

## HCRG Medical Services Limited

# Lincolnshire SARC

### Inspection report

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## Overall summary

### Background

Spring Lodge is a sexual assault referral centre (SARC) commissioned by NHS England and the Police and Crime Commissioner for adults. The SARC service is available 24 hours a day, 7 days a week (including public holidays) to provide advice to police and patients, deliver forensic medical examinations, provide support following recent and non-recent sexual abuse, and offer onward referrals to independent sexual violence advisors (ISVA) in the Lincolnshire area. Lincolnshire police commission HCRG Medical Services Ltd (HCRG) to deliver the forensic medical examinations for adults attending the SARC.

We last inspected the service on 15 December 2021 when we judged that HCRG was in breach of CQC regulations. We issued a Requirement Notice on 14 February 2022 in relation to Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report on the inspection can be found on our website at [Dentists - 1-10800686345 Lincolnshire SARC \(14/02/2022\) INS2-12081732973 \(cqc.org.uk\)](https://www.cqc.org.uk/publications/1-10800686345-Lincolnshire-SARC-(14/02/2022)-INS2-12081732973)

The purpose of the inspection was to determine if the registered provider was meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008 and that patients were receiving safe care and treatment.

This review was conducted by one CQC inspector and included a review of evidence and meeting with the registered manager. Before this inspection we reviewed the action plan submitted by HCRG to demonstrate how they would achieve compliance. On site, we reviewed a range of documents provided by HCRG, spoke with the registered manager, and reviewed a sample of patient records.

Documents we reviewed included:

- Service action plan
- Six patient records
- Information gathering proformas used for all patient groups
- Case notes audits

# Summary of findings

## **Key findings**

- Improvements had been made to record keeping templates, and care records reviewed were complete and contemporaneous.
- A new system was in place to monitor the reporting and outcome of safeguarding referrals.

# Summary of findings

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

We asked the following question(s).

**Are services well-led?**

**No action**



# Are services well-led?

## Our findings

We did not inspect the well-led domain in full at this inspection. We inspected only those aspects mentioned in the Requirement Notice issued on 14 February 2022.

### **Appropriate and accurate information**

At our last inspection we found that safeguarding referrals to the local authority were monitored by the SARC, but not specifically followed up by Forensic Medical Examiners (FMEs), and we were told that the referral process was only conducted verbally, which meant the provider did not have adequate records to monitor the outcome of safeguarding referrals.

During this inspection, we found that the provider had implemented a system to ensure that safeguarding concerns were reported and followed up in a timely manner. In particular we found that:

- A new safeguarding form within the patient record documented details of all safeguarding referrals made, including who made the referral, the date of the referral, and the outcome.
- The provider retained a copy of the safeguarding form (also passed to the SARC crisis workers) to ensure the patient record was complete.
- Email documentation for safeguarding referrals was retained within patient records as evidence of referrals made.
- Staff had received advice and guidance from managers to introduce the additional safeguarding form, and reiterated the importance of monitoring referrals made.

At our last inspection, we found that patient records were not always complete and contemporaneous. Patient records did not consistently evidence the discussions with patients and/or their responsible adult to explain the clinician's decision making and the rationale for care and treatment provided.

During this inspection, we reviewed 6 patient records, all of which had complete and contemporaneous records. In particular we found that:

- The rationale for care and treatment provided was evident in case records reviewed during the inspection.
- Care records evidenced the discussions with patients and/or responsible adults regarding their treatment.
- Regular audits took place to monitor the standard of record keeping.
- Any gaps identified during record audits were addressed during supervision with staff members.
- Themes identified from record keeping audits were reviewed during team meetings.