

Mountain Healthcare Limited

The Saturn Centre SARC

Inspection Report

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Date of inspection visit: 1 and 2 October 2019

Date of publication: 13/02/2020

Overall summary

Summary findings

We carried out this announced inspection on 1 and 2 October 2019 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 two CQC inspectors who were supported by a specialist professional advisor.

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

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

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

Background

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provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by two CQC inspectors who were supported by a specialist professional advisor.

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These questions form the framework for the areas we look at during the inspection. The Saturn Centre SARC is a sexual assault referral centre (SARC). The service provides health services and forensic medical examinations, on an appointment only basis, to patients aged from 14 years old upwards who have experienced sexual violence or sexual abuse. It does not offer a walk in service. However, if a patient was to attend the SARC unannounced staff would endeavour to see them in a timely manner. The SARC is situated in Crawley Hospital, run by Surrey and Sussex Healthcare NHS Trust. The layout of the premises is spread over one ground floor. There is one examination room in use, which is used to capacity. The service is jointly commissioned by NHS England and the Police and

Summary of findings

Crime Commissioner. Services are available between 9am and 5pm seven days a week. There is an out of hours phone number that operates 24 hours a day, seven days a week and staff go in on an 'on call' basis. The staff team consisted of a centre manager, forensic nurse examiners (FNEs) and crisis workers who also work as administrators.

The service is provided by a limited company and, as a condition of registration, the company 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 Saturn Centre SARC was also the medical director for Mountain Healthcare Limited who is a member of the Faculty of Forensic and Legal Medicine. There was a centre manager on site and we have used the terms 'registered manager' and 'centre manager' to differentiate between the two roles.

Comment cards were sent to the service prior to our visit and we received two responses from patients who accessed the service. 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. During our inspection we toured the premises and reviewed the care and health records for 16 patients who had used the service and the records for the management of medicines. We spoke with the registered manager, the centre manager, and three directors, two FNEs and two crisis workers. We checked five staff recruitment files, minutes of meetings, audits and information relating to the management of the service.

Our key findings were:

- The service had adequate systems in place to help them manage risk.
- Safeguarding processes were not always followed, though 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 patients' needs.
- The service had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The service asked staff and patients for feedback about the services they provided.
- The service staff dealt with complaints positively and efficiently.
- The staff had clear information governance arrangements.
- The service appeared clean and well maintained.
- The staff had infection control procedures which reflected published guidance.

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

- Follow up safeguarding referrals for children and adults within 72 hours of sending the referral.
- Carry out follow up calls to patients to check the outcome of referrals to Independent Sexual Violence Advisors (ISVAs) services and other health referrals into services that require follow up.
- Update paper and electronic records to ensure they match and that repeat attendances by the same patient are attributed to their unique patient number.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

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 providing well-led care in accordance with the relevant regulations.

Are services safe?

Our findings

Safety systems and processes

Systems were in place to safeguard patients from the risk of abuse. All young patients under 18 years old were automatically referred into children's social care and evidence of this was seen in all the files we checked. It is Mountain Healthcare's procedure to make a follow up call to make sure confirmation of receipt is made within 72 hours, however although there is a referral tracker to check the follow up this location was not following their own procedure. Confirmation of receipt for safeguarding referrals usually occurred within 72 hours, however this was not captured within the patients record and there was limited evidence of follow up conversations with children's social care to ascertain the outcome of a referral made.

In the records of two young patients there were a number of significant risk factors identified such as child protection, anxiety and depression, significant learning difficulties and consent. However subsequent referrals to their GP and children's social care did not articulate the level of risk captured during the intervention with the patient. A safeguarding tracker was in place to evidence follow up referrals. Although we could see evidence of conversations and action for some patients there was an inconsistent approach to ensure that all referrals resulted in positive action for patients. We spoke with leaders who explained as a result of our findings the administrator would be given protected time one day a week to update the safeguarding tracker list to make certain that safeguarding referrals were followed up by with relevant local authorities.

Forensic Nurse Examiners (FNEs) were compliant with level 3 safeguarding children's training. We heard from crisis workers they were also undertaking level 3 training due to their level of involvement in safeguarding cases.

Safeguarding passports were evident in FNE records in addition to crisis workers who had requested a centralised document to evidence completion of safeguarding training. Staff told us they attended strategy meetings and gave us examples of how they had positively contributed to decision making with the relevant professionals.

Staff

Recruitment procedures were followed to ensure staff were suitable to work with patients accessing the SARC. We reviewed staff records and saw that appropriate checks

were undertaken before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) and copies of other relevant documentation, including proof of identity and character references. Police carried out additional vetting checks on staff to make certain they were suitably employed to work with patients and we found these were up to date.

There was enough staff working within the service to meet the needs of patients. Rotas were planned and demonstrated that sufficient cover was available during the day including the on call service. The centre manager had access to an 'on call service list' for staff to cover the SARC out of hours and explained that staff lived locally and were able to cover shifts to meet patients needs in a timely way. At the time of the inspection there were no staff vacancies at the Saturn Centre SARC.

Clinical staff maintained their professional registration with ongoing continuing professional development (CPD). Staff told us there was a strong team focus and lots of opportunity for development including peer review to enhance their learning and skills. Staff reported they had good access to training such as child sexual exploitation (CSE) and trafficking that was facilitated by external agencies and had protected time to attend safeguarding conferences as part of their CPD.

Safety protocols were in place to make certain staff knew what to do if faced with increased risk at work. Staff did not work alone when supporting patients in the service and explained the steps they took to ensure their safety. During out of hours the organisation's call centre was informed to the whereabouts of staff when they arrived on site and were available to assist them if they required immediate support.

Risks to clients

Systems were in place to reduce the likelihood of risks that could impact on patient safety and welfare. Risk assessments focused on the physical and emotional health and well being of the patient. In a patient record we found evidence that thorough assessments had been made with onward referrals to mental health and substance misuse services. Staff had later followed up these referrals to make sure that the patient had been offered support.

Business continuity plans were in place to help ensure that the service could continue operating during any unplanned disruption. Staff carried out regular health and safety

Are services safe?

checks in the premises and had assessed potential ligature points in waiting rooms and bathrooms. Some rooms in the forensic suite had pull cords that may be used as ligatures and patients deemed to be at risk of self-harm and were closely monitored by staff.

Sharps bins were placed in the examination room for the safe disposal of needles and these were in date. Sharps items were disposed of appropriately to reduce the risk of sharps injuries. Staff had access to a defibrillator in the accident and emergency department in the hospital and staff were trained in basic life support to respond to patient medical emergencies.

Premises and equipment

Fire procedures were in place to ensure the premises were safe and that patients, visitors and staff were not exposed to unnecessary risks. The trust was responsible for the maintenance and fire safety of the premises. Staff were aware of the trust's fire safety and evacuation procedures and followed these. Fire equipment had been serviced appropriately. There were no fire marshals within the Saturn Centre SARC, but staff had received fire safety training. An overarching fire safety policy and fire risk assessment had been completed as part of the organisation's audit and the fire safety management plan was up to date.

Emergency equipment, such as fire extinguishers were available and had been tested within the required date. Specialist equipment, known as a colposcope, was available for making records of intimate images during examinations, including high-quality photographs and video. The purpose of these images is to enable forensic examiners to review, validate or challenge findings and for second opinion during legal proceedings. An external provider had delivered colposcope training two years prior to the inspection. The centre manager had provided additional in house training to new staff or those who required further input to ensure they were confident and competent in using the equipment.

The examination room was cleaned to meet the Faculty of Forensic & Legal Medicine (FFLM) guidance. The forensic suite, including the waiting room and shower cubicle, were forensically cleaned, sealed and evidence logs were signed

off by staff after every patient examination. Quarterly 'deep cleaning' was undertaken by an external contractor who issued a certificate to evidence that the examination room met the forensic standards.

Communal premises were cleaned daily by a cleaner supplied by the trust and we observed all areas were clean. Monthly audits were undertaken by a trust supervisor and records evidenced that cleanliness was scored always above 95%. There was an up to date infection control policy and an 'infection prevention control' audit was completed annually, and actions were taken to rectify any issues identified. Clinical waste was discarded after every attendance and deposited into a locked bin area and staff were compliant with infection control training which included hand washing. Control of Substances Hazardous to Health (COSHH) were stored securely in locked cupboards to mitigate risk to exposure to hazardous substances.

Information to deliver safe care and treatment

Record keeping was inconsistent and unclear. When a patient contacts the call centre to book an appointment, a new electronic patient record is created. This is updated by staff at the Saturn Centre when the patient attends for their examination. The completion of risk indicators on the system in a number of cases examined demonstrated inconsistency and did not always reflect the information captured in the paper records held on site. In three cases where young people had attended the SARC the relevant tick box on the electronic record was not selected meaning additional safeguarding prompts were not generated for practitioner consideration.

The Saturn Centre uses a combination of electronic and paper records. The electronic patient record did not hold a singular patient record, but rather allocated a unique patient identifier for each attendance at the SARC. In one case sampled we found there were nine different identifiers allocated to one individual, which increased the opportunity for errors and for information to be missed as it may be held within a different record.

Management of photo documentation and DVDs containing intimate images were stored securely and sealed in evidence bags. DVDs were encrypted and labelled with a SARC number to protect patient anonymity were retained in accordance with FFLM guidance.

Are services safe?

Patient records were held and stored securely. Information pertaining to patients were sent by secure emails to protect data sent to external organisations. Staff had completed and were up to date with training on data security and General Data Protection Regulation (GDPR) to reinforce the message about the importance of protecting patient rights in line with the key principles of GDPR.

Safe and appropriate use of medicines

Systems were in place for the appropriate and safe management of medicines. Medicines records showed that patients received medicines when needed and we found no omissions in the recording of this task. Fridges and storage room temperatures for medicines were maintained within the recommended safe storage limits. Staff were knowledgeable about their responsibilities in relation to safe medicines practice.

Staff complied with the current guidance on Patient Group Directions (PGDs); these are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The arrangements for the security, storage

and labelling of medicines used within a PGD, such as emergency contraception was in accordance with the provider's policy. PGDs were reviewed and signed and there was a clear process of PGD audits being carried out.

Track record on safety and lessons learned and improvements

Systems were in place for monitoring, review and learning from incidents. The provider's risk register was used to monitor and highlight emerging concerns and systems that were working well. Incidents were recorded via the organisations reporting system to check for safety-related themes and trends. When that occurred, we found these were reported on the organisation's system and where managed appropriately and shared with staff during their team meetings.

Opportunities were available to learn from safety alerts when these were identified. There was a process for the sharing of patient and medicine's safety alerts. These were received by the organisation's medicines management committee and distributed to the centre manager to communicate this information to staff and displayed on the staff noticeboards.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Care and treatment were provided to patients to effectively meet their needs. When they first arrived at the service assessments were carried out by a crisis worker and then by a FNE. Care and treatment was provided which complied with guidance from the Faculty of Forensic and Legal Medicine (FFLM). Staff carried out risk assessments with the patient to make certain their sexual health needs were met. Referrals were made to genito-urinary medicine (GUM) services should patients require HIV/Hepatitis B prophylaxis and we saw evidence of follow up with GUM services to check if patients had received effective treatment and support.

Information about where patients could seek further help and support was available on the service's website including sexual health clinics, advice lines and other local SARC. Mountain Healthcare's call centre staff provided initial guidance and support as well as completing the initial triage into the SARC service.

Consent to care and treatment

During our discussion with the SARC staff team and the patient records we reviewed, staff demonstrated a good understanding of Gillick competence and consent when supporting young patient's in the service. Patients received care in line with the requirements of the MCA. Examples were seen of consent being discussed and documented at varying stages of their visit and in particular for patients with fluctuating capacity under the guidance of the MCA. Clear assessments of patient views were recorded and in one case, records were the patient had a disability their voice was fully captured and showed how their views and choices were listened to and followed.

Staff understood their responsibilities in relation to seeking and obtaining consent when treating adults who may not be able to make informed decisions about their care and treatment. There were good examples of best interest decisions being made with the support of patients' relatives and professionals and written explanations of the reasons patients declined their care and treatment and a record of the appropriate action taken.

Monitoring care and treatment

Systems were in place to identify patients who attended the SARC on more than one occasion. Where this was identified there was a pathway in place to show if they were repeat attendees. In one case record we found evidence to show there was a care plan in place to support the patient with their care and treatment to meet their individual needs.

Audits of patients' medical care records were undertaken in the records that we checked. Forensic nurse examiners and crisis workers completed an 'holistic' form after patient's attendance at the SARC. This review of the patient record is to ensure that all appropriate action had been taken during their visit to the service.

Effective staffing

Staff were provided with a structured programme of training. Mountain Healthcare Limited provides a thorough induction into the service. As part of the induction there is a SARC specific competency sign off processes in place, which included working under supervision until staff were deemed competent in their respective roles. Staff applied their learning effectively and in line the FFLM guidance and Royal College of Paediatrics and Child Health (RCPC) clinical guidelines. They had completed the required mandatory training in subjects such as safeguarding children and adults, the Mental Capacity Act (MCA) and life support training. Crisis workers with an interest in specific topics were able to undertake additional training, such as female genital mutilation (FGM) and PREVENT training to further develop their skills for the role. The centre manager had access to staff training records and demonstrated good oversight of the levels of competency within the workforce and knowledge of upcoming expiry dates so that training could be booked in advance.

The Saturn Centre SARC was closely linked with the organisation's neighbouring SARC. Clinical staff had participated in shared learning for children 13 to 18 year olds to improve their practice and skills when working with young patients. This involved a peer review process that was led by a paediatrician from a different Mountain Healthcare SARC and was available for clinical and non-clinical staff to attend.

Forensic nurse examiners had received training in working and supporting victims of sexual offences and to carry out forensic examinations that were compliant with the FFLM requirements. Senior forensic nurse examiners' carried out

Are services effective?

(for example, treatment is effective)

forensic assessment observations on trainee FNEs to ensure they were competent in their forensic roles. Training included the documentation of injuries and forensic sampling, competency training for working with children and young people and court writing skills working. The centre manager had been booked on a leadership course as part of their induction about the responsibilities of the SARC management role.

The centre manager had implemented regular clinical and managerial supervision for all staff and appraisals to ensure that staff development needs were assessed and met. Staff confirmed they received good line management supervision and additional peer support if presented with a complex case to develop and review their practice with a focus on professional development.

Co-ordinating care and treatment

Patient records showed that regular referrals were sent to the local independent sexual violence advisor (ISVA) service. Although there was an awareness there was a waiting list for ISVA services in East Sussex attempts were not always made to check on the outcome of these

referrals. Staff were not always making the six week follow up calls to patients. These calls gave staff the opportunity to check how the patient was feeling and whether there are were any unmet needs or outstanding referrals into services that needed to be followed up.

Feedback from the ISVA service in West Sussex was supposed to be discussed in multi disciplinary team meetings. However, at the time of the inspection there had not been a team meeting since July 2019.

Co-ordination of care with other professionals and agencies was usually effective. There was evidence of onward referrals to sexual health services, GPs and mental health services for patients who gave their consent. We saw evidence of written feedback from a patient who gave their personal account of the traumatic impact of sexual violence. Staff at the SARC had referred the patient to an external organisation which provided a health and wellbeing support network to victims of sexual assault. The patient described how this had been a very positive experience and how they had been supported compassionately through their trauma.

Are services caring?

Our findings

Kindness, respect and compassion

Staff ensured that patients were treated with kindness and respect, and this was reflected in the feedback from patients and other professionals. During a visit to the Saturn Centre SARC patients were given a colourful 'feedback' form to share their experiences of the care and treatment they had received. Feedback from both patients and visiting professionals were positive. The Care Quality Commission (CQC) comment cards completed by patients reported that staff showed empathy, were caring and listened to them during their interactions with the staff team. Staff had the right interpersonal skills to ensure patients received compassionate care and they gave us examples of how they took the time to understand patients' wishes, choices and any associated risks.

Patients attending the SARC were offered a choice of gender of care professional. Although examinations were usually carried out by an all female team, if patients wished to see a male clinician the service always considered this. The police were also aware of this at the point of the referral being made. The provider had a standard operating procedure to highlight that all patients accessing the service must be offered the choice of gender of care of professional. Where male support was requested, every effort was made to accommodate this choice. Information leaflets for male victims of sexual assault were available on the service website which signposted victims to where they could also seek further help and support.

Privacy and dignity

The service respected and promoted patients' privacy and dignity. Staff gave examples of the person-centred approach they took when supporting patients to ensure their privacy and dignity was preserved, including the use of screens and patient gowns in the examination room.

Crisis workers accompanied the patient throughout their care and treatment and were able to recognise and respond to any signs of their patient becoming distressed or uncomfortable.

Bathroom facilities were accessible to patients after their examination and staff would wait outside. Clothing and care bags were offered to patients which contained toiletries which they could use on site or take away with them.

Snacks and drinks were offered to patients at the SARC; food was limited but the provider offered tea, juice and the option of vegetarian snacks. When patients attended the SARC there were comfortable waiting rooms and appointments were organised to ensure that if two individual patients were attending the SARC they sat in separate waiting areas to protect their anonymity.

Patient information was held and stored securely and not left in areas where unauthorised persons could view their records.

Involving people in decisions about care and treatment

Staff used different methods to communicate with patients in the most effective way. The Saturn Centre SARC website held information about the SARC such as methods to help patients understand the treatment options available to them. These included patient information leaflets about the services and an easy read guide for young people and adults to make certain of their understanding of the support available to them. Translation services such as interpreters were available for patients who did not speak English as a first language to guide them through the SARC process so their views were clearly heard and their wishes were fully understood.

Staff explained, and records evidenced that patients were always involved in decisions about their care and treatment. Relatives and carers were also involved in supporting patients to make informed choices about referrals to other services and were given information to help them make the best decisions about what options were available to them.

We observed there was a range of information displayed in the communal areas and waiting rooms about the range of treatments in the community such as advocacy services to ensure patient views were heard and their wishes were respected.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Responsive action was taken to support patients with additional vulnerability. A pilot project between the SARC and police was targeting those patients who had accessed the SARC on a number of occasions to identify any unmet need such as homelessness, domestic violence or mental ill health. The most vulnerable cases were chosen for staff to proactively support the patients with their complex needs. In one case the patient had an extensive history of mental health ill health, substance misuse and was homeless. Care and treatment had been unsuccessful due to the patient's non-engagement with services. A multi disciplinary meeting was held with SARC involvement and an agreement was made that more practical work should be carried out to involve the patient with their individual needs. As a result, a multi agency response was taken to support the patient to attend appointments such as the GP, housing relocation and mental health services. The patients care and treatment was co ordinated and overseen by the SARCs decision making group and fed back to the organisations board. This resulted in positive outcomes as the patient actively re-engaged with health and social care services and was effectively supported with their unmet needs.

Reasonable adjustments for patients with disabilities were in place such as disabled parking access and accessible facilities. Written assessments regarding disability access to the building had been carried out by the trust and staff were able to describe the disability access arrangements available for patients at the Saturn Centre SARC.

Timely access to services

Patients were able to access services at the Saturn Centre SARC, with or without the involvement of the police or other agencies. Health and social care professionals could refer patients into the service and could visit the SARC to familiarise themselves with centre and the service offer. Referrals into the service were assessed by staff to determine the urgency of their appointment and the treatment and care they required. We found that all patients were seen within the required response time and patient feedback was positive about how the staff were responsive to their needs.

Information about the service, including opening times was available on the provider's website and in the premises. Patients attending the SARC were given information on what would happen during their visit and were offered an information booklet about the care and treatment they had received in the SARC to take away with them.

Listening and learning from concerns and complaints

Feedback forms were available in the service and on the service website to capture patient views and concerns about the service. The provider had a system in place to ensure that if patients were dissatisfied with the service, their complaints would be investigated and acted on within a specific timescale. The Saturn Centre SARC had not received any informal or formal complaints in the last 12 months. Staff explained they would share any learning from complaints during team meetings if complaints were raised and would always willingly listen and act on their concerns.

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had knowledge of the issues and priorities relating to the quality and future of services. Strategic meetings were held at the organisation's board meetings to improve service delivery. There was a genuine welcome to obtain feedback from patients and professionals about the quality of the service and a positive response to any opportunity to improve the service delivery. Leaders reported that discussions were being held with the hospital trust and commissioners to relocate to another area of the building that provided a bigger space for patients and staff which would improve the patient experience.

Staff told us that the organisation operated with transparency and that the directors were approachable and keen to engage with frontline practitioners. Staff gave positive feedback regarding a leadership camp they attended each year. This took place across the organisation which provided staff with the opportunity to network, discuss challenges and share good practice and resources.

Vision and strategy and Culture

Organisational aims and objectives were known and delivered by dedicated staff who were committed to working with survivors of sexual violence and sexual abuse on their journey. Staff told us they worked exceptionally well together as a team and their priority was putting patients' needs first. The service had a person-centred vision that included the principles of involvement, kindness and respect and leaders and managers monitored these values. Information we checked demonstrated that the provider was meeting patient needs in terms of responsiveness and staff training.

Staff we spoke with during our inspection told us they worked in an organisation that valued learning and promoted inclusiveness. The team worked well together and always supported each other when they required guidance, advice and support. Staff morale was positive and told us they were proud of the work they had achieved so far.

Governance and management

There were clear lines of accountability and staff understood what each of their roles and responsibilities were. The centre manager had recently been promoted

into their new role as a senior member of the staff team. Prior to this, she had worked in the service for several years as a FNE and additionally had been employed by the trust where the SARC was based. They had maintained and established good working relationships within the hospital team and she told us she was very well supported by the senior leaders.

Processes were in place for managing risks, issues and performance. During our inspection we reported on the areas of improvements that should be made to the registered and centre manager. We were provided with assurance that they were committed to making the necessary changes. Quality assurance systems were in place to monitor and review activity to give a clear view of service provision but this required further work and the organisation acknowledged, for example, in regards to the follow up calls and safeguarding tracker that more work was needed.

Staff told us the centre manager was visible in the service and maintained an "open door" policy. A new member of the staff team explained they had regular contact and supervisions with the centre manager and felt well supported through their induction period.

Appropriate and accurate information

Staff performance was reviewed in the SARC through a comprehensive audit schedule. The organisation held a live audit tracker which helped the senior leaders check the audit schedule was being adhered to. FNEs' records were audited every year and individual feedback was given, and themes and trends and practice were shared and discussed at staff team meetings.

Engagement with clients, the public, staff and external partners

Staff worked collaboratively with external partners to help meet patients' needs. The team had actively engaged in outreach work including working in partnership with key stakeholders and had provided training to new recruits within the Sexual Offences Investigative Trained (SOIT) officers team as well as offering guidance and advice for sex worker projects.

Dedicated national awareness days such as domestic violence conferences for professionals were attended by staff to raise awareness about the importance of the SARCs and how the public could access the centres. The Saturn

Are services well-led?

Centre held open days monthly for health and social care professionals to provide them with the opportunity to tour the centre and understand how the service operated and the roles of the staff team.

The provider displayed a feedback board called 'You said, we did' to demonstrate how they had made changes to the service as a result of patient feedback. Although the provider had numerous ways of feedback at the time of the inspection they had no negative feedback and we saw only positive comments about the Saturn Centre SARC.

Continuous improvement and innovation

Systems and processes were in place for learning, continuous improvement and innovation. During May 2019 the Saturn Centre SARC had been awarded an independent accreditation programme 'Quality Mark' for achieving the quality standards for services supporting male victims and

survivors of sexual violence from an external agency. The quality mark was awarded to demonstrate the commitment from the staff team to improving the quality of support for male victims and survivors of sexual violence. To ensure the service was continuing to meet the quality standards the provider was required to produce evidence each year to the external agency to maintain their accreditation. Staff told us they were proud about what had been accomplished as a result of this. A male outreach worker had recently been employed and was in the process of undertaking targeted work to establish better links with hard to reach groups and communities.

There was a service commitment for staff continuing professional development. Audits had been carried out in the SARC which identified that staff would benefit from additional children's training in neglect and child safety in the home.

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.

This section is primarily information for the provider

Enforcement actions

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.