

G4S Health Services (UK) Limited

The Solace SARC - Slough

Inspection report

Upton Hospital
Albert Street
Slough
SL1 2BJ
Tel: 01753571432

Date of inspection visit: 23 February 2021
Date of publication: 14/05/2021

Overall summary

We carried out this announced inspection over three days, 22-24th February, 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 a CQC inspector who was 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

The Solace Centre inspected is based in Slough, and offers a range of support services to children and adults living within the Slough area who have experienced sexual abuse or sexual violence, either recently or in the past. The service provided in this area by G4S Limited, operates from two sites, one in Slough which covers the South of the Thames valley, and one in Bicester covering the North. The Solace SARC services are available 24/7 to help people that have been affected by sexual abuse and sexual violence. The site manager, clinicians and crisis workers work across the two sites.

Summary of findings

As a condition of the service provided by G4S, they 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 for Solace has oversight of more than one Sexual Abuse Referral Centre (SARC), this person is supported in the role by the SARC manager for the Slough and Bicester SARC.

The service employs both forensic medical and nurse examiners. Children and young people under the age of 18yrs are seen by forensic medical examiners (FME) and forensic nurse examiners (FNE) see the adult cases. In the case of children and young people with complex needs a local paediatrician can be requested to support the FME with examinations. Crisis workers form part of the team assisting the forensic examiners and supporting the clients.

The service is located within Upton Hospital grounds with discrete sign posting and has full access for people who use wheelchairs and those with pushchairs. Free car parking spaces are available at the hospital including spaces for blue badge holders.

During the inspection, we spoke with the registered manager, the clinical lead, two forensic medical examiners (FME), two forensic nurse examiners (FNE), two crisis workers, a police representative and a counselling service representative who work closely with the SARC. We also looked at policies and procedures and other records about how the service is managed.

*The term Sexual Offences Examiners (SOE) used in the report is an inclusive term for forensic medical examiners and forensic nurse examiners.

Our key findings were:

- The service had effective leadership and staff told us they felt well supported.
- The service had appropriate information governance arrangements and systems to help manage risk.
- The service had thorough staff recruitment procedures in place.
- The areas we looked at within the centre appeared clean and sufficiently maintained.
- The staff used infection control procedures which reflected published guidance.
- Appropriate medicines and life-saving equipment were available, and staff trained and supported to use them.
- Staff knew how to deal with emergencies.
- The staff followed suitable safeguarding processes and knew their responsibilities for safeguarding adults and children.
- Systems were in place to support multi-agency working.
- The appointment and referral system met patient's needs.
- 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 provider asked patients for feedback to obtain their views about the services provided.

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

- ensure that it develops and provides a range of information in different languages and formats to meet the needs of the population it services.
- ensure storage rooms are equipped to store all items off the floor to minimise infection control risk.
- obtain the safety maintenance schedule for the SARC from the Hospital Trust to increase their assurance that the building is being monitored appropriately.

Summary of findings

- ensure staff are confident in the criteria for escalating medication errors as incidents.
- ensure records are fully completed including a descriptive of vulnerability when identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|--------------------|
| Are services safe? | No action ✓ |
| Are services effective? | No action ✓ |
| Are services caring? | No action ✓ |
| Are services responsive to people's needs? | No action ✓ |
| Are services well-led? | No action ✓ |

Are services safe?

Our findings

Safety systems and processes

Overall, the service had clear systems to keep patients safe.

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 a lead for safeguarding as well as appropriate policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse.

Staff we spoke with knew about the signs and symptoms of abuse and how to report concerns. Staff understood their responsibility to make referrals to multi-agency partners, including Social Services, to support and safeguard patients. The assessment process of patients included consideration of safeguarding risks, although some records would have benefitted from more description to accompany the identification of vulnerability in a patient. The service should ensure records are fully completed including a descriptive of vulnerability when identified.

We saw evidence that staff had received safeguarding training that followed Intercollegiate Guidance; Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019). Data showed the majority of staff had received safeguarding level three training or were booked onto an imminent session. Staff advised they were reminded and monitored on mandatory training. Managers had been proactive in reviewing and managing compliance with immediate life support (ILS) training that had been impacted on by COVID-19 restrictions.

Managers and staff told us that safeguarding training also covered topics such as HIV and Hepatitis B and care of adolescents. This supported continuous learning. SOE's talked positively of the shared learning provided by the clinical director as part of peer review or when seeking advice.

The medical equipment used at the SARC met required standards, including forensic standards laid down by the Faculty of Forensic Legal Medicine (FFLM) regulatory body. Staff regularly checked equipment and recorded the information to ensure it was within the servicing schedules.

Staff

We saw evidence of training compliance and the completion of training appropriate to the role of individuals.

Staff new to the service had a structured 'role specific' induction programme overseen by the appropriate manager. Modification had been made to the training approach to meet with COVID-19 restrictions while still ensuring staff had access to a comprehensive training programme.

We saw evidence of completed and 'in progress' training matrices for staff, which showed oversight by a linked lead, for example the clinical director for SOE. A shadowing period with a more experienced staff member was in place and the length of time needed to reach competency was flexible and determined on an individual basis. Management were confident staff had the opportunity to shadow as many cases as they required to reach competency, and this was supported by staff interviewed.

We confirmed that clinical staff completed their annual continuing professional development and revalidation, and annual appraisals were completed. The recently appointed SARC manager had been proactive in re-establishing 1:1 meeting with staff to offer a forum for discussion.

Staff we spoke with told us that training opportunities were available, and they were supported to develop. They gave us examples of education and training they had completed. Staff spoke confidently on how to manage and support emergency situations as they arose, including for patients that self-harmed and the administration of emergency first aid.

Are services safe?

Staff were recruited safely. The service had a staff recruitment policy and procedure to support them employ suitable staff. All the staff files were kept and maintained at the provider's Headquarters in Essex. The registered manager had access to the recruitment data base, and this was reviewed whilst on site and we were able to confirm that recruitment policies were followed.

G4S policy was for staff Disclosure and Barring Service checks (DBS) to be carried out every three years. DBS checks search an applicant's criminal history to identify any convictions, warnings and reprimands. We were advised that all DBS and non-police personal vetting clearances were monitored on the internal electronic system database and the details were shared with the line manager via the monthly audit report further shared by the Workforce Compliance Team to ensure oversight.

The health and safety policy outlined how the service would manage risks including environmental issues and violence exhibited by patients. Staff could access policies via a G4S internet microsite and hard copies were available on site. Due to the high level of homebased working, staff had also been given permission to have key documents available for example pathways, in hard copy, a number of staff told us that they found this useful.

The provider had a Lone Worker Policy and consideration had been given to ensuring staff safety whilst they were working for the SARC. The call centre logged staff activity including calls to the centre once the staff had arrived home safely. Staff told us they felt safe.

Risks to clients

The service had a business continuity plan describing how the service would deal with events that could disrupt the normal running of the service. This included reducing impact on patients by the using alternative G4S SARCs if incidents arose such as severe weather, staffing capacity and pandemics. The G4S national distribution of SARC sites was seen by leaders as a strength in managing the service for patients at times of major incidents due to the number of sites offering the service, and the flexibility within the workforce to move between them when necessary.

Risks to people who used the services were assessed, monitored and managed. These included signs of deteriorating mental health, medical emergencies, child sexual exploitation, female genital mutilation, and domestic abuse. One record examined noted staff were responsive to the vulnerability of the patient and proactive in managing onward referral due to domestic abuse. Staff told us how they could access advice from the clinical lead and colleagues if discussion on case management was needed ensure the patients safely.

We reviewed procedures and saw in records that the assessment for Post-Exposure Prophylaxis after Sexual Exposure (PEPSE), antibiotic and/or Hepatitis B prophylaxis and emergency contraception was well managed. The documentation in the records was clear, a final checklist confirmed advice had been given and that referrals had been made.

Staff understood that patients were often under stress and may not always remember everything that they had been told during their time at the SARC. Staff were able to provide patients with a range of patient leaflets which explained any treatment they had received and gave details of any further appointments. A letter was also sent to the patient's GP and we saw evidence of this on the patient record.

Premises and equipment

The service ensured that facilities and equipment were safe. Equipment was maintained according to manufacturers' instructions. The site building remained the responsibility of the hospital trust it is located on. We saw schedules for cleaning and fire hydrants were tagged with appropriate service information. However, whilst we were told that testing for the generator and fire alarms happened regularly, the SARC does not have or hold a copy of all schedules of inspection for the building and this means that there is a gap in assurance for G4S. Governance for the site should be strengthened by G4S obtaining regular updates from the trust to ensure that the building is being monitored appropriately.

Are services safe?

There were effective arrangements for managing waste that met national standards. The clinical and non-clinical waste was managed by the Trust and processes were in place for the prompt safe disposal of waste from the SARC premises.

We noted non-forensic storage rooms had items stored on the floor. We were advised these were removed and then returned as part of the cleaning process. The room should be equipped to store all items off the floor to minimise infection control risk. We found Control of Substances Hazardous to Health (COSHH) cleaning equipment was stored in an unlocked cupboard which posed a risk for unauthorised access. We raised this with the manager during inspection and the room and cupboard were immediately locked.

Staff managed forensic samples in line with national standards. We saw appropriate storage of forensic samples in secured cold storage with appropriate recording of sample identity and checks on the storage temperatures. We were told the service was reviewing its process for transfer of non-forensic sexually transmitted disease samples, as the procedure could be streamlined and meet a higher governance standard. This is being progressed with the commissioners and indicated the services drive to improve standards.

There were decontamination protocols in place to ensure high quality forensic integrity. We saw cleaning schedules for the premises. The service was clean when we inspected. We saw evidence of infection prevention and control audits as well as environmental audits that showed the service was meeting the required standards. Staff were able to talk us through the standard operating procedures for deep cleaning of the forensic rooms and the centre as a whole.

Clinical staff were trained to the appropriate level in the use of medical equipment, including the use of colposcopy equipment. The colposcope is used to make a digital video recording of the genitalia. The clinical director was able to discuss how SOE training was delivered, and competency reached in the use of the colposcope. There were procedures for the management of photo documentation and intimate images which ensured patient confidentiality.

Processes were in place to ensure all equipment was safe to use and staff were fully trained in its use. Portable electrical equipment was checked and labelled to show it was safe to use.

Staff knew how to respond to medical emergencies and Immediate Life Support (ILS) training was mandatory for all SOEs. Emergency equipment and medicines were regularly checked to ensure that everything worked and that there were sufficient stocks of disposable equipment and medication and that everything was in date. This included items in the emergency resuscitation bag. Ligature cutters were available and assessment of the environment for ligature risks had been undertaken.

Information to deliver safe care and treatment

The service identified and recorded vulnerable persons attending the SARC effectively. A crisis worker carried out an initial triage to identify any potential risk, such as safeguarding. The SOE then carried out a more detailed assessment, using a formal risk assessment, which included a detailed history taking. This was then used to support any referrals to other services for follow up support.

When patients presented with vulnerability such as mental health conditions, domestic abuse or alcohol dependency, their care was managed and recorded sensitively in a way that kept them safe. However, there were a small number of records where a more detailed descriptive would have given increased context to the identified vulnerability contained within the record.

Where a patient was identified as at risk of harm or had urgent health concerns, immediate and continuing action was taken to safeguard the patient. In one record we saw that a patient was referred to the local hospital for a more detailed assessment of an injury.

In nine out of ten records we reviewed we saw evidence that patients were being assessed for any safeguarding risk. We immediately raised the issues found in the tenth case with the SARC manager who was able to assure us that the child was safeguarded. We saw a good quality child protection report that had been completed and shared appropriately.

Are services safe?

The care records reflected that information was shared appropriately to meet the needs of both children and vulnerable adults. Staff reported good working relationships with police and services they referred patients on to. Weekly meetings were held between the SARC site manager and police lead, this allowed both agencies to reflect on case management and support improving the experience of the patient.

There was a coordinated approach to ensure the patient was supported through their care pathway. The patient referrals to other services contained appropriate specific information and referrals were seen to be timely and in line with service protocols. Records contained a good audit trail of actions taken.

Care records were noted to be accurate, complete, and most records were clearly legible, though some handwritten documentation was difficult to read. Records were kept securely and complied with data protection requirements.

Safe and appropriate use of medicines

The service had systems in place for the appropriate and safe handling of medicines, and the clinical staff were aware of current guidance with regards to prescribing medicines. Medication was stored in a locked cupboard or locked fridge, in a clinical storeroom. Systems were in place to monitor fridge and room temperatures.

All medicines were ordered from an approved supplier and there was a suitable stock control system of medicines which were held on site. Not all staff spoken to were aware that any medication logging errors needed to be recorded as part of the incident logging system. G4S should strengthen their assurance so that they can be confident that learning following any incident takes place.

G4S had a comprehensive medicines management standard operating procedures for handling and administering medicines within SARCs. The staff we spoke with were confident in administering medicines safely. There was a signatory sheet staff had signed to confirm they read and understood the Patient Group Directions for the medication they were allowed to offer clients.

The service held a limited formulary comprising of emergency contraception and Post-Exposure Prophylaxis drugs (PEP). PEP is another name for emergency HIV treatment and is not a cure for HIV, but a form of prevention. Patients were given printed advice on the specialist medication prescribed to support its safe use.

Lessons learned and improvements.

The service monitored, reviewed and learned following incidents or when things went wrong. Themes of incidents were collated, and a database outlined the management of the incident. Incidents we reviewed indicated there was learning on an individual, and organisational level by the service.

Staff were aware of the incident reporting and recording system and talked of how they would escalate to managers for logging and further investigation. Staff recognised the importance of responding to and discussing incidents to reduce risk and support future learning.

The provider had recently introduced a database to accurately collect data on the number of children using the service and their outcomes, including any referrals to external partners. The service was working with partner agencies to improve forensic medical examiners' inclusion in child protection strategy meetings.

There was a system for receiving and acting on safety alerts and staff told us there was a regular G4S newsletter that updated them on such issues.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service policies, procedures and pathways delivered evidence-based care and treatment. All staff had access to the policies and documents through the organisation's intranet. We spoke to staff who found this extremely useful and informative. Any changes to national guidelines were discussed and disseminated to staff through newsletters and team meetings.

Clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance including FFLM and National Institute for Clinical Excellence. We reviewed documentation which assured us that a comprehensive health assessment had been undertaken as part of the forensic examination.

Clinical pathways and protocols had been developed at an operational level. This included management of immediate healthcare needs such as emergency contraception, antibiotics or HIV/Hepatitis B prophylaxis. In one record we reviewed we saw evidence that the substance misuse standard operating procedure (SOP) had been followed which meant that the patient had been holistically assessed and offered appropriate care.

The clinical lead was involved nationally, in professional forums of the faculty of forensic and legal medicine and shared the latest developments with those working within the SARC. One recent example was adapting the local proforma to make sure it reflected the national changes to the FFLM proforma.

Patients were offered food and drink in the service. Staff were able to offer options to meet cultural and dietary needs.

Consent to care and treatment

The consent to examination and treatment policy outlined how consent and confidentiality would be managed in different circumstances, including in a forensic environment and for 16-17yr olds. The policy referred to Fraser Guidelines and Gillick Competence by which a child under the age of 16 years of age can consent for themselves.

Staff in the service obtained consent to care and treatment in line with current legislation and guidance and they understood the importance of obtaining and recording patients' consent to treatment. Staff told us how consent to examination was a dynamic process and would be revisited during the clinical examination to ensure the patient felt empowered to manage how and what happened during their time at the SARC.

We saw signed consent was obtained from patients or carers and consent to care and treatment was recorded in accordance with FFLM guidelines. One record we examined demonstrated how a young child had been involved in the process and the child and accompanying adult had both signed the consent.

Clinical staff told us they gave patients information about treatment and procedures so they could make their own informed decisions. Staff described how they involved patients and made sure they had enough time to explain treatment options to the individual's level of understanding. There was clear recognition of the need to work with the patient, especially when increased need was identified such as mental ill health or learning disability.

Monitoring care and treatment

We saw evidence of a core audit programme, which included infection control, medicines management, safeguarding and health and safety. The audits were based on nationally recognised tools, and a schedule was in place to ensure they were being conducted appropriately. We reviewed a number of these audits that showed good compliance.

Are services effective?

(for example, treatment is effective)

Data on several areas of care, treatment and performance was included in the Thames Valley annual report (2019/2020) which gave a detailed overview of performance. The report was descriptive but did not offer aims or recommendations for the forthcoming year to support how the service planned to drive improvement. We did not see any local action plan to support the development of the service following publication of this report.

Data detailing patients' care and treatment and outcomes were shared with NHS England through the sexual assault referral centre indicators of performance to inform service delivery.

The service is developing the under 18's pathway of care with FNEs undertaking non-complex examinations for 16-17yr olds. It is anticipated this will support timeliness of examinations and continue to support the needs of this group of young people.

We saw minutes of the G4S SOE clinical governance meetings which recorded discussion on areas of good practice and areas of concern in SARCs across the Thames Valley area. We were able to see where a local incident had been shared and subsequently led to a change in practice.

The service was not meeting the performance target for the completion of statements requested by police from the SOE. G4S were aware of the shortfall and were looking at ways to improve internal process, including discussion with the police who had not raised any concerns with CQC during the inspection.

Staff talked of the feedback and learning from the safeguarding record audit that took place monthly and could offer examples of where they had been asked to improve practice. One staff member offered an example of how they had been advised on using body maps more effectively.

Effective staffing

The Solace SARC is comprised of two sites, Slough and Bicester, with staff working flexibly across the two sites.

The SARC manager role did not have full clerical support due to a coordinator vacancy, this was being managed and we did not see it was having a direct effect on patient care. However, it did mean the manager had less time to drive forward improvements to service provision.

Staff we spoke with were competent in both forensic medical examinations and in assessing and meeting the holistic needs of patients, including where maltreatment was identified and the management of physical and emotional conditions that may or may not be related to the alleged sexual abuse.

Co-ordinating care and treatment

Joint working and information sharing between the Solace SARC and other health and partner agencies worked well.

There were clear and effective pathways into and from the SARC for clinical care. These pathways included psychosocial counselling and ongoing support services. When patients received care from a range of different staff, teams, or services, the patient was kept informed of actions taken. We saw evidence of pathways from the SARC to other agencies such as the emergency department and to the sexual health or Genitourinary Uterine Medicine (GUM) clinics as well as pathways into the SARC such as those patients who wanted to self-refer into the service.

Are services caring?

Our findings

Kindness, respect and compassion

Staff spoke compassionately of the patients they gave care and support to. The records offered evidence of the patient being treated with respect and kindness and involved in the care they received. Staff emphasised the need to take time to make the patient feel safe and in control following the trauma they had experienced.

Patient feedback was positive regarding the care and support offered. We saw comments within the annual report and those gathered from patients as part of the welfare calls 48hrs after attendance which commended the staff for their sensitive and professional approach.

The service was responsive and sensitive to patient's needs, for example, individualised toiletries were available to take from the site if they wished to shower at home rather than use site facilities. Staff told us they received a good supply of care bags and that patients appreciated this kind gesture.

Privacy and dignity

The service respected and promoted patients' privacy and dignity. There is only one forensic room in use, which means that only one examination takes place at any one time and therefore a patient's privacy is not compromised.

Although the building is not purpose-built, steps have been taken to make the non-clinical rooms comfortable with appropriate décor. A room used by the counselling services was furnished to help provide a relaxing environment. Additional facilities included a room where police could undertake achieving best evidence (ABE) interviews 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 assault.

Confidential records were stored and held securely to protect people's personal data and right to privacy. There was a separate office for staff, and we observed that computer screens were not visible to patients. Staff did not leave patients' personal information where other patients might see it. Patients paper records were securely stored in locked filing cabinets.

Staff were aware of the importance of privacy and confidentiality. Staff we spoke with 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 helped patients access community and advocacy services. Patients were referred onto services at the time of their attendance or were given information to access support services themselves at a later stage. We saw evidence of how the welfare check phone call from the crisis worker 48 hours after attendance could be used as an opportunity for further conversation to help the patient understand other care available to them. For example, access to GUM service.

Staff explained and gave patients written and verbal information to help them make choices about their care. When patients first arrived at the service, staff discussed sensitively what was going to happen to help put them at ease. Staff verbally communicated with patients in a way that they could understand. Interpretation services were available for patients who did not have English as a first language, and this was facilitated by the police but was also available for self-referrals into the service. The service's website and information leaflets provided patients with details about the range of treatments available at the SARC and this included an online frequently asked questions section.

Are services caring?

Staff told us the importance of phrasing questions correctly and adopting good listening skills to ensure patients were involved in the decisions they made about their treatment and care. Staff explored with patients all the options the service offered and told us patients had full 'choice and control' about using or declining the service. When services had been declined, patients were given appropriate information and the choice to return and use the service if they wished.

The service did not have written information to assist communication with patients where English was not their first language. For example, the standard letter explaining onward care was comprehensive but was only available in English in a demographically diverse area. We raised this with the SARC manager who accepted this point and started taking steps to address the issue during the inspection.

Staff we spoke to talked about the need to individualise care and seek advice in circumstances where a patient may have additional learning needs. However, with the exception of the centre manager, they did not demonstrate any awareness of local resources that were available to support communication and empower individuals with learning needs who were using the service. Patient experience could be enhanced by ensuring all staff are aware and confident in the use of resources for individuals with learning disability.

. We saw an example of a child friendly leaflet explaining to a child what to expect during a visit to the SARC. We identified that there was not a similar age appropriate leaflet for an older child/young person.

The SARC should ensure that it develops and provides a range of information in different languages and formats to meet the needs of the population it services.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. Patients' wishes were considered, including working with them to meet forensic timescales while still offering choice. We saw written feedback from patients commenting that staff were helpful and understanding of their needs at a difficult time.

Due to the sensitivity of the service, it was not appropriate to speak to patients that had received care and support on the day of the inspection. However, feedback included in the annual report and data shared on inspection, indicated a high level of satisfaction with the service. A male engagement officer had been appointed as the service planned to use the role to raise the profile of the service across genders and within the LGBT+ community. A 12-month promotional calendar has been developed to target different groups through outreach work and effectiveness of the work will be monitored through tracking the diversity of patients who attend the SARC.

When needed, we were told the service had access to advocacy services and services to support patients to communicate, including signing services for those with hearing impairment.

The clinical lead for the Thames Valley SARC services regularly undertook training sessions for clinicians and police staff, raising awareness and knowledge on management of sexual assault. Activity was reported in the SARC annual report (2019/20). We were told the activities to increase engagement and development of service such as fresher week and attending festivals will recommence once COVID-19 restrictions were lifted.

We were told the SOE offer patient centred care through an 'offsite' service when it was deemed in the best interest of the patient to be seen outside of a forensic environment. For example, the service could be offered at a care home and emergency departments.

Psychological therapies were available for patients who experienced symptoms of trauma and post-traumatic stress. Patients could be seen at the Solace centre or a location of their choosing. We were told all referrals were logged, and a process enabled oversight and the management of any referrals not accepted. Although this did not happen often, it allowed the SARC to review and discuss any further action needed.

There is some inconsistency in commissioned provision of counselling services across the Thames Valley area for children. We were told services for children and young people were not always tailored to their presenting need due to the complexities of the geography and commissioning arrangements. This has been raised by the clinical lead and the commissioners are aware of the variance, provision of counselling services forms part of the recently published Thames Valley needs assessment of sexual abuse referral centres.

The service had made reasonable access adjustments for patients with physical disabilities, such as the provision of step free access and bathroom facilities with handrails and other assistive technologies.

Timely access to services

The service opening hours were included in the service information leaflet and available on the SARC website.

Data confirmed patients access to the service was timely and where this had not been the case, there were satisfactory processes to review why a delay had occurred. We were told if this had been due to partnership working then reflection of the management of the case was undertaken by the SARC manager and lead police officer. This was confirmed by a police representative. Commissioners of the service were satisfied with performance data.

Are services responsive to people's needs?

Initial contact with the service was through a central call centre, this operates 24 hours a day, seven days a week. Crisis workers use a structured format to gather patient information, forensic timescales are considered in discussion with a SOE. The service appointment system was responsive to patients' needs and included contingency arrangements. For example, patients could be seen at an alternative Thames Valley SARC if unexpected issues arose with staff availability or issues with the forensic suite and at the patients' request.

Children needing examination for acute or non-recent sexual abuse were seen by forensic medical examiners. The service was able to meet demand, however challenges had been identified as the number of children attending the SARC were much higher than expected when the service was originally commissioned. G4S were implementing a process for FNE who have received training and reached competency standards to undertake examinations of non-complex young people aged 16 and 17 years once full staff capacity had been reached. Specific training had been provided and a training matrix compiled to evidence competency and knowledge in preparation for the commencement of this service. FNEs already have access to peer review through the clinical director to support professional learning and development.

The Solace Centre accepted self-referrals and referrals from other agencies. Patients who self-referred and chose not to involve the police were able to store evidence at the SARC should they wish to proceed with police involvement later.

The SARC had well developed pathways for onward referrals when staff identified that patients required further treatment or care. This included correspondence to the patient's GP and, when relevant, paediatrician. When a child under 18 years attended the SARC, the safeguarding lead responsible for the child's locality was informed so that ongoing support could be offered.

Listening and learning from concerns and complaints

The services' complaints policy contained a clear procedure for acknowledging and investigating complaints. The centre managers told us they received very few complaints from patients or professionals. At the time of our inspection one complaint was being progressed through due process.

Staff told us they would speak with the registered manager immediately if any formal or informal complaints were raised and ensure patients received a timely response. The registered manager explained that if any complaints or concerns arose, they would discuss outcomes with staff to share learning and improve the quality of the service.

The service's website provided information about the range of treatments available onsite and post attendance. It also included a plainly worded section of 'frequently asked questions' to help individuals understanding of the service. We noted that the site could be enhanced further by offering how to feedback a complaint or concern to the service. The site included guidance on how to hide your internet browsing to support protecting individual's safety.

Are services well-led?

Our findings

Leadership capacity and capability

Managers of the service and the centre staff had the experience and skills to deliver high-quality, sustainable care. Managers were visible, approachable and worked closely with their staff who told us that managers were approachable, and issues raised were addressed in a timely way.

Leaders at G4S recognised the importance of employing staff with the right skills and attributes to the service. The service had faced some staffing capacity issues since G4S were commissioned to take on the SARC in April 2019. We heard how the service were proactive in recruitment, but that the high level of scrutiny needed for applicants could mean the time from application and meeting full competency could be lengthy. At the time of inspection, a number of SOE's and crisis workers were going through recruitment and it was hoped full capacity would soon be reached.

The service had recorded recruitment as an organisational risk and commissioners were kept aware. We considered the risk was being managed and supported by the flexibility of current staff teams.

Vision and strategy

The clinical director and registered manager articulated a clear vision for Solace and plans to continue implementing best practice standards. This reflected the organisational vision *'we act with integrity and respect, we are passionate about safety, security and service excellence, we achieve that through innovation and teamwork.'*

The service leads were knowledgeable and understood the challenges, issues and priorities relating to the quality and future of services, and these were reflected in the risk register.

The SARC manager and clinical lead were focused on providing good quality care to adults and young people using the service. Service leaders recognised the importance of supporting staff due to the emotional complexity of the work, for example by allowing time for reflective practice.

The manager had established informal meetings for staff since COVID-19 and these had been well attended and were spoken about positively. The plan was for these to continue once the pandemic was over. Staff we spoke with were clear of their roles and responsibilities and about delivering a high-quality service. However, they were not familiar with any specific service vision.

SARC leaders and commissioners were establishing a SARC partnership board in the Thames Valley to offer a forum for joint discussions by partners and to drive improvement. This was due to start in March 2021. We were also told of a recently published independent needs assessment for Sexual Assault Referral Services (SARC) in Thames Valley commissioned by NHS England and NHS Improvement Health and Justice Team (South Region) and it was likely findings would shape the strategic vision of service in the Thames Valley.

Culture

The culture was positive within the SARC and staff told us the operational management leads were approachable, visible and that communication was good. Staff demonstrated when talking to us, an openness when discussing the service and their roles within it, and staff told us they felt listened too and found managers supportive concluding they were proud of the work they did.

We saw examples of leaders and managers acting on behaviour and performance consistent with the organisational vision and values to support delivering a quality service. Managers used reflective practice to improve care. Staff we spoke with in interviews demonstrated values of respect and kindness when caring for patients.

Are services well-led?

There were systems in place to respond to incidents and complaints. Incidents were discussed, reports showed appropriate challenge and a focus on improving service. The provider had systems to ensure compliance with the requirements of the duty of candour. Staff told us they were able to raise concerns and felt listened to.

Governance and management

The provider had a clinical governance framework in place which included policies, protocols and procedures that were accessible to all members of staff. There were clear responsibilities, roles and systems of accountability to support good governance within the service.

The registered manager had responsibility for the management of the service. The Solace manager was responsible for the day to day running of the service and was well supported by the registered manager and clinical lead. Staff knew the management arrangements and their roles and responsibilities.

We found the clinical governance framework document to be out of date, the provider had a plan and timeframe for its review and subsequent cascading within the organisation.

There were clear and effective processes for managing risks, issues and performance. The service had a risk register that was used effectively.

Further work was needed to ensure available literature fully met the needs of service users. The registered manager took steps to address this during inspection and we were told the male engagement lead will be working to promote the service to sometimes hard to reach groups.

Appropriate and accurate information

The centre management team used appropriate and accurate information to assure themselves of care quality. Performance data was submitted to the service's commissioners and discussed at contract meetings. Issues were identified and addressed.

The service had information governance arrangements in place and staff followed these to protect patients' personal information.

Engagement with clients, the public, staff and external partners

The provider sought regular feedback from patients. This included a conversation with the patient post attendance, questions about whether the support they received from health professionals met their needs and whether staff behaved with kindness and professionalism. We reviewed data that indicated a high level of satisfaction about the experience of their care.

The service gathered feedback from staff through meetings, one-to-ones and informal discussions. Staff spoke positively about how the service was managed and how they worked collaboratively as a team.

Continuous improvement and innovation

The SARC had projects in place to help improve outcomes and to improve the running of the service. This included discussions with commissioners regarding improving the SARC's physical environment for patients and in preparation for a future accreditation scheme.

The service had effective assurance processes to encourage continuous improvement through the use of peer reviews, training sessions and clinical audits. The staff training matrices were comprehensive and supported reflective practice and learning. We heard that training on trauma informed care had been delivered and managers and clinical lead showed good insight to the impact of the work in the SARC on staff's emotional wellbeing and saw this as an area for continuous review and support. Staff talked positively of the opportunity for learning within their role.