

Northamptonshire Healthcare NHS Foundation
Trust

Serenity Sexual Assault Referral Centre

Inspection Report

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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We carried out this announced inspection on 13 and 14 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was carried out by two CQC inspectors who were supported by a specialist professional advisor off site.

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?

Summary of findings

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

Background

Serenity SARC is in Northamptonshire and was commissioned to provide services to adults and children within the Northamptonshire area and to children under 18 within the Leicestershire and Rutland area, who have experienced sexual abuse or sexual violence, either recently or in the past.

The service is provided from dedicated, secure forensic premises owned and maintained by Northamptonshire Healthcare NHS Foundation Trust (NHFT) with all areas accessible for patients with disabilities. Accommodation includes forensic waiting rooms, forensic medical rooms with adjoining bathrooms, quiet counselling rooms in which they provide emotional support and have a family waiting room.

The service was commissioned to provide Independent Sexual Violence Advisors (ISVA). The support provided by an ISVA will vary from case to case, depending on the needs of the victim and their circumstances. The main role of an ISVA includes providing emotional support and to signpost for counselling and other services available. Making sure that victims of sexual abuse have the best advice on what counselling and other services are available to them and the process involved in reporting a crime to the police, and journeying through the criminal justice process, should they choose to do so.

The team includes 11 doctors, 10 crisis workers, 4 independent sexual violence advisors, 2 other staff.

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

The service was provided 24 hours, seven day a week.

Our key findings were:

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The staff followed suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The service had thorough staff recruitment procedures.
- 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 service appeared clean and well maintained.
- The staff used infection control procedures which reflected published guidance.
- The appointment/referral system met patients' needs.
- The service had effective leadership and a 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 staff had suitable information governance arrangements.

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

Ensure any clinical audits carried out are effective and continue to improve the Independent Sexual Advisor's (ISVA) paperwork.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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 (including staff recruitment, Equipment & premises)

The service had clear systems to keep patients safe and safeguarded from abuse.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The service had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on their records. For example, children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who required other support such as with mobility or communication.

Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.

Staff were trained to recognise symptoms of abuse in patients that were in other vulnerable situations; for example, those who were known to have experienced modern-day slavery or female genital mutilation. Staff asked patients about their living arrangements, culture and support networks and gave out information for local support agencies.

All health equipment was safe, appropriate and met standards, including forensic standards, laid down by regulatory bodies. Staff regularly checked equipment and it was serviced accordingly. The trust health and safety team audited the premises regularly and access to a maintenance team was good.

Staff followed comprehensive infection control procedures, including updating the infection control audit and forensic decontamination policy and procedures. They managed forensic samples in line with the guidance issued by the Faculty of Forensic and Legal Medicine (FFLM).

The provider had processes to ensure all equipment was safe to use, that staff were trained to use it safely, that it was regularly checked and that disposable parts of the equipment were within their expiry dates. This included an automated external defibrillator and specialist equipment used for recording intimate images during examinations. Fire safety equipment had been inspected and was up-to-date. All portable electrical equipment had been checked and labelled to show that it was safe.

The service had a business continuity plan describing how they would deal with events that could disrupt the normal running of the service. Staff ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The service had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We noted that locum staff received an induction to ensure that they were familiar with the service's procedures. These staff were also peer reviewed and supervised accordingly.

There was a lone working policy in place. Staff had a buddy system and kept a clear diary stating the location, time and date they would visit patients outside of the service. We saw staff checking in through a phone call or computer system.

There was a clear supervision structure. Staff had regular supervision in line with the trust's policy. Staff said they felt supported by managers and supervision was effective. Clinical staff completed continuing professional development (CPD).

Risks to patients

There were effective systems to assess, monitor and manage risks to patient safety.

Risks to patients who used the service were immediately assessed, monitored and managed. These included signs of deteriorating health, including mental health, medical

Are services safe?

emergencies, child sexual exploitation, female genital mutilation, domestic abuse or behaviour that challenges. Staff knew who to contact in an emergency, including for incidents of self-harm, violent behaviour and minor injury.

Clinical staff assessed the risk of each patient upon arrival, patients were not left unattended during their time at the service and staff continually checked and updated individual risks throughout the visit.

The service's health and safety policies and procedures were up to date and reviewed regularly to help manage potential risk. The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.

Where a patient was identified as at risk of harm or urgent health concerns were identified, immediate and continuing action was taken to safeguard the patient. This included comprehensive assessment for post-exposure prophylaxis after sexual exposure (PEPSE), antibiotic and/or hepatitis B prophylaxis, emergency contraception and physical injuries that needed urgent treatment.

Staff knew how to respond to a medical emergency and all staff had completed training in emergency resuscitation and Basic Life Support (BLS); the trust provided annual update training.

Emergency equipment and medicines were available. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

There were effective arrangements for the management of forensic samples in acute cases that meet the national standards set by The Faculty of Forensic and Legal Medicine (FFLM).

There was a cleaning schedule for the SARC premises. The service was clean when we inspected and staff confirmed that this was usual.

There were policies and procedures in place to ensure clinical waste was segregated and disposed of according to the trusts schedules.

The service carried out infection prevention and control audits twice a year, the latest carried out during the week

of the inspection. We were assured the service was meeting the required standards and acting on any recommendations. At the time of inspection, a new clinical waste bin was on order for a clinic room.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patient.

We discussed with staff how information to deliver safe care and treatment was handled and recorded. We looked at a sample of care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Medical care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

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 from the examination and for second opinion during legal proceedings. At the Highfield Centre, there were clear arrangements for obtaining and recording consent for making such photographic records. There were also effective arrangements for ensuring the safe storage and security of these records in accordance with national guidance issued by the FFLM.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with service protocols and current FFLM guidance. Staff ensured records contained accurate information within any referrals between other social care professionals.

Staff worked well with the local authority, social workers and police when working with children. They obtained details at initial triage to confirm potential risks such as safeguarding risks and ensured details were passed on appropriately. Staff kept records up to date and managed them in a way that kept patients safe.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

Staff had begun monitoring room temperatures where medicines were stored in November 2018. The trust

Are services safe?

pharmacy confirmed that all medicines were restocked to ensure their quality and that they were safe for use. The provider was aware that monitoring room temperatures was standard procedure, and guidance was in place to ensure staff stored medicines as per the manufacturers' guidance.

The service manager stored and kept records of NHS prescriptions as described in current National Institute for Health and Care Excellence (NICE) guidance. Only the lead Forensic Medical Examiners prescribed any required medication to patients.

The clinical staff were aware of their responsibilities with regards to prescribing medicines. We saw how the prescribing process worked. Staff said that the trust pharmacy and guidance team were easily accessible should they need support.

Track record on safety

The service had a good safety record. Managers monitored systems and practices such as staffing levels and duty rotas to ensure staffs location were known.

There were comprehensive risk assessments in relation to safety issues. In the previous 12 months there had been no serious incidents. However, managers monitored, reviewed and made improvements to their service based on the wider trust incident reports.

Lessons learned and improvements

The service learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and recorded, responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The service learned, shared lessons, identified themes and acted to improve safety in the service. For example, a security key was installed on the door that separated the forensic areas, to ensure no unauthorised personnel could enter.

Staff at the SARC discussed an incident where an opportunity to offer post-exposure prophylaxis after sexual exposure treatment was missed following an allegation of male on male rape. The clinical director changed the algorithm in line with British association for Sexual Health guidelines which stipulate that PEPP should be offered in high risk behaviours such as this.

There was a system for receiving and acting on safety alerts. Managers learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Clinicians assessed patients' needs and delivered care and treatment in line with current FFLM guidance and the National Institute for Health and Care Excellence, supported by clear clinical pathways and protocols to include plans for immediate healthcare, including emergency contraception, antibiotic or HIV/Hepatitis B prophylaxis.

We reviewed eight ISVA patient needs assessments. We found some inconsistency with the tools used to screen and assess ongoing needs. Not all questions on the paperwork were answered and there was a lack of explanation as to how the ISVA would provide support. This meant that patient care plans lacked some specific measurable objectives and timescales. However, the manager had carried out an audit of the ISVA paperwork and identified this was an area for improvement.

The medical staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. There were three Forensic Physicians who are Fellows of Forensic and Legal Medicine. This meant that staff were provided with current guidance and practises within the field.

Where people were subject to the Mental Health Act (MHA), their rights were protected and staff had regard to the MHA Code of Practice. We saw an example when staff worked with the local Independent Mental Health Advisor (IMHA) service, to support a patient throughout their treatment. This meant that a specialist trained within the framework of the Mental Health Act, supported patients to make decisions and their rights were protected.

Staff advised patients where to seek further help and support, placing emphasis on the importance of seeking further medical advice if needed. Managers said all patients could call the service to ask questions at any time.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and NHS guidance.

Staff understood the importance of obtaining and recording patients' consent to treatment. The clinical staff told us they gave out information about treatment options

and the risks and benefits of these so patients could make informed decisions. Feedback obtained from patients by the service, confirmed that staff listened to them and gave them clear information about their treatment.

The service's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff demonstrated that they were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

Medical staff completed detailed Forensic Medical Examination records, containing information about the patient's current needs, any mental health issues and physical needs. The clinical staff assessed patients' treatment needs in line with the Faculty of Forensic and Legal Medicine guidance.

We saw that the service audited patients' forensic medical care records to check that the clinical staff recorded the necessary information. Managers routinely reviewed the effectiveness and appropriateness of the care provided.

Effective staffing

Staff new to the service had a period of induction based on a structured induction programme and their individual needs. We confirmed clinical staff completed their annual continuing professional development and revalidation.

Staff were appropriately qualified and suitably trained to ensure they had the right skills and knowledge needed to carry out their roles. Induction paperwork included a shadowing competency tool, so that new staff could develop key skills before carrying out a task on their own. Such as logging samples for storage, monitoring room temperatures, cleaning and administration.

Staff told us they discussed training needs at annual appraisals and during supervision. We saw evidence of completed appraisals and how the service addressed the training requirements of staff.

Are services effective?

(for example, treatment is effective)

Medical staff were competent in both forensic medical examinations and in assessing and providing for the holistic needs of patients, including safeguarding from all forms of maltreatment, and in the assessment and management of physical and emotional conditions that may or may not be related to the alleged sexual abuse.

Crisis workers were trained to provide immediate support as appropriate.

Staff had one to one meetings, supervisions and mentoring. Staff said that they could seek support from managers at any time. The manager held team meetings which all staff were invited to attend. However, not all staff worked permanently at the SARC, so managers distributed minutes electronically. Staff mandatory training was up to date, the SARC staff had good access to the trust's training.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Patients had direct access to an independent sexual violence advisor (ISVA) and child ISVA and/or other as

appropriate; for example, lesbian, gay, bisexual, transgender community support. Patients received care from a range of different staff, teams or services, which was coordinated by the ISVA staff. Referrals made to other services were timely and included up to date information.

There was effective team working with other agencies. We received six comment cards from other professionals who supported patients to use the service. All responses were positive, and said SARC staff were always on hand to help and were very welcoming, day or night. Staff enabled police officers to carry out their investigations and offered a professional, comfortable environment.

The service had clear arrangements when patients needed to be referred to other health care professionals. There were clear and effective pathways into and from the SARC to clinical care that complied with confidentiality. There were also clear and effective pathways internally to psychosocial, advocacy, counselling and ongoing support services.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights. Staff understood the cultural needs of the local population.

Patient feedback obtained through the trust's patient questionnaires commented positively that staff were kind, supportive, respectful and took time to listen to them. Comments included how they felt supported by staff when they were distressed or in pain or discomfort.

We saw that staff treated patients with respect at the service and on the telephone. Staff explained the importance of using 'soft skills' when talking with patients such as being non-judgemental and having awareness of their own body language to support patients to feel welcomed and relaxed.

Patients made comments that staff were compassionate and understanding. Other professionals made comments that staff were professional and took time to deal with patient issues no matter what they were.

Patients could access washroom facilities after their treatment and a change of clothes was made available for patients if this was required. The service provided care bags for patients to take away which contained, toiletries and perfumed items for males and/or females.

SARC information leaflets, patient survey results and information about local community support services were available for patients to read.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of the waiting areas provided privacy when staff were dealing with patients. Computer screens were not visible to patients and staff did not leave patients' personal information where other persons might see it.

There was a separate waiting area for children, which was forensically clean and provided a welcoming environment for children with a range of toys, books, crafts and DVDs.

Staff password protected patients' electronic care records. Paper records were stored securely and there was an up to date protocol in place.

Additional facilities included a suite where interviews were carried out as part of criminal investigations with children and vulnerable adults. This enabled the provider to work in close partnership with the police to support patients who had chosen to report the alleged assault.

All members of the staff team understood the importance of not disclosing information about the patients they supported with unauthorised individuals and organisations.

Involving people in decisions about care and treatment

Staff gave patients clear information to help them make informed choices. Staff described the conversations they had with patients to satisfy themselves they understood their treatment options. Staff helped patients to be involved in decisions about their care and shared decisions about their care and treatment with family members if relevant. They also helped patients and their carers find further information and access community and advocacy services.

Staff communicated with patients in a way that they could understand; for example, communication aids and easy read materials were available. Interpretation services were available for patients who did not speak English as a first language. Written information could be translated into other languages if needed.

The service's website and information leaflets provided patients and their carers with information about the range of treatments available at the service. They covered what happened next and gave clear explanations of confidentiality and choice.

Clinical staff described to us the methods they used to help patients understand the treatment pathway within the SARC and ensured all options were discussed. Staff told us the importance of phrasing the questions correctly and adopting good listening skills to ensure patients were involved in the decisions they made about their treatment and care. Staff explored all the options the service offered

Are services caring?

and told us that patients had full 'choice and control' about using or declining the service. When services had been declined, staff gave out appropriate information and the choice to return and use the service if they wished.

Emotional support and information was provided to those close to the people who use services, including carers,

family and dependants through ISVA workers. The ISVA workers gave patients a choice to see them away from the service, in their own home or somewhere comfortable for further support sessions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of individual patient needs and preferences.

Staff were clear on the importance of emotional support patients needed when delivering care. We saw where staff had sought feedback on how best to communicate with someone with learning difficulty, involving their carers and social services when appropriate.

The service had facilities for patients with disabilities. These included a step free access and an accessible toilet with hand rails and call bell.

There was direct access to an independent sexual violence advisor (ISVA) and child ISVA as appropriate. This meant that psychological therapies were promptly available for patients who experienced symptoms of trauma.

During the first phone call, staff took referral information and offered a choice of gender of the examining physician. However, in an emergency the duty physician attended, which meant that a patient's choice of gender may not initially be available. Managers kept a record of where staff lived and would try to meet patients' preferences where possible.

Timely access to services

Patients could access care and treatment from the service 24 hours a day, seven days a week, and were seen within an acceptable forensic timescale for their needs. Information was checked with the patient at the time of referral, to ensure all appointments were scheduled appropriately.

The service displayed its opening hours and 24 hour contact numbers in the premises and on their website, and included them in their service information leaflet.

There was an efficient appointment system to respond to patients' needs. Staff confirmed patients could make routine and emergency appointments easily and were rarely kept waiting for their appointment. They told us that patients requiring an urgent appointment were seen on the same day. As there was no set time frame for appointments staff would see patients for as long as needed.

Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Referrals could be made from a range of external agencies, as well as the patient. Data showed most referrals were received from the police and patients themselves. Patients were given the option of involving the police. Staff ensured patients were seen in a timely way, in line with the Faculty of Forensic and Legal Medicine guidance for acute and non-recent sexual abuse.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

A complaints policy provided guidance to staff on how to handle a complaint. The service information leaflet and posters explained how patients could make a complaint. Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns or complaints.

The service manager or manager within the trust were responsible for dealing with complaints. Staff told us they would tell the service manager about any formal or informal comments or concerns straight away so that patients received a quick response. Systems were in place for recording and managing complaints. There had been no complaints received in the last 12 months.

Are services well-led?

Our findings

Leadership capacity and capability

The service managers had the experience, capacity and skills to deliver the service strategy and manage risks.

Staff were knowledgeable about issues and priorities relating to the quality and future development of services. They understood the challenges specific to working in a SARC and were addressing them. We reviewed an action plan that met objectives set under the trust's service needs analysis.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff said that the leading forensic physicians were always available to ask questions and had an open approach.

The trust had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Managers took the safety and well-being of staff seriously. We saw clear guidance for the ISVA workers when going out to visit patients in the community. Staff were not left on the premises with a patient on their own at night or out of hours.

Staff had access to occupational health services within the trust. There was also access for counselling and support should staff need it. Staff well-being was discussed at team meetings and on a regular one to one basis. New members of staff said they felt supported and looked after when working in this new environment.

Vision and strategy

There was a clear vision and set of values that related to the SARC service. The service had a realistic strategy and supporting business plans to achieve priorities. Staff knew and understood what the vision, values and strategy were, and their role in achieving them. Staff spoke passionately about their work and how the values encouraged victims to speak out and seek support without discrimination when they needed it.

Culture

The service had a culture of high-quality sustainable care. Staff said they felt respected, supported and valued. They were proud to work in the service and within their team.

Staff focused on the needs of patients and took feedback from patients seriously. The SARC manager had started working with an ex-patient, to develop patient engagement. At the time of inspection this patient representative had spoken with the local police to raise awareness of their experience using a SARC.

Leaders and managers acted on behaviour and performance issues consistent with the vision and values of the trust. Managers developed staff individually through continuing professional development and accessed the trust human resource teams for support.

Staff demonstrated openness, honesty and transparency when responding to incidents. For example, one patient record did not show that they had been offered medication. Managers identified this and ensured all staff reviewed the relevant guidance and algorithm when assessing patient needs. This helped to prevent this from happening again in the future.

The provider was aware of, and had systems to, ensure compliance with the requirements of the Duty of Candour. Managers said they would openly apologise and state what went wrong with a patient's care, and include how they intended to address the failing. There had been no Duty of Candour incidents prior to the inspection.

Staff told us they would raise concerns and were encouraged to do so. They had confidence that these would be addressed. The service had a whistleblowing policy to support staff to raise their concerns.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management. The service manager was responsible for the day to day running of the service. There was an administration worker who carried out a range of duties. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Are services well-led?

Staff had protected time for non-patient responsibilities, including administration time. The service had also employed an administration worker, which helped to ensure staff had adequate time for working with patients.

There were regular monthly team meetings. Not all staff were able to attend team meetings, due to working elsewhere but the minutes were circulated and easily accessible in the office. Managers sent email updates regularly.

Managers were aware there was further work needed to assess and monitor the quality of the ISVA risk assessment tools, care plans and record keeping paperwork, which would ensure that all patients who receive care from an ISVA, have a comprehensive set of records.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients to improve service.

The service had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. There were robust arrangements to ensure the confidentiality of any identifiable data.

Engagement with clients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

The service used patient surveys, comment cards and took verbal comments to obtain staff and patients' views about the service. The service had trained and started to involve a patient representative for this specialist service within the trust. The trust had adapted the NHS Friends and Family Test (FFT), to suit the service needs. This is a national programme to allow patients to provide feedback on NHS services they have used. The service gathered feedback

from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The SARC service had facilities that were co-located for the police to use, which supported patients who used the service.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The service had quality assurance processes to encourage learning and continuous improvement. These included audits of medical records and infection prevention and control. There were clear records of the results of these audits and the resulting action plans and improvements.

The manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff were encouraged to develop the service and share ideas openly. Managers had developed good working relationships with a local charity, who were providing additional counselling sessions for young patients.

All staff had annual appraisals, which were up to date. These covered learning needs, general wellbeing and aims for future professional development.

Staff told us they completed training as per national professional standards. This included undertaking medical emergencies and basic life support training annually.

All clinical staff completed continuing professional development. Staff told us the service provided support and encouragement for them to do so.

The trust clinical director also undertakes SARC physician duties, as well as offering peer reviewing and auditing the quality of the Forensic Medical Examinations. The service was working towards developing accreditation for the SARC. Three of the SARC team at Serenity were members of Faculty of Forensic and Legal Medicine and held certificates of equivalent registration for specialism in this area.