G4S Health Services (UK) Limited

The Bridgeway

Inspection Report

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Overall summary

We carried out an announced focused inspection of healthcare services provided by G4S Health Services (UK) Limited (G4S) at The Bridgeway on 3 January 2020.

The purpose of this inspection was to determine if the healthcare services provided by G4S were now meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008. We found that improvements had been made and the provider was no longer in breach of the regulations.

We do not currently rate services provided in sexual assault referral centres.

Background

In Cumbria, services for the support and examination of people who have experienced sexual assault are co-commissioned. The contract for the SARC is managed by the Office of the Police and Crime Commissioner with aligned funding input from NHS England commissioning to provide medical examinations and care. The contract for the provision of sexual assault referral centre services in Cumbria is held by G4S Health Services (UK) Limited (G4S). G4S is registered with CQC to provide the regulated activities of diagnostic and screening procedures, and treatment of disease, disorder or injury.

The Bridgeway is located within Penrith hospital in central Cumbria. Penrith is a small town within a rural part of Cumbria, with reasonable transport links throughout the county, although some patients may still have long journeys to access the centre.

We last inspected the service in May 2019 when we judged that G4S was in breach of CQC regulations. We issued Requirement Notices on 22 July 2019 in relation to Regulation 17, Good Governance and Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The report on the May 2019 inspection can be found on our website at:

https://www.cqc.org.uk/location/1-2418837598

This inspection was conducted by one CQC health and justice inspector.

Before this inspection we reviewed the action plan submitted by G4S to demonstrate how they would

achieve compliance, and a range of documents submitted by G4S. We also reviewed information provided by NHS England commissioners.

We visited the location on 3 January 2020 and spoke with the manager and coordinator responsible for training. During this visit we reviewed training records and evidence related to the areas we had made recommendations for improvement in July 2019.

Summary of findings

At this inspection we found:

- Staff were effectively trained to carry out their duties.
- Staff training records were available, complete and monitored effectively.
- Patient records included information where children had capacity to consent to examination or treatment themselves.
- The centre now had prompt access to two experienced paediatric examiners.
- A male examiner was now available to attend the Bridgeway, where feasible, within forensic timescales.
- All incidents were now reported and reviewed systematically.
- A new records audit process had been embedded.
- The service continued to build on partnership working to improve services for people who had experienced sexual violence.

Summary of findings

Are services effective?
We found that this service had complied with the requirement notice that was issued and was now providing effective 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 effective?

(for example, treatment is effective)

Our findings

At our last inspection we found that staff training did not ensure patient care was effective. There had been a change of training provider and recording systems which meant that managers did not have access to staff training records. We found that staff conducting paediatric examination did not have prompt access to suitably qualified colleagues to discuss complex examinations and child protection situations. We also noted that there were no male examiners, so patients did not have a choice of gender of forensic examiner.

This is the area we inspected during this inspection:

Effective staffing

The provider had resolved the issue with the new training system and the manager had undertaken a project to ensure that all staff training attendance was updated into the new record system. These records included the forensic practitioners who worked primarily in police custody health and the forensic medical examiner.

Staff were now appropriately trained to provide effective patient care. All examiners had now completed level 3 safeguarding training and the centre manager had also completed safeguarding training at level 4. One crisis worker was scheduled to attend a level 3 course in April 2020. All examiners were now in date for life support training, one crisis worker was scheduled to attend a course in April 2020.

All staff had completed the on-line courses and attained the required level of knowledge in fire awareness, health and safety, patient consent, and Prevent (which gives staff awareness around risks of where patients might be at risk of radicalisation or terrorism).

The provider had arranged for a male forensic medical examiner to be available when patients expressed a preference for a male forensic medical examiner. Between October and December 2019, seven examinations had been carried out by a male forensic medical examiner.

Two G4S experienced paediatric examiners were now formally supporting examiners at The Bridgeway and additional peer review sessions were planned on child cases. This had improved support for staff around complex child cases.

The centre had recruited additional crisis workers who were currently undertaking shadowing and training which would help provide greater rota cover.

The centre manager had attended a police specialist child abuse investigation development course recently. The manager planned to share relevant learning from this course at team meetings during 2020.

Are services well-led?

Our findings

At our inspection in May 2019, we found that the Bridgeway manager did not have access to records for the staff who worked primarily in police custody and could not be assured of their competence. Training records provided following the 2019 inspection demonstrated that many staff were not in date with mandatory training, neither the provider nor the manager were able to monitor staff training following the appointment of a new training contractor.

We also identified areas where the provider could made improvements:

- Patient records did not always include a record of decision making around individual capacity to consent to an examination.
- Incidents which related to external organisations were not systematically recorded.
- Record sampling and individual records audits had not been developed into a cyclic audit process.

These are the areas we inspected at this inspection:

Governance and management

During this inspection we found that the manager had worked with G4S training department colleagues to review the staff training records and system. The centre had acted as the pilot for the whole of G4S medical services. The provider now had a database for details of all online mandatory learning and a spreadsheet for face to face courses which all G4S SARCs used to monitor staff training. Centre staff had manually updated the details for all courses which staff had attended to ensure the new system accurately reflected staff training. The manager was now able to monitor the training records all staff.

The manager and forensic medical examiner now completed monthly audits of patient records which were formally recorded and areas for improvement discussed with staff.

Patient records now clearly demonstrated when children and young people had capacity to consent to aspects of examination themselves as well as obtaining parental or guardian consent.

Engagement with clients, the public, staff and external partners

Incidents which affected the service were now systematically recorded, including those relating to partner agencies. The incident reporting spreadsheet for SARCs was shared throughout G4S SARCs which meant that all locations shared learning contemporaneously.

During our inspection of the Bridgeway in May 2019, the manager had made changes to patient record templates to include details of the management check which ensured the quality assurance process was formally recorded. This improvement had been shared with other G4S SARC locations to help improve their quality assurance processes since our inspection in May 2019.

The centre also worked actively with a third sector sexual violence training and development organisation and had received a recent review visit. They were awaiting the feedback report and had been recommended to apply for an external agency independent accreditation programme for the Quality Standards for Services Supporting Male Victims / Survivors.