

Northern Devon Healthcare NHS Trust

Devon Sexual Health - Exeter

Inspection report

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Overall summary

We carried out a focused inspection of healthcare services provided by Northern Devon Healthcare NHS Trust (NDHT) at Devon Sexual Health- Exeter (Exeter SARC) on 1st December 2021.

The purpose of this inspection was to determine whether Northern Devon Healthcare NHS Trust was meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008. During this inspection we focused on compliance with the requirement notice issued on 1 June 2021 relating to:

Are services well-led?

We found that the provider was compliant with Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Background

NHS England commission Northern Devon Healthcare NHS Trust (NDHT) to deliver a dedicated paediatric service based at Exeter Sexual Assault Referral Centre (SARC) for children and young people up to their 18th birthday. This service provides forensic medical assessments for children and young people from across Devon, Cornwall and the Isles of Scilly following recent sexual assault. The Exeter SARC also provides medical assessments of children and young people from Devon, Torbay, Plymouth and Cornwall following non-recent sexual assault.

We last inspected the service on 18 March 2021 when we judged that NDHT was in breach of CQC regulations. We issued a Requirement Notice on 1 June 2021 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 <https://www.cqc.org.uk/location/RBZ72>

Summary of findings

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 desk based review was conducted by one CQC health and justice inspector and included a review of evidence and telephone calls with staff. Before this review we reviewed the action plan submitted by NDHT to demonstrate how they would achieve compliance, and a range of documents submitted by NDHT.

Documents we reviewed included:

- Service action plan
- Four patient records
- Information gathering proformas used for all patient groups
- Paediatric review meeting minutes
- Case notes audits

We did not visit the SARC to carry out an inspection because we were able to gain sufficient assurance through the documentary evidence provided and telephone calls with staff.

Key findings

At this inspection we found that the provider had addressed concerns highlighted in the requirement notice issued in June 2021, and were now compliant with the relevant regulation.

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

Appropriate and accurate information

We found that the provider was compliant with Regulation 17 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we reviewed eight patient records and found that medical proformas completed by clinicians were not complete and contemporaneous. The records reviewed at the previous inspection did not evidence the discussions with patients and/or their responsible adult to explain the clinicians' decision making and the rationale for care and treatment provided. In particular we found that:

- Patient faith, disability, consent, language needs, social care involvement and family history were not explained in care records.
- Medical proformas required a review to ensure that the details of risk and needs identified were fully documented.

During this inspection, we found that medical proformas had been reviewed resulting in the implementation of new proformas for clinicians to use when documenting the care and treatment provided. We reviewed a copy of the blank proformas as well as four completed patient records and found that these were complete and contemporaneous. In particular we found that:

- Child/young person advocate assessment forms had been implemented which evidenced; discussions with the child or young person and/or their responsible adult around consent to treatment, their understanding of care and treatment provided, and any onward referrals.
- Advocate paperwork provided space for clinicians to document any additional comments or questions raised by the child, young person and/or responsible adult.
- Advocate records included details of the child/young person's parents or carers, as well as their wider family and others living in their household. We saw evidence from records that potential risks to and from others were identified and included within safeguarding referrals submitted following attendance at the SARC.
- Updated medical proformas were introduced shortly after the last inspection, with further reviews taking place in August 2021 and November 2021 following staff feedback.
- The updated proformas included specific questions around patient faith, disability, and language needs and we saw evidence that these areas were discussed with patients to determine whether there were any risks or factors to consider during the care and treatment provided.
- Social care involvement with patients and/or their families was clearly documented within records we reviewed, and patient safeguarding was reviewed during daily paediatric review meetings to ensure any risks had been addressed and until all actions had been completed.