manage most parts of the service that is provided at Swindon and Wiltshire SARC. This means that the employment of the management team and crisis support workers as well as managing the maintenance and cleanliness of the environment is managed by the sub-contracted provider. There are also different policies and procedures used at both sites.

Referral pathways are in place to other important services which are provided externally to the Trust, such as independent sexual violence advisors, as well as mental health services and general practitioners.

Hope House and Swindon and Wiltshire SARC are both located in buildings that are accessible for wheelchair users. Each site has one examination suite which is used for both adults and children, and are accessed by discreet entrances.

Services at Hope House and Swindon and Wiltshire SARC are provided by a team of staff, including clinical and non-clinical managers, forensic nurse examiners, crisis support workers and administration staff.

The Trust employs a forensic medical examiner two days a week, who is a member of the Faculty of Forensic and Legal Medicine. They are also employed as the clinical lead for the service as well as being the clinical director for SARC services at the Trust.

During the inspection we spoke with staff, including leaders, forensic nurse examiners, crisis support workers and support staff.

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

Throughout this report we have used the term 'patients' to describe people who use the service, including children aged between 16 and 17, to reflect our inspection of the clinical aspects of the SARC.

## **Our key findings were:**

- The staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The service had thorough staff recruitment procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment/referral system met clients' needs.
- The service had a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The service asked staff and clients for feedback about the services they provided.
- The service had a system in place to deal with complaints positively and efficiently.

However,

# Summary of findings

- Although the Trust had processes in place to manage risk, these had not always been followed.
- Systems to maintain oversight of services provided had sometimes been ineffective.
- Contemporaneous records of care and treatment provided had not always been kept.
- Although the Trust had started to strengthen joint working agreements with the provider who were subcontracted to manage non clinical services at Swindon and Wiltshire SARC, these needed to be developed further.

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

- Ensure that effective systems are operated to maintain oversight of the services provided. This includes, but is not limited to making sure that the forensic examination suite has been cleaned in line with trust policies, making sure that there are systems in place to make sure that portable appliance testing is completed when needed as well as making sure that all consumables that are available for staff to use is in date.
- Ensure that an effective system to identify, manage and mitigate risks is operated. This includes, but is not limited to making sure that formal risk assessments are completed for all risks that have been identified, such as important health and safety assessments.
- Ensure that all telephone consultations as well as patient risk assessments are fully documented and that there is an effective system in place to monitor compliance of this.
- Ensure that joint working agreements with the provider who are subcontracted to manage non clinical services at Swindon and Wiltshire SARC are strengthened further, making sure that policies and processes are aligned and that there is a clear understanding of roles and responsibilities.

**Full details of the regulation/s the provider was/is not meeting are at the end of this report.**

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

- Consider ways to make sure that all policies have been reviewed in a timely manner and contain references to the most up to date information.
- Continue to consider ways to make sure that there are sufficient numbers of staff available and that there are always arrangements in place for staff to access medical advice if needed.
- Consider ways for patients to be able to request to be seen by a male member of staff if this is their preferred option.
- Consider ways to make sure that all staff have completed and are up to date with all required mandatory training.
- Consider ways to make sure that staff have completed training in Female Genital Mutilation (FGM).
- Consider ways to make sure that training delivered by the provider who is subcontracted to manage non clinical services at Swindon and Wiltshire SARC is aligned with the minimum standard of training expected by the Trust.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# Are services safe?

## Our findings

### **Safety systems and processes (including Staff recruitment, Equipment and premises)**

We found that there were up to date policies for safeguarding adults and children. These clearly described important topics, such as what level of training was required by staff, roles and responsibilities as well as types of abuse.

All staff had access to safeguarding training for both adults and children. Staff who were employed directly by the Trust had completed level three safeguarding training for adults and children, which was in line with best practice guidance.

We were informed by leaders during the inspection that crisis support workers who had been employed by the organisation who had been subcontracted to manage services at Swindon and Wiltshire SARC had only been trained to level two safeguarding children. Following the inspection, evidence was provided that staff had completed level three safeguarding children. This was important as they sometimes were responsible for planning care and treatment for children aged between 16 and 17.

Following the inspection, the provider put a system in place to make sure that all 16 and 17 year olds were assessed by a crisis support worker with the correct level of training for their role.

Although most topics were covered as part of the safeguarding training that was delivered, training records indicated that staff had not completed training in identifying and managing female genital mutilation (FGM). This was important as it is a legal duty for staff to report all cases of female genital mutilation in children who are under the age of 18.

We sampled recruitment checks that had been undertaken for staff who worked at Hope House and Swindon and Wiltshire SARC, finding that they had been recruited safely. Enhanced disclosure and barring service checks had been completed in all records that we reviewed.

The general environment at both Hope House and Swindon and Wiltshire SARC were fit for use and well maintained. Leaders had identified areas where the environment did not meet standards set out by the Faculty of Forensic and Legal Medicine and had implemented a project plan to make the improvements that were needed.

A range of appropriate equipment was available for staff to use. Leaders had kept an asset register to make sure that equipment had been serviced. However, portable appliance testing had not been completed annually at Hope House. Following the inspection, leaders provided evidence that electrical safety testing had been completed after the inspection, making sure that all equipment was safe to be used.

We found a large number of consumables at Swindon and Wiltshire SARC that were out of date. This meant there was an increased risk that these items would be ineffective when used.

The provider had systems in place to make sure that the forensic examination suites were cleaned after being used. Records indicated that this had been done when the suites had been used, and that monthly deep cleans had also been undertaken.

We found that the cleaning of the forensic examination suite at Hope House met the standards set by the Faculty of Forensic and Legal Medicine, we found that the cleaning of the forensic examination suite at Swindon and Wiltshire SARC did not. This was because we found some areas of the suite were visibly dirty during the inspection.

Emergency equipment was available for staff to use, and records indicated that this had been regularly checked.

### **Risks to clients**

# Are services safe?

Vulnerabilities of patients, such as mental health, self-harm and learning disabilities were assessed at the point of triage and had been clearly documented. Although staff were able to tell us about what type of support they had put in place for patients who had been identified as being vulnerable, there was no documented evidence in patient records to support this.

Important environmental risk assessments, such as for the management of ligatures had not been completed at the time of our inspection, meaning that it was unclear how risks had been assessed, managed and reduced as much as practicably possible. This was particularly important as there were several ligature points throughout both buildings.

We raised this with leaders during the inspection. Following the inspection, leaders indicated that systems to keep patients safe had been strengthened and full risk assessments had been completed in line with Trust policy. Evidence was provided of this.

In all patient records that we reviewed, we found that safeguarding concerns had been identified and referrals to local authorities had been made in a timely manner. Safeguarding referrals were of a good standard and there was evidence that staff had worked closely with other professionals such as the police in managing this when needed.

Records indicated that patients' physical health had been managed appropriately. For example, assessments had been completed when needed for emergency contraception as well as post-exposure prophylaxis after sexual exposure (PEPSE).

Staff knew how to manage emergencies and had received training in basic life support. In addition, staff had access to an automated external defibrillator (a portable electronic device that diagnoses and treats life-threatening cardiac arrhythmias).

## **Information to deliver safe care and treatment**

Staff at Hope House and Swindon and Wiltshire SARC worked closely with other agencies such as the police to make sure that all information needed to keep patients safe was shared appropriately.

Staff used a combination of paper and electronic records when documenting care and treatment. Records that we sampled were generally well completed.

However, records indicated that telephone consultations had not been fully documented, meaning that it was unclear what actions staff had taken to fully risk assess patients for any safeguarding concerns or whether any further risk assessments needed to be completed. This was important as there had been a high number of occasions when patients did not need to attend a face to face consultation or examination, meaning that telephone consultation had been the only opportunity for the patient to be assessed.

Following the inspection, leaders informed us that they had taken action to support staff in documenting telephone conversations more thoroughly.

Staff had received training in the use of the colposcope (a piece of equipment used for making records of intimate images during examinations, including high quality photographs and videos). Procedures were in place to make sure that images taken were stored securely.

## **Safe and appropriate use of medicines**

Records indicated that administered medicines had either been prescribed by the examining forensic medical examiner or had been administered by a forensic nurse examiner following a patient group direction (PGD). A patient group direction are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentations for treatment.

All patient group directions had been issued in line with Trust policy, were in date and had been signed by all forensic nurse examiners who had the responsibility of administering these.

# Are services safe?

Patient records that we reviewed indicated that patients had been screened appropriately, and medicines had been administered in line with Trust policy on occasions when this had been indicated.

Temperature sensitive medicines such as post exposure prophylaxis after sexual exposure (PEPSE) were stored appropriately. Records indicated that the temperature of fridges used to store medicines had been monitored daily.

## **Track record on safety**

Records indicated that there had been a low number of reported incidents recorded for Hope House and Swindon and Wiltshire SARC between 1 January 2023 and 30 April 2023. The majority of incidents that had been reported had been recorded as having caused no harm or a low level of harm to patients.

## **Lessons learned and improvements**

Procedures were in place at Hope House and Swindon and Wiltshire SARC to support staff to report all clinical and non-clinical incidents. Staff who we spoke with knew how to do this.

We sampled reported incidents, finding that they had been reviewed in a timely manner and that actions to make any changes to the way in which services were provided had been documented and completed. For example, on one occasion, a training need had been identified for a member of staff and there was evidence that training had been put in place.

Leaders had recently organised meetings between members of the management team at Hope House and Swindon and Wiltshire SARC to share information about reported incidents, as well as any learning from these.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

Patient pathways had been developed to support staff and reflected the most up to date guidance and legislation, such as those from the National Institute of Clinical Excellence (NICE) and the Faculty of Forensic and Legal Medicine (FFLM).

Staff at Hope House and Swindon and Wiltshire SARC followed up the most up to date advice that had been issued by organisations such as the British Association of Sexual Health and HIV (BASHH) when undertaking assessments and prescribing medicines such as emergency contraception, as well as post-exposure prophylaxis after sexual exposure (PEPSE).

Leaders had developed a project plan to review all available policies and patient pathways used at Hope House and to make sure that they contained the most up to date guidance and legislation to support staff.

### **Monitoring care and treatment**

We found that the provider had implemented a retrospective case note review which leaders had completed for most cases that had been seen at Hope House and Swindon and Wiltshire SARC. This provided an opportunity for observations on practice to be fed back to clinicians and for improvements to be made when needed.

The Trust had completed quarterly SARCIPS (sexual assault referral centres indicators of performance) which measured compliance against quality indicators that had been set by the commissioners of the service.

Records from October to December 2022 and January to March 2023 indicated that most of the requirements had been met and there was evidence that leaders had taken action to make improvements to the services provided when shortfalls had been identified.

However, we did note that the Trust's monitoring processes had not recognised that telephone consultations had not been fully documented, meaning that they had not recognised that further improvement was needed.

### **Effective staffing**

Staff who worked at Hope House and Swindon and Wiltshire SARC consisted of a range of professionals including crisis support workers as well as forensic nurse examiners. All leaders, crisis support workers and administration staff who worked at Hope House were permanently employed by the Trust. The same group of staff who worked at Swindon and Wiltshire SARC were directly employed by another provider who was subcontracted by the Trust.

In addition, the Trust employed forensic nurse examiners on a bank basis (meaning that these staff were not employed in this role on a permanent or full time basis). The Trust also employed two forensic medical examiners, both of whom worked on a part time basis. These staff worked at both Hope House and Swindon and Wiltshire SARC.

Rotas between 1 October 2022 and 1 May 2023 indicated that there had been sufficient numbers of crisis support workers available at Hope House as well as at Swindon and Wiltshire SARC.

However, rotas indicated that during the same period, there had not always been sufficient cover provided by forensic nurse examiners. Leaders had recognised this as a risk and had put actions in place, including additional staff recruitment, to mitigate this as much as possible. Although there had been a small number of incidents reported between 1 October 2022 and 1 February 2023 when forensic nurse examiners had not been available, there had been no reported incidents of staffing shortages since then.



# Are services effective?

(for example, treatment is effective)

Leaders also acknowledged a forensic medical examiner had not always been available to support staff either face to face or by telephone when needed. Although this meant that there was an increased risk that support and advice would not always be available, particularly for more complex cases, there was no evidence at the time of inspection that this had impacted negatively on patient care.

Training records indicated that all staff had undertaken an induction course, which had covered important topics such as the process of forensic examination, patient confidentiality and the patient pathways that were used. This was further strengthened by role specific training that was available for all staff to complete.

Although staff who we spoke with felt equipped to undertake their roles effectively, crisis support workers indicated that they did not have role specific training to support them in examining children, which was important as the service had been commissioned to provide care to children aged 16 and 17. This had been recognised as a risk and access to paediatricians for support and advice was available from a local NHS Trust when needed.

Staff were also required to complete and keep up to date with mandatory training, which included important topics such as infection prevention control, information governance and safeguarding training.

Although training records indicated that most non clinical staff, including crisis support workers were up to date with mandatory training, records also indicated that forensic nurse examiners as well as forensic medical examiners had not completed all of the training modules that had been mandated by the Trust. This meant that there was an increased risk that these staff would not be aware of the most up to date policies, procedures, best practice and legislation.

In addition, there was no evidence demonstrating that the Trust had reviewed the mandatory training that had been delivered by the provider who delivered subcontracted services at Swindon and Wiltshire SARC, making sure that it met the minimum standards that had been set by the Trust.

There was evidence that staff had access to ongoing supervision. This was important as it provided the opportunity for staff to discuss strengths as well as areas of development in their current practice.

## **Co-ordinating care and treatment**

Staff at Hope House and Swindon and Wiltshire SARC worked closely with each other as well as other external partners and stakeholders. This supported staff in making sure the best possible care was provided to patients who had used the service.

For example, there was evidence that staff had worked closely with the police on occasions when they had made a patient referral. Staff understood the importance of making sure that they had received all the information needed to deliver the correct care and treatment.

In addition, staff had worked well with other professionals who were employed by the Trust, such as staff in sexual health services, counsellors as well as staff from the vulnerable access nursing team.

Pathways were in place to support staff in making onward referrals to other professionals and organisations when needed. For example, to general practitioners (GPs), as well as independent sexual violence advisors (ISVAs).

## **Consent to care and treatment**

Staff who we spoke with were aware of their responsibilities when obtaining consent from patients. Policies and patient pathways were in place to support this.

Patient records that we reviewed indicated that consent from patients, parents and carers had been sought appropriately on all occasions. This included seeking consent to being examined, images being stored, risk assessments being completed as well as onward referrals to other services. Consent had been obtained in line with guidance from the General Medical Council (GMC) as well as the Faculty of Forensic and Legal Medicine (FFLM).

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

We sampled feedback left by patients, which confirmed that they had valued the caring nature of staff at Hope House and Swindon and Wiltshire SARC.

All staff who we spoke with during the inspection demonstrated a clear passion for providing the best possible service to patients. There was a clear caring culture and staff were committed to making sure that each patient received individualised care.

Staff informed us of strategies that were used to put patients at ease and how they had put systems in place to support the needs of patients. For example, staff sought information from other professionals as much as possible to limit how many times patients had to repeat their experiences.

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

Records indicated that the way in which consent had been sought had allowed patients to make decisions about individual elements of care that they received and staff had taken a step by step approach to achieving this. In the records that we reviewed, families and carers had been present to provide support when appropriate.

Information was available to patients to make them aware of what to expect when they arrived. For example, staff who we spoke with indicated that they discussed what to expect during an examination with patients on the phone prior to attending an examination.

Staff informed us that interpreters were easily accessible, so that the needs of patients, as well as their families and carers could be met when their first language was not English. The need for an interpreter was identified at the earliest opportunity.

Information leaflets were available to patients about several different topics as well as support services that were available.

### **Privacy and dignity**

Staff who we spoke with were able to describe how they supported patients' privacy and dignity as much as possible. Shower facilities were available following an examination.

The entrance as well as the signage to Hope House and Swindon and Wiltshire SARC was clear and discreet. On arrival, patients did not need to go through areas where other people were waiting.

We found that all patient records were stored securely, protecting privacy and reducing the risk of patient confidentiality being breached.

# Are services responsive to people's needs?

## Our findings

### Responding to and meeting people's needs

Records that we sampled indicated that when patients had attended Hope House and Swindon and Wiltshire SARC, there had been a comprehensive assessment of patient's needs, including whether onward referral to other services had been needed.

However, although staff who we spoke with indicated that similar assessments had been undertaken by telephone when patients did not need, or did not want to attend for an examination, this had not always been fully documented, meaning that some patient care records were incomplete.

Staff were able to make onward referrals to a range of services, such as counsellors who provided emotional support, independent sexual violence advisors as well as mental health services. Referrals to other community based services could also be made when needed.

There was easy access to both Hope House and Swindon and Wiltshire SARC for patients, families and carers who had physical disabilities, such as needing to use a wheelchair.

### Taking account of particular needs and choices

Staff informed us that patients had been offered the opportunity to choose the gender of clinician. However, this was limited as there was only one male member of staff who was only available at Hope House, meaning that that this could not be facilitated at the Swindon and Wiltshire SARC.

Referrals could be made by patients themselves and there was clear information available on the website to describe how to do this.

Welfare packs were available for patients to use following examinations if needed. These included basic but important products such as clothes, soap, toothbrushes and toothpaste.

Records indicated that staff had agreed with patients when the most appropriate time to attend for an examination was. Staff were sensitive to the individual needs of patients, such as whether a family member or carer needed to attend with a patient. This was particularly important for patients who had additional needs or who were children aged between 16 and 17.

### Timely access to services

Hope House and Swindon and Wiltshire SARC were open 24 hours a day, seven days a week for advice and referrals. Examinations for patients who had been subject to recent sexual abuse or assault could be undertaken at any time needed.

Records indicated that patients who had suffered recent sexual abuse or assault had been examined within the timeframes set out by the Faculty of Forensic and Legal Medicine, which was important to make sure that evidence could be secured in line with the most up to date guidance.

Although there had been a small number of incidents reported between 1 October 2022 and 1 February 2023 when staff had not always been available to see patients straight away, there was no evidence that this had impacted patient care. In addition, there had been no further delays reported between 1 February 2023 and 1 May 2023.

Contact details and information on how to access services provided at both Hope House and Swindon and Wiltshire SARC was available on the provider's website and leaders had worked closely with external organisations to make sure that the pathway for making a referral was clear.

# Are services responsive to people's needs?

## **Listening and learning from concerns and complaints**

Staff at Hope House and Swindon and Wiltshire SARC had access to complaints policies if needed, which gave clear guidance to support them when managing any complaints and concerns that had been raised. Leaders were able to describe the process that would be followed to learn from complaints and concerns if needed.

Information leaflets were available for patients, families and carers, describing how to make a complaint or how to raise a concern if they wanted to.

We were informed that there had been no complaints or concerns raised against the care and treatment that had been provided at Hope House or Swindon and Wiltshire SARC since 1 October 2022.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

There was a clear leadership structure in place at both Hope House and Swindon and Wiltshire SARC. There was an operational and clinical manager responsible for overseeing the services on a day-to-day basis. They worked closely with other staff from within the organisation as well as external stakeholders, partners and other providers.

In addition, the services provided were overseen by a directorate leadership team, which consisted of a sexual health service manager, a deputy service director as well as a service director.

Leaders who we spoke with were passionate about delivering the best possible care and were committed to continually improving of the service.

### **Vision and strategy**

The Trust had a clear set of vision and values. Although there was no formal vision in place for Hope House and Swindon and Wiltshire SARC, leaders had implemented an improvement plan for the services provided, covering several key areas.

Leaders who we spoke with were aware of most challenges that were faced by the service, such as staffing, as well as the current environment not meeting all the standards set out by the Forensic Sciences Regulator (FSR). Actions had been implemented in areas that had been identified as needing further improvement.

### **Culture**

Staff at all levels who we spoke with indicated that there was an open and transparent culture within the service. Staff who we spoke with felt that they were well supported by their peers and leaders.

Staff and leaders demonstrated a commitment to delivering services in an open and honest way. Leaders were able to clearly describe their responsibilities of when the duty of candour needed to be applied and there were systems and processes in place to support this. The duty of candour legislation is to ensure that providers are open and transparent with people who use services. It sets out specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, as well as providing truthful information and an apology.

Records between 1 October 2022 and 1 May 2023 indicated that there had been two occasions when duty of candour had been required, and there was evidence that this had been done in a timely manner on both occasions.

Leaders had acknowledged that some of the cases that had been encountered at the service were traumatic and had made sure that appropriate support for staff was available when needed.

### **Governance and management**

Records indicated that there was a clear governance structure in place, which provided a framework for leaders to maintain oversight of the services provided. However, this was not fully effective at Swindon and Wiltshire SARC as the joint working agreement between the Trust and the provider who had been subcontracted to manage the non clinical services at this location had not yet been finalised.

This had been recognised as an area for improvement prior to the inspection, leaders had taken action to hold regular meetings with the subcontracted provider, and had begun to draft a joint working agreement between the Trust and the subcontracted provider. This was important as joint working agreements clearly outline roles and responsibilities of each provider.

# Are services well-led?

Staff who worked at Hope House and Swindon and Wiltshire SARC had access to a range of policies to support them in undertaking their roles. Most of the policies that had been written by the Trust and were used at Hope House were up to date and referenced up to date best practice legislation and guidance.

However, some policies and procedures which were available at Swindon and Wiltshire SARC were out of date and did not always reference the most up to date best practice and guidance for staff to follow. This meant that there was an increased risk that staff would not always be aware of the most up to date information when providing care.

In addition, the Trust had not yet implemented a range of standard operating procedures to support staff working at both sites. This was important as standard operating procedures support staff to deliver services in a way that is consistent for all patients who use the service.

## **Processes for managing risks, issues and performance**

The service had operated a risk management system which had a small number of risks documented against Hope House and Swindon and Wiltshire SARC. For example, the gap in availability of a forensic medical examiner had been documented as a risk. Importantly, this had been kept up to date and actions taken to mitigate this risk had been documented clearly.

Leaders had an understanding of some of the key issues and risks that the service faced and had regular conversations with staff who were responsible for managing the services on day-to-day basis to help identify any new issues and risks in a timely manner.

However, we identified concerns that the provider had not operated an effective system to make sure that important risk assessments had been completed at either Hope House or Swindon and Wiltshire SARC. For example, at the time of inspection, important health and safety risk assessments, such as manual handling as well as control of substances hazardous to health (COSHH) had not been completed. This was not in line with Trust policies, legislation, and more importantly, it was unclear how the provider planned to mitigate any potential risks associated with these as much as practicably possible.

In addition, the Trust had not assessed the risk of ligatures at Hope House or Swindon and Wiltshire SARC, which was important as there were ligature points present throughout both buildings. The Trust provided evidence of actions that they had taken following the inspection to make sure that environmental risk assessments had been completed, including actions that had been taken to reduce the risk of avoidable harm to patients who used the service.

The Trust had not always operated a system to make sure important checks had been completed, for example, we found that most equipment at Hope House had not been checked for electrical safety within the timeframes required. Following the inspection, the Trust provided evidence that this had been completed. We also found the forensic suite at Swindon and Wiltshire SARC to be visibly dirty, which had not been recognised as an area that required further improvement.

Leaders had completed regular patient record audits. We saw evidence of when actions had been taken to make improvements to this when shortfalls had been identified. However, this had not been fully effective as it had not been recognised that telephone consultations had not been fully documented. Following the inspection, the Trust provided evidence of actions that they had taken to make further improvements to this.

## **Appropriate and accurate information**

A range of valuable information was regularly collected by the service, including reports on performance, timeliness of examinations and staffing. This meant that there was up to date information available for leaders to know what was going well and what needed further improvement.

The provider had an information governance policy in place to support staff in making sure that patient records were stored securely, reducing the risk of patient identifiable information being lost or shared inappropriately. We found that there were arrangements in place to store records securely.

# Are services well-led?

We found that systems were also in place to make sure that patient information was shared safely with partners when needed, for example, general practitioners (GPs).

## **Engagement with clients, the public, staff and external partners**

Leaders at the service had worked hard to build strong relationships with external stakeholders, such as the police, as well as a number of partners who operated in the community. This was to make sure that the service was accessible and to raise awareness of the support that the service could offer as well as when a referral would be needed.

We were also informed about several training courses that had been delivered to staff who were employed by other partners and stakeholders, to support them in providing better care to patients who had suffered sexual abuse or assault.

The trust had provided opportunities for patients, families and carers to leave feedback about the care that they had received. Although feedback that we reviewed was positive about the service, this also provided an opportunity for leaders to make further improvements to the service if needed.

## **Continuous improvement and innovation**

The service undertook several audits, which covered key areas, such as the quality of the completion of patient records. We saw that leaders had taken action to support staff in making further improvements to the completion of documentation when required.

All reported incidents, concerns and complaints were reported using an electronic reporting system. There was oversight of these by leaders and there was evidence that actions had been implemented to make improvements to the service when this had been required.

Reported incidents as well as other issues were discussed at governance meetings as well as team meetings. This provided an opportunity for staff to discuss important topics such as outcomes from incident investigations as well as any other learning.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that effective governance systems were present to maintain oversight of the services provided.</p> <p>The provider had not ensured that risk management systems had been used to identify, manage and mitigate risk as much as practicably possible.</p> <p>The provider had not always ensured that a contemporaneous record of care and treatment had been kept.</p>