Lancashire Teaching Hospitals NHS Foundation Trust

Royal Preston Hospital

Inspection Report

The SAFE Centre
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Overall summary

We carried out this announced inspection on 4, 5 and 28 December 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 and a team leader who were 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.

Our findings were:

Are services safe?

We found that this service was providing safe services 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?

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.

Background

In Lancashire, services for support and examination of people who have experienced sexual assault are

Summary of findings

commissioned by NHS England and Lancashire Constabulary. The SAFE Centre provides these services. The centre is based at the Royal Preston Hospital, Preston and provides services to adults and children from all over Lancashire.

The centre is a separate building within the hospital grounds and car parking is available outside the centre with level access for people who use wheelchairs and those with pushchairs. Most appointments are pre-booked at times to meet the needs of each patient. The entrance door is secure to safeguard staff and patients and a clear record is kept of all visitors to the centre.

The team consists a mix of permanent full-time staff and bank staff to provide a service day and night. Permanent staff include a centre manager and receptionist, one adult and one child independent sexual violence advisor and a part time clinical director. A new child and young person support worker commenced in post the week of our inspection. Doctors and crisis workers work an on-call rota, to cover daytime, nights and weekends. The service has two medical suites.

The service is provided by Lancashire Teaching Hospitals NHS Foundation Trust (LTH). The centre is included as part of the main services registered at the Royal Preston Hospital. The service is open from 8.30am until 4.30pm, with on call staff available outside of these hours.

During inspection we spoke with the centre manager, director, trust managers for governance and human resources, two independent sexual violence advisors, a crisis worker, the receptionist, and a doctor.

We looked at policies and procedures and other records about how the service is managed. We sampled 15 patients' records.

Our key findings were:

- The clinical staff provided patient care and treatment which was in line with current guidelines.
- Staff treated patients with dignity and respect.
- Not all risks to patients had been identified but managers were developing systems to help identify and manage risk.
- The service appeared clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and emergency equipment were available.
- The appointment/referral system met patients' needs.
- The service had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The service asked staff and patients for feedback.

We identified an area of good practice. The manager and clinical director had agreed that all bank staff would be treated as permanent staff for the purposes of training, appraisal and supervision due to the nature of the work they carried out at the centre. In addition, the centre had developed an accredited two-day sexual assault referral centre training course for staff. This ensured staff were appropriately trained and supported in providing the best possible patient care for patients attending the centre and their families.

There are also areas where the provider SHOULD make improvements. They should:

- Ensure that governance arrangements are fully embedded into the service including risk assessment, incident reporting and learning, record keeping and audit procedures.
- Ensure referral arrangements to and from partner health services are formalised.

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?

We found that this service was providing safe care in accordance with the relevant regulations.

- Clinical staff conducted examinations in line with guidance.
- Managers had recently reviewed liaison arrangements with local safeguarding boards and additional changes to local procedures were made immediately following the inspection to safeguard vulnerable patients.
- Premises and equipment were clean and properly maintained. The service followed national guidance for cleaning and decontamination.
- The service had suitable arrangements for dealing with medical and other emergencies.
- There were some risks which had not been identified or addressed prior to the inspection. Managers acted upon these to mitigate risks during and following the inspection.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Clinical staff assessed patients' needs and provided care and treatment in line with guidance.
- Clinical staff discussed treatment with patients and their relevant representatives so they could give informed consent and recorded this in patient clinical records.
- Patients were referred to other health professionals and their own GPs for further support where appropriate.
- The service supported staff to complete training relevant to their roles and had effective monitoring systems in place for this.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Feedback received by the service was positive about patients' care which was also reflected in the one returned CQC comment card during the inspection.
- We saw that staff protected patients' privacy and were aware of the importance of confidentiality. In the feedback collated by the service, patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service's appointment system was efficient and met patients' needs. Urgent appointments were available where forensic examinations were required.
- Staff considered patients' different needs. This included providing facilities for disabled people and for children. The service had access to interpreter services and had arrangements to help patients with sight and hearing loss.
- The service took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Summary of findings

- The service had arrangements to ensure the smooth running of the service.
- There was a clearly defined management structure and staff felt supported and appreciated.
- The management of risk and quality assurance processes were not sufficiently developed at the time of the inspection though ongoing action since the inspection has reduced risks.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises)

Systems to keep people safe were in place but required improvement at the time of our inspection.

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, though crisis workers were not trained to the appropriate level in line with the Intercollegiate Document Safeguarding children and young people: roles and competencies for health care staff, Third Edition: March 2014. The provider ensured that crisis workers attended additional training between January and April 2019.

The police made safeguarding referrals when they referred patients to the SAFE centre and conducted an initial safeguarding assessment, centre staff did not make referrals. Managers had identified a risk around communication with safeguarding teams, and introduced a separate process to request information from safeguarding teams for patients. New processes were implemented immediately following the inspection to ensure referrals to local safeguarding boards were made for all children and vulnerable adults referred to the centre.

All health equipment was safe, appropriate and met the Provision and Use of Work Equipment Regulations 1998 (PUWER) and the Faculty of Forensic and Legal Medicines (FFLM) guidance (June 2017).

Staff were trained to the appropriate level for carrying out examinations including the use of the colposcope (a colposcope is a low-power microscope mounted on a stand, used for making records of intimate images during examinations, including high-quality photographs and video).

The service had a staff recruitment policy and procedure to help them employ suitable staff and treated bank staff as permanent staff due to the sensitivity of the work. We looked at the recruitment tracking system and reviewed this for two new members of staff. These showed the trust followed their recruitment procedure.

The trust ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

Risks to clients

Risks to people who used the services were not consistently assessed, monitored and managed.

- Where staff identified risk of harm or urgent health concerns, immediate and continuing action was taken to safeguard the patient. This included a comprehensive assessment for post-exposure prophylaxis after sexual exposure (PEPSE), hepatitis B prophylaxis and the need for emergency contraception and physical injuries that need urgent treatment. The trust did not currently hold stocks of HIV prophylaxis medicines for younger children, though no younger children had required PEPSE to date. There was clear guidance for staff on ensuring treatment would be provided within timescales according to the Post-Exposure Prophylaxis (PEP) Guidelines for children and adolescents potentially exposed to blood-borne viruses (Children's HIV Association (CHIVA), June 2017).
- The service's health and safety policies, procedures and risk assessments were up to date, except in relation to cleaning chemicals used on site which did not meet Control of Substances Hazardous to Health Regulations 2002. However, toilets and showers had not been risk assessed for potential ligature points. These were the only locations within the centre which a patient could be unsupervised, and therefore the risk for vulnerable patients was greatest. The centre manager arranged for a visit from the trust premises safety team during the inspection. Subsequent to the inspection, a further assessment led to identification of residual risks and action taken to mitigate this.
- The provider had identified they did not have suitable risk assessments to minimise the risks from cleaning chemicals and the centre manager was in the process of collating these. During the inspection we saw that there were products in the cleaning cupboard which the manager was unaware of. After the inspection, the trust introduced a new system to improve safety around cleaning chemicals.

Are services safe?

- Arrangements to remove waste from the centre were appropriate, but we observed that this was taken to a clinical waste bin in a publicly accessible compound within the hospital site. This clinical waste bin was not locked when we visited it. This was reported to the trust immediately and had been locked with keys available to the centre staff by the end of the day. The trust took action on secure storage of waste throughout the hospital after this inspection and continues to monitor clinical waste bins.

The centre had appropriate emergency procedures and equipment.

- Staff knew how to respond to medical emergencies and completed training in emergency resuscitation and basic life support (BLS) every year.
- Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staffing arrangements ensured safe care.

- There was a comprehensive induction process to ensure that all staff including bank staff were familiar with centre procedures.
- The provider had a system in place to ensure clinical staff had received appropriate vaccinations, through an occupational health contract.

The centre had appropriate infection prevention and control arrangements and decontamination protocols in place to ensure high quality forensic integrity.

- We saw cleaning schedules for the premises. The service was clean when we inspected. The service carried out infection prevention and control audits. The latest audit showed the service was meeting the required standards.

Information to deliver safe care and treatment

Patient information was kept in paper records which were stored securely within the centre.

Where staff visited patients in the community, they kept some parts of records off-site which was not in line with the policy for protecting patient information. Centre management took immediate action to address this risk after we bought it to their attention.

There were clear procedures adopted for the management of photo documentation and intimate images resulting from the assessment in line with best practice, including sharing with defence medical experts.

Safe and appropriate use of medicines

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

The trust pharmacy team had an effective stock control system of medicines which were held in the centre. This ensured that medicines did not pass their expiry date and enough medicines were available.

Clinical staff were aware of current guidance with regards to prescribing medicines. However, of four of the case notes which we viewed where medicines were prescribed, one of these had not been signed by the doctor. The trust took action to ensure all prescriptions were appropriately authorised after the inspection.

Track record on safety

In the previous 12 months there had been five incidents reported. Records of one investigation did not fully demonstrate the investigation had addressed all potential risks. Although staff had access to the incident reporting system, most incidents were added to the system by the manager.

Lessons learned and improvements

There were systems in place for reviewing and investigating when things went wrong. Learning was shared with the team electronically to prevent such occurrences happening again in the future, but team meeting minutes did not evidence reflective practice around shared learning.

There was a system for receiving and acting on safety alerts. The manager said no alerts had been applicable to the centre, though they were not recorded for future reference.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The centre worked with local commissioners to develop the service. For example, a genito-urinary clinic for children and young people was offered at the centre, to provide discrete access rather than sending these patients into adult services for this care.

Referrals into the centre were primarily made by the police. Adults could self-refer. The centre manager was working with trust colleagues to ensure that appropriate procedures were in place for children over the age of 16 to self-refer also.

Clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance including immediate healthcare needs such as emergency contraception, antibiotic or HIV/Hepatitis B prophylaxis.

Staff we spoke with described how they referred to the Mental Health Act code of practice in their work to ensure that patients were assessed and treated appropriately. Staff advised clients where to seek further help and support.

Consent to care and treatment

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

The service team understood the importance of obtaining and recording patients' consent to treatment. The clinical staff told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. The service feedback questionnaire included asking patients whether consent was explained and whether staff gave them clear information about their treatment. Responses to the surveys had all been positive about information giving and consent.

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. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. In line with local policy, clinical staff asked older children whether they wished to be seen alone or with their parent present.

Monitoring care and treatment

We were informed that managers reviewed patients' records to check that the clinical staff recorded the necessary information. There was a checklist in place but not a formal audit process. The centre manager advised us she intended to improve this area and copies of the planned audit criteria have been shared with CQC.

The centre manager kept a clear record detailing information about patients' care and treatment and outcomes which was shared with the trust and NHS England commissioners to inform service delivery. An audit had been carried out of the additional genito-urinary medicine (GUM) clinic for children and young people which demonstrated the access and age appropriate care offered.

Centre staff identified the patients who had missed appointments and offered alternatives. Where children and young people missed appointments, the staff made referrals to local authority children's' services.

A recent medicine management audit had identified that the centre was not recording room temperatures where medicines were stored. A system had been introduced to address this and ensure the integrity of medicines.

Clinical staff were involved in peer review to monitor patient care.

Effective staffing

The NHS England target for availability of medical examiners to assess patients was 80% and this was being met. Where medical examiners were not available, appropriate arrangements were in place with neighbouring SARCs to provide cover.

The manager and clinical director had agreed that all bank staff would be treated as permanent staff for the purposes of training, appraisal and supervision due to the nature of the work they carried out at the centre. This ensured that all staff were appropriately supported and trained. We identified this as good practice.

Are services effective?

(for example, treatment is effective)

Staff were trained and appropriately qualified and had the skills they needed to carry out their roles effectively and in line with best practice. The centre had developed an accredited course in the sexual assault referral centre processes which was offered to all new clinical staff.

Staff told us they discussed training needs at annual appraisals and during clinical supervision. The training, supervision and appraisal matrix showed how the service addressed the training requirements of staff. Staff mandatory training was up to date.

Staff were competent in forensic medical examinations and in assessing and providing for the holistic needs of patients. Forensic medical examiners had the appropriate levels of safeguarding training.

Crisis workers were trained to provide immediate support as appropriate.

Independent sexual violence advisors were trained to help patients understand the complexities of the criminal justice system and signpost them to appropriate support services.

Co-ordinating care and treatment

Staff described how they worked together and with other health and social care professionals to deliver effective care and treatment, though formal pathways into and from the SARC to wider clinical care were not established. Managers were working to establish and embed these.

There was direct access to an independent sexual violence advisor (ISVA) and child ISVA, including for clients with protected characteristics.

Patient records showed that staff contacted patients' community GPs and GUM clinics as well as recording attendance at the GUM clinic for children (provided by the centre).

Are services caring?

Our findings

Kindness, respect and compassion

Staff described to the inspection team how they treated patients with kindness, respect and compassion. Staff were kind and caring in their manner and understood the impact of the experiences which had led to patients being referred to the centre.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patient feedback obtained by the service commented positively about staff kindness. We observed interaction with one patient during this inspection which was kind and supportive.

Staff gave patients the opportunity to shower after examinations and offered patients a variety of drinks and snacks before they travelled home.

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 reception and waiting areas provided privacy when reception staff were dealing with patients. The reception computer screens were not visible to patients and staff did not leave patients' personal information where others might see it.

There was a secure records storage area for archived records, although as records were retained indefinitely, this space was almost full.

Involving people in decisions about care and treatment

The centre's website provided patients with information about the range of treatments available at the centre. Staff gave patients a helpful information leaflet about the services available, which we were informed was available in other languages to meet the needs of patients.

Staff told us they helped patients be involved in decisions about their care and were aware of the importance of helping them to understand their care options. Staff asked older children if they wished their parent or carer to be present, and offered them the opportunity to give their own medical history.

Interpretation services were arranged by the police for people who did not have English as a first language and staff had access to a telephone translation service if there was no interpreter available. There were no notices in the reception areas, informing clients this service was available. Patients were told about multi-lingual staff who might be able to support them where appropriate.

Staff helped patients and their carers find further information and directed them to appropriate community and advocacy services. Patient records demonstrated where referrals were made by centre staff on a patient's behalf. Staff described the conversations they had with patients to satisfy themselves that patients understood their treatment options, though easy read information was not available to help patients understand care and treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service was funded based on the numbers of patients who had been referred, examined or seen during the previous 12 months. The annual report for 2017-18 showed that 765 referrals into the SAFE Centre, which was an increase of 45.43% from the 2016-17. Discussions were taking place with commissioners about this increased demand.

Staff were clear on the importance of emotional support needed by patients when delivering care. There were hygiene packs and new clothing available for patients. Staff recognised the vulnerability of all patients accessing the service and described appropriate examples of how they adapted their care to meet individual needs.

The centre had introduced feedback forms and gave patients pre-paid enveloped so they could return their form at a later date should they wish. Between July and September 2018, the centre had received 41 completed feedback forms, all of which had rated the service as good or excellent.

The service had made reasonable adjustments for patients with physical disabilities. These included step free access and accessible toilet with hand rails and a call bell. Staff described how they arranged examinations for patients in wheelchairs.

Timely access to services

The service had an efficient appointment system to respond to patients' needs. Patients referred by the police or requiring an urgent appointment were seen either the same day or the next and the monitoring data supported this information. This meant that patients were seen within the forensic guidelines.

The service displayed its opening hours in the premises, and included it in their service information leaflet and on their website. Out of hours access to meet the needs of patients and police referrals was available.

The service website, information leaflet and answerphone provided telephone numbers for patients during the working day and when the service was closed.

Listening and learning from concerns and complaints

The centre had received no complaints during the previous 12 months.

The centre worked to the trust complaints policy providing guidance to staff on how to handle a complaint. However, the centre manager had not received training in the trust's complaint policy and process but advised they had direct access to all trust teams for support.

Are services well-led?

Our findings

Leadership capacity and capability

Centre managers had the capacity and skills to deliver high-quality, sustainable care and the experience, capacity and skills to deliver the service strategy and address risks to it. They recognised areas where they needed to make further improvements and development and took action to address risks identified during the inspection.

Managers were knowledgeable about issues and priorities relating to the quality and future of SARC services. They understood the challenges and had begun to develop a risk register for the service recently.

Leaders worked closely with staff, trust colleagues and partners to improve patient care. For example, supervision and training was provided at times when bank staff could be available and there were regular partnership meetings with Lancashire Constabulary to improve rape and sexual assault services.

Vision and strategy

There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

Culture

The centre had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the service.

The service focused on the needs of patients. Managers recognised that the type of care being provided was demanding for staff, and additional support measures were available, including the ability to take breaks when required. Staff who conducted home visits were supported by clear reporting arrangements for their own personal safety and conversations were ongoing about further developing these arrangements.

Leaders and managers acted on behaviour and performance inconsistent with the service's vision and values, for example ensuring staff participated in team meetings and supervision relevant to their roles.

Openness, honesty and transparency were demonstrated when responding to incidents and concerns. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

The service had a whistleblowing policy. Staff told us they felt confident they could raise concerns and that these would be addressed, though those we spoke to said they had not needed to do so.

Governance and management

The centre manager was being supported by trust governance colleagues to develop local governance procedures at the time of our inspection. Staff were clear about their roles and responsibilities. The manager was aware of some risks and developing processes for managing risks, issues and performance.

Systems to monitor and improve the quality of care were not robust. The centre manager and trust management acted to address risks which were identified, during the inspection which they had not been aware of previously, with further actions taken after the inspection.

Appropriate and accurate information

The centre manager and clinical director reviewed all patient records and kept a record of this but audit processes to check information was accurate were not embedded at the time of the inspection.

The service had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with clients, the public, staff and external partners

The service used feedback forms to collect patient views about the service. All of the 41 forms collected between July and September 2018 were positive about the care provided. Managers regularly worked with partner organisations and took their views in to consideration for service development.

The service gathered feedback from staff through informal discussions and there was opportunity to develop staff meetings further.

Continuous improvement and innovation

The centre management showed a commitment to learning and improvement and valued the contributions

Are services well-led?

made to the team by individual members of staff. Management had made changes to the staffing arrangements to ensure that all bank staff were treated as regular staff and offered appropriate development, training and supervision in recognition of the role which they undertook at the centre.

Clinicians had identified there were potentially high levels of self-harm by children and young people referred to the centre. The clinical director undertook an audit to establish the prevalence of self-harm in these patients. This resulted in a successful bid to recruit a new member of staff to research the provision of specialist support services for these young people in the local area and to improve signposting to these services.