Yorhealth Limited

1-5493119983

5 Carrwood Park

Quality Report

Swillington Common Farm
Selby Road
Leeds
LS15 4LG
Tel:01133372094

Date of inspection visit: 6 March 2019
Date of publication: 31/05/2019

Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-5493119983	5 Carrwood Park	Yorhealth Limited	LS15 4LG

This report describes our judgement of the quality of care provided within this core service by Yorhealth Limited. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Yorhealth Limited and these are brought together to inform our overall judgement of 5 Carrwood Park

Summary of findings

Ratings

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 5

Background to the service 6

Our inspection team 6

How we carried out this inspection 6

Good practice 6

Areas for improvement 7

Detailed findings from this inspection

The five questions we ask about core services and what we found 8

Summary of findings

Overall summary

5 Carrwood Park is operated by Yorhealth Limited. The service provides nurse-led complex care services for children and young people aged 0-25 in the community; this includes access to care provision 24 hours a day, seven days a week, and care staff accompany children and young people to school and hospital when required. Children cared for have a range of conditions and needs.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 6 March 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

This was our first inspection of this service. We rated it as **Good** overall.

We found the following areas of good practice:

- The service kept premises and equipment clean and well maintained, and managed medicines safely.
- Care plans and risk assessments were completed thoroughly and reviewed regularly, and staff worked alongside families to recognise changes in a child's condition.
- Records were stored safely and incidents managed appropriately, with clear implementation of lessons learned.
- Policies and procedures were up to date, based on evidence and national guidance, and could be accessed easily by staff and families. There were clear policies regarding consent, mental capacity and Deprivation of Liberty Safeguards.
- Care was monitored and audited: feedback was gathered from staff, children, families and stakeholders, and all were involved in decisions about care.
- Staff cared for children and families with compassion, kindness and respect. They were passionate about providing high quality, family-centred care and were always mindful of people's needs.
- The service met children's needs well, including those in vulnerable circumstances and with communication difficulties.
- Managers were experienced, approachable and visible; staff told us they felt listened to and supported.
- The service promoted an open culture with a focus on effective communications. Staff and families told us they felt confident that they could speak honestly and any concerns they had would be addressed appropriately.

However, we also found the following issues the service needs to improve:

- At the time of our inspection Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) mandatory training levels did not meet the service's 80% compliance target. However, following our inspection, the service lead told us that this had improved when the next quarterly report was created and the compliance was 97%.
- The service found short-notice shift cover was sometimes difficult to provide and some families felt this was a concern. However, information provided by the service showed 0.99% of hours were missed against an overall target of 1.0%.

Following this inspection, we told the provider that it should make one improvement.

Name of signatory

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Background to the service

5 Carrwood Park is operated by Yorhealth Limited. The service opened in September 2016 and has had a registered manager in place since opening. It is based in Leeds, West Yorkshire. The service primarily serves communities in the West and North Yorkshire areas.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,Helen Moment, one other CQC inspector, and a specialist advisor with expertise in health visiting. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 6 March 2019.

Good practice

This was our first inspection of this service. We rated it as **Good** overall.

We found the following areas of good practice:

- The service kept premises and equipment clean and well maintained, and managed medicines safely.
- Care plans and risk assessments were completed thoroughly and reviewed regularly, and staff worked alongside families to recognise changes in a child's condition.
- Records were stored safely and incidents managed appropriately, with clear implementation of lessons learned.
- Policies and procedures were up to date, based on evidence and national guidance, and could be accessed easily by staff and families. There were clear policies regarding consent, mental capacity and Deprivation of Liberty Safeguards.
- Care was monitored and audited: feedback was gathered from staff, children, families and stakeholders, and all were involved in decisions about care.
- Staff cared for children and families with compassion, kindness and respect. They were passionate about providing high quality, family-centred care and were always mindful of people's needs.
- The service met children's needs well, including those in vulnerable circumstances and with communication difficulties.
- Managers were experienced, approachable and visible; staff told us they felt listened to and supported.

Summary of findings

- The service promoted an open culture with a focus on effective communications. Staff and families told us they felt confident that they could speak honestly and any concerns they had would be addressed appropriately.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The provider should explore the possibility of a more robust approach to covering shifts at short notice and, if it continues to be of concern, should add it to the service's risk register.

Yorhealth Limited

5 Carrwood Park

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

This was the first time we had rated this service. We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and maintained oversight of training completion.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and premises clean.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff.
- The service followed best practice when administering, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole service. When things went wrong, staff apologised and gave children and families honest information and suitable support.

However:

- MCA and DoLS training levels did not meet the service's compliance target at the time of our visit. Following our inspection, the service lead told us that this had improved when the next quarterly report was created and the compliance was 97%.
- The service found short-notice shift cover was sometimes difficult to provide and some families felt this was a concern. However, information provided by the service showed 0.99% of hours were missed against an overall target of 1.0%.

Mandatory training

- **The service provided mandatory training in key skills to all staff and maintained oversight of training completion.**

Good

Are services safe?

- Staff could access training face-to-face and online, through an electronic learning package. An email alert was generated to staff, team leaders and managers from the electronic learning system when a training update was required.
- The service set a target of 80% for completion of mandatory training. Mandatory training modules included safeguarding adults and children, health and safety, resuscitation, fire safety, medicines administration, manual handling, MCA and DoLS, equality and diversity, preventing radicalisation and conflict resolution. The compliance target had been reached in all modules apart from MCA and DoLS, which had a compliance of 39%. We asked managers why this was low and were told the service had signed up to a new e-learning package in January 2019; staff were still in the process of completing it. Prior to this, staff were trained in these areas during their induction and competency assessments.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- Staff told us they had received safeguarding training to the relevant level for their role. Care support staff received training at level two; managers who were responsible for completing care plans and risk assessments were trained to level three.
- The service's managing director, who was the lead for safeguarding, had received level four safeguarding training. Team leaders, who contributed to the monthly re-evaluation of children's needs, had received level three training.
- The service had a safeguarding policy that included information about staff responsibilities, safeguarding principles, referral procedures, and contact links for the local safeguarding board.
- We discussed safeguarding with the service's safeguarding lead. We were informed that staff were encouraged to discuss concerns and referrals with managers if there was no immediate danger to the child, to ensure consistency; otherwise they were advised to make the child safe if possible, and alert both emergency services and service managers.
- The service utilised the 'Signs of Safety' approach to child protection, to enable comprehensive risk assessments, open communications and stability of relationships with children and families.
- Staff we spoke with told us they felt confident about safeguarding. They told us if they had concerns they would speak with their line manager in the first instance, if it was safe to do so. If they had concerns about the safety of a child, they would contact emergency services.
- Information provided to us by the service showed the 80% compliance target, for both adult and children's safeguarding training, had been achieved. Safeguarding modules included training in the areas of female genital mutilation (FGM) and child sexual exploitation (CSE).
- Each child had a 'body map' included in their care plan; staff told us these were used to record any injuries sustained by the child. Documentation was completed on the rear of the form with the details of the staff member recording the information and any action taken, such as escalation to the team leader or manager on call.
- We were told any looked after children, children in need (CIN) or those with a child protection plan would be flagged to the service on referral. Service managers attended CIN meetings when appropriate and we were given an example of a child escalated to children's services, who had a CIN plan put in place.
- At the time of our inspection, the service had not been involved in any serious case reviews and did not provide care for any looked after children.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, appropriate equipment and premises clean.**
- The service had an infection control policy which gave information about staff responsibilities and infection

prevention and control (IPC) procedures. Staff told us they were aware of safe IPC measures, including being bare below the elbows when completing clinical tasks, and knew how to access the policy.

- Policies were available in children's homes, allowing families to become familiar with them. Staff told us they provided guidance for families relating to IPC when needed.
- Information provided to us by the service showed that 94% of staff, not including those on induction or maternity leave, had completed infection control training in the last 12 months.
- Staff told us that their responsibilities sometimes included maintaining cleanliness and hygiene in the homes of children. We observed personal protective equipment (PPE) was readily available.
- We reviewed IPC audits, which were completed on a three-monthly basis. Results showed compliance of 88.2% in December 2018, 94% in September 2018 and 86% in June 2018.

Environment and equipment

- **The service was based at suitable office premises which appeared clean, tidy and well maintained.**
- Equipment used in children's homes was arranged and funded by the relevant clinical commissioning group (CCG) and provided by an independent company. The independent company was responsible for portable appliance testing, calibration and maintenance of equipment, but the service also kept records of equipment used and maintenance dates, for their own assurance.
- Staff told us that there had been issues with out of date feeding products, due to staff not rotating stock appropriately. We observed this issue was fed back and discussed at a staff meeting and staff agreed that they would monitor more closely and rotate stock as necessary.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**
- Managers were responsible for completing initial care plans and risk assessments for children. These were evaluated monthly by managers or team leaders. Risk assessments were completed and stored electronically, and electronic reminders could be set to alert staff when reviews were due.
- The service cared for several children with tracheostomies; this is a tube inserted surgically into the neck to aid breathing. Staff told us the child's tracheostomy site would always be stable prior to their discharge from hospital. Those caring for children with tracheostomies were trained in the appropriate resuscitation techniques.
- The service also cared for children who required intermittent mechanical ventilatory support. Care staff were not trained to change ventilator settings; this was done by nurse managers or families in some cases. Staff worked alongside the long-term ventilation team at Leeds General Infirmary to ensure safe care and best practice
- We discussed with managers how staff recognised and escalated unwell or deteriorating children. Managers told us they had considered implementing the national early warning score and 'spotting the sick child', but felt they were very hospital focused. Instead they developed an individualised escalation plan for each child, which included a red, amber and green (RAG) rated observation chart based on recordings of the child's temperature, respiratory rate, oxygen saturation and heart rate. Staff collaborated with families to discuss signs and symptoms each child might demonstrate if they were becoming unwell, and to determine actions to be taken if necessary.
- There was no specific sepsis training for staff; managers felt this was not necessary as the sepsis bundle of treatment would not be implemented by carers in the home. Staff received training in observation, escalation and resuscitation as part of their core competency assessments and would contact doctors or emergency services when appropriate.
- Staff in each team communicated using a social media group specific to the child or young person they were caring for. Each group was team specific, so no patient

identifiable information was used. This allowed staff to share information and concerns regarding the children and families. Information was also shared at team meetings and through supervision.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- The service employed a total of 41 staff, which included two managers, five team leaders, an administrator, a business manager and care support staff.
- At the time of our inspection, the service had 3.5 whole time equivalent (WTE) care staff vacancies. Recruitment was underway and interviews had been planned to fill these vacancies. The service was also recruiting care staff to provide specialist palliative care support.
- At the time of our inspection the service had a caseload of nine children. Staffing was planned around the care needs of each child, and each had a dedicated team of carers and a team leader providing care.
- Rotas were planned in advance on a quarterly basis. All children received one to one care for a specified number of hours each week.
- In cases of short-notice sickness or absence, where possible gaps in staffing were covered by the team, between teams, or by managers. Parents might be asked to provide extra care themselves if appropriate. There was no pool of staff to provide shift cover and although managers acknowledged this could be a problem, they told us it would be difficult to achieve due to funding and training issues. Families told us this was sometimes of concern to them. Information provided by the service showed 0.99% of hours were missed against an overall target of 1.0%.
- Bank staff were sometimes utilised. The bank staff were staff from the service who worked flexible hours and who maintained their skills and were experienced with a child's care. Managers told us they did not engage agency staff, but they had worked alongside agency staff in the past when they had been commissioned externally.
- Families told us they were reluctant to have carers with whom they were unfamiliar. We were told some parents were unhappy when the staff member on call was one they did not know; we discussed this with staff and were told managers knew all children and families and could be contacted at all times if needed.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- Each child or young person received an individualised care plan and risk assessment; these were reassessed and updated monthly in collaboration with the child and their family.
- Care plans focused on needs and outcomes and were taken to school with children who attended to enable sharing of information.
- The service used a combination of paper and electronic records; care plans were completed on paper and kept in the child's home. They were removed monthly and stored securely at the business premises. Risk assessments were completed and updated electronically.
- Following consultation, an electronic care records system had been approved for use, and was due to be implemented in summer 2019. Staff would be able to access the system remotely from mobile devices.
- We reviewed five children's care plans and found documentation to be dated, signed, legible and completed appropriately, with evidence of consent recorded.
- The service had developed a documentation audit tool in line with the Nursing and Midwifery Council guidelines for record keeping. We reviewed documentation audits, which the service completed monthly. Results showed a compliance rate of 98.3% in February 2019, 79.9% in January 2019 and 84.8% in December 2018.
- Staff told us they could access records easily but sometimes documentation was not re-stocked

adequately in children's homes. We observed this issue was fed back and discussed at a staff meeting, and staff agreed that they would monitor more closely and re-stock when necessary.

Medicines

- **The service followed best practice when administering, recording and storing medicines, and aimed to ensure patients received the right medication at the right dose at the right time.**
- Trend analysis from medicine related incidents was discussed at board meetings. This had been introduced following a cluster of errors in prescribing and dispensing, by external organisations, being identified by the service using their medicines reconciliation procedures. We were assured that these incidents had been investigated and managed appropriately. The service had a medicines management policy which was under review at the time of our inspection, in line with safe handling of medication guidance. This had been recommended following a best practice review completed in 2018 by York City Council.
- We saw staff were careful to ensure that medicines were stored safely in the homes of children and young people. Staff told us that often medicines were managed by families, but staff supported and advised when required. The service was not responsible for intravenous medicines administration.
- Staff received specific training for medicines regimes and administration techniques for each child they cared for, regardless of whether they were already familiar with the medicines and procedures.

Incident reporting, learning and improvement

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole service. When things went wrong, staff apologised and gave children and families honest information and suitable support.**
- We reviewed 12 incident reports and saw that all had been completed appropriately.
- Incident forms were available in individual care folders for staff to complete if required. Staff told us they were familiar with the incident reporting process and were confident that managers dealt with incidents appropriately.
- Between February 2018 and March 2019, the service reported 26 incidents, 12 of which were related to medicines management. A theme was identified which linked five of the incidents; they related to prescribing and dispensing issues. The service took appropriate actions following identification of the theme, which included escalation to commissioners, liaison with community pharmacists, and medicines reconciliation.
- We were assured that all other incidents had been managed appropriately and all were classified as no harm or low harm. Incidents and trend analysis were discussed at board meetings, and the incident log was regularly updated. We saw that action plans were developed and implemented, and feedback was given to staff and families.
- Commissioners had oversight of incidents and held regular meetings with service managers to discuss incident investigations and outcomes.
- Staff could explain the Duty of Candour but those we spoke with had not needed to apply it in practice. Managers told us that incident investigation was always an open process and families were involved whenever possible.
- At the time of our inspection, the service had not reported any serious incidents.

Safety performance

- **The service managed safety through the reporting and investigating of incidents, learning lessons and provision of feedback to staff. Managers and commissioners maintained oversight of all incidents.**
- Managers and staff attended regular meetings during which safety performance and concerns were discussed. We reviewed action logs that showed managers had good oversight of incidents, progress of investigations and risks, and included what action had been taken to address the concerns.

Good

Are services safe?

- Commissioners maintained oversight of quality, safety and standards through regular meetings and correspondence.
- Managers were registered to receive safety alerts and monitored them closely, although many were not relevant to the service.

Good

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

This was the first time we had rated this service. We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored children to see if they were in pain. They supported those unable to communicate using suitable assessment tools.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings.
- All staff worked together as a team to benefit patients and supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**
- We saw the service had evidence-based policies in place and these could be accessed by staff at the main office site. Copies of all policies were also kept in files in children's homes, so could be viewed by families and carers. There were 17 policies in total; we viewed them all and each was up to date, with review dates and version control recorded.
- Children and young people's needs were assessed, and care was delivered, in line with current legislation, standards and recognised evidence-based guidance. Policies and procedures were based on nationally recognised guidelines such as those recommended by the Royal College of Nursing (RCN) and the National Institute for Health and Care Excellence (NICE).
- Policies were updated, and new policies introduced, by managers when the need arose. Staff were consulted in this process and told us they felt involved and listened to.

Nutrition and hydration

- **Staff used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.**
- Individualised nutrition and/or hydration plans were included in the child's care plan. Staff followed plans implemented by hospital teams such as dieticians and speech and language therapists.
- Staff were trained in feeding techniques as part of their core competency training and were supported by managers and community children's nurses.
- Children, young people and families were involved in the process to enable clear focus on needs, wishes and anxiety management.

Pain relief

- **Staff assessed and monitored children to see if they were in pain. They supported those unable to communicate using suitable assessment tools.**
- Children and young people who were able to communicate used an illustrated pain scale depicting happy and sad faces to demonstrate how they were feeling.
- For those children with communication difficulties, individual care plans included information about how the child would express discomfort or pain and any symptoms they might demonstrate.
- Staff and families administered pain relief and re-assessed pain scores to monitor its effect.

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**

Good

Are services effective?

- We saw evidence of children's needs being thoroughly assessed, and care being planned, by senior staff before care and treatment commenced. Assessments and plans were regularly reviewed. This meant children and young people received the care and treatment most appropriate to their needs.
- Team leaders completed monthly audits of documentation, medicines and hand hygiene. Managers maintained oversight of this and took appropriate action if audits were not completed.
- There was a clear approach to monitoring care and we saw and heard many examples of positive feedback from children, young people and families.
- The service gathered information from external agencies and stakeholders, which included positive feedback from a partners' survey in August 2018. Managers told us the service had participated in a local authority best practice review and an external health and safety review in 2018; we saw action plans and assurances provided following these reviews which demonstrated compliance with recommendations.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.**
- We saw that the service followed a robust recruitment process and applicants were required to have two years' previous experience working in the care sector or with children.
- There was a clear induction process and staff were assessed and signed-off for specific competencies, by senior managers, before they could work unsupervised. The competencies completed were based around the specific needs of the child they were caring for.
- New staff were required to complete a three-month probationary period, during which they worked in a supervised capacity and completed specific competencies. Further supervision and support was available upon request. Staff told us they felt very well supported with training, and that refreshers were given whenever needed.
- The service provided staff with a comprehensive handbook explaining their roles and responsibilities and giving details of how to access relevant policies and information.
- A local authority best practice review in 2018 highlighted staff did not receive adequate supervision. We saw during our inspection that managers had worked hard to improve this: staff received four sessions of one to one supervision in practice, and four sessions of group supervision through team meetings each year. Feedback was given to staff highlighting areas of good practice and development needs. Information provided by the service at the time of our inspection showed that 100% of staff were compliant with supervision.
- All staff completed the care certificate in line with the Skills for Care national minimum training standards for healthcare support workers and adult social care workers in England.
- Several of the children the service cared for required tracheostomy care, and training for staff was provided in line with the Great Ormond Street Hospital guidelines for tracheostomy care.
- Staff caring for children requiring ventilatory support were supported by the long-term ventilation team at Leeds General Infirmary.
- If staff were required to work night shifts, a night worker assessment was completed by managers to ensure fitness to do so.
- Managers maintained a comprehensive training matrix, which included the start date of employment and the date training had been completed. We asked managers if there was a record of when staff competencies were due to be refreshed, and were told the team administrator, who came into post in February 2019, kept track of this and it would be added to the spreadsheet.
- Staff appraisals were carried out annually by team leaders and managers. A template was used to record personal objectives, development and training needs, feedback from children and families, and assessment. Information provided by the service at the time of our inspection showed that 100% of staff had received an appraisal.

Good

Are services effective?

- Staff files contained a checklist of items, which included: details of their application, interview and pre-employment checks; records of training, certificates and competency completion; appraisal and supervision information; and performance management and sickness information. We reviewed five staff files and all were complete.
- Parents told us they felt confident that managers delivered a high standard of training to staff, and that staff competency was assessed thoroughly.
- We asked managers how they would approach staff members whose performance was unsatisfactory: staff would initially be spoken with and if necessary undergo further training and supervision; if this was ineffective, formal performance management would commence.

Multidisciplinary working and coordinated care pathways

- **All staff worked together as a team to benefit patients and supported each other to provide good care.**
- The service received referrals from commissioners, local authorities and solicitors, and we saw that effective communications took place between the service and its stakeholders.
- Team meetings and team leader meetings were held monthly. Staff could access a team-specific social media group to share information and communications. We reviewed minutes from meetings and saw that they followed a set agenda and were completed appropriately.
- We attended a team meeting and saw positive examples of communication and teamwork; however, we were told that the team, as a whole, did not meet due to both the geography of the region they covered and the demands of their workload.
- Staff worked with each other and with external agencies to assess, plan and co-ordinate the delivery of care. Staff described a patient-centred approach, which included parents and families whenever possible.
- The service liaised well with local authorities, commissioners and other care providers, such as hospices, hospitals, children's community nurses, health visitors, school nurses and GPs. Staff received support from Leeds Teaching Hospitals with tracheostomy care, ventilation and resuscitation training. One staff member had also received joint training in care and education provision to enable a higher level of support to the child in their care.
- Staff worked alongside a consultant physiotherapist who provided bespoke manual handling training. They liaised with parents and school staff to monitor variations in a child's condition and create an appropriate management pathway.
- Children and families could access advice from the team member on-call but were also able to seek advice from the hospital involved in the child's care. Direct access to wards or the intensive care unit had been agreed for some children, should it be required.

Health promotion

- The service worked hard to normalise the lives of the children and young people wherever possible and collaborated with other health care staff to achieve this One example of this was that pulse oximeters were not routinely provided to all children for the monitoring of oxygen saturation levels: a hospital consultant decided if this was needed, which ensured medical care was not provided unnecessarily.
- Managers told us they felt it was important to empower children and families to be involved in care and decision making, and to give them the opportunity to provide feedback about care whenever they needed to.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.**
- The service had policies relating to consent, MCA and DoLS, and therapeutic holding. The policies were all up to date, staff had received training and those we spoke with knew how to access them. Staff could give us examples of when therapeutic holding had been used.
- Consent was obtained from parents and children at the initial assessment stage. The service used standardised paperwork for recording consent.

Good

Are services effective?

- Staff told us they took into consideration the opinions of children and young people when obtaining consent. The service used a standardised mental capacity assessment form and recognised that children had capacity to make some decisions for themselves. We were told that capacity assessments were done in collaboration with a social worker and reassessed whenever necessary.

Outstanding ☆

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

This was the first time we had rated this service. We rated it as **Outstanding** because:

- Staff were highly motivated and cared for children and young people with compassion. It was clear that children were truly respected and valued.
- Feedback from children, young people and families was continually positive, and confirmed that staff 'went the extra mile', treated them with kindness, and promoted dignity.
- Staff provided a high level of emotional support to children, young people and families to minimise distress and anxiety.
- Staff involved children, young people and those close to them in decisions about their care and treatment. They spoke of the importance of empowering them as partners in care, both practically and emotionally.
- Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff recognised the totality of people's emotional, social, cultural and religious needs, and worked hard to find innovative ways to meet them.
- The service worked with determination and creativity to overcome obstacles to care delivery. Individual preferences and needs were clearly reflected in the delivery of care.

Compassionate care

- **Staff cared for children and young people with compassion. Feedback from children, young people and families confirmed that staff 'went the extra mile', treated them with kindness and promoted dignity.**
- All staff we spoke with appeared highly motivated and passionate about their roles and were clearly dedicated to making sure children and young people received the best care possible. They told us about the importance of involving and empowering children and young people to be partners in care, both practically and emotionally.
- Relationships between people who used the service, those close to them, and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff were mindful of the needs of families. We attended a team meeting and observed discussion around the impact on families of having care staff in their homes, and how staff interactions with each other could be perceived.
- Staff recognised and respected the personal, cultural, social and religious needs of children, young people and families, and found innovative ways to meet them. For example, a team had been specifically recruited at short notice to provide appropriate care for a child with cultural and language requirements. Individual preferences and needs were clearly reflected in the delivery of care.
- We observed the way staff treated children and their families; we saw they were kind, sensitive, supportive and compassionate; always treating children and young people as individuals. Parents told us they had confidence in staff and said they felt their child was in safe hands.
- We reviewed the results from four annual family surveys in 2018 and the feedback was consistently positive. For example, parents said staff were kind, caring, and understood the needs of their children. This was corroborated when we spoke with families during our inspection: they told us there was a mutual respect between families and staff, managers were 'hands-on', and children were 'listened to, not done to'. Families who had previously had care provided by other services told us this service was 'reliable, stable and supportive' and that staff were 'very dedicated' and 'went out of their way to help'.
- Children also had the opportunity to participate and share their feedback about services. We looked at comments children and young people had made, which included: 'I love [my carer] who comes to school with me', 'I like carers treating me like I'm an adult', 'my carer makes me feel safe', and 'I like my carers, they're fun and silly'.

Outstanding ☆

Are services caring?

- We reviewed the results of a partners' survey from August 2018, which involved commissioners, NHS trusts, community providers and schools. The survey asked for feedback in several areas, including quality of care, meeting needs of families, communication and partnership working. Responses were consistently very positive.
- We were told of several examples where staff had worked together with determination and creativity to overcome obstacles to care delivery; this included providing extra care support which enabled families to go on holiday and days out.
- Families told us that, although continuity of care from the same teams was mostly very good, there were occasions when they did not feel happy with unfamiliar staff covering shifts; this was often due to short notice sickness. Parents suggested that having a 'pool' of trained staff might be beneficial. We discussed this with managers and they told us that the practicalities of funding and individual training made this difficult to achieve.

Emotional support

- **Staff provided emotional support to children, young people and families to minimise their distress. They recognised that people's emotional and social needs were as important as their physical needs.**
- Staff understood the impact conditions and treatments could have on children and young people. If a child was anxious about any part of their care or treatment, this was recorded on their care plan and staff worked together with them and their family to find ways to manage the anxiety.
- Families were well supported prior to their child's discharge from hospital, and staff coached them in the realities of care. Staff initially saw families and children in the hospital environment and progressed to home visits when the family felt ready.
- Each team managed their own caseload which meant families worked with the same teams, enabling consistency and continuity of care. Families could contact team members directly if they required support, but managers had oversight of this and ensured professional boundaries were maintained.
- Families told us staff provided a high standard of emotional support, especially when parents were anxious and children required additional care. For example, one parent told us that during a particularly difficult time, staff had gone out of their way to provide additional support and made regular welfare calls.
- Staff told us they often made courtesy calls to families, for example welfare calls if they were experiencing difficulties. Staff told us it was important to understand the impact of a child's health and care needs on the whole family and felt families needed to know they could contact someone at any time.
- Families told us they felt the service provided a high level of emotional support, and that staff understood the needs of themselves and their children very well.

Understanding and involvement of patients and those close to them

- **Staff worked hard to involve children, young people and those close to them in decisions about their care and treatment. Provision of family-centred care was at the heart of the service's values.**
- Staff told us they put the child or young person, and their family, at the centre of their care and encouraged them to be involved in discussions and decisions. We looked at four annual family reviews and in all cases, it was evident the voice of the child had been heard.
- Children, young people and families were involved in the planning of their own care and were given the opportunity to voice concerns, discuss anxieties and set goals. Staff showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered.
- Parents told us staff focused on the needs of the child and their family. They felt involved in decisions about care and felt confident asking questions or raising concerns.
- Staff told us they supported children and their parents or carers to manage their own treatment needs and

Outstanding ☆

Are services caring?

found innovative ways to enable this. Staff also encouraged children to describe how they were feeling and used alternative methods of communication when required.

Good

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

This was the first time we had rated this service. We rated it as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service met the needs of children in vulnerable circumstances, including those with communication difficulties.
- Staff and managers worked hard to ensure children received bespoke care packages which met their needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

Planning and delivering services which meet people's needs

- **The service planned and provided services which were tailored to meet the needs of individual people, to ensure flexibility, choice and continuity of care.**
- We discussed examples of staff recruitment with managers and were told that the service worked proactively to match children and families with the most appropriate care staff for their needs. We were told this had previously involved recruiting staff based around cultural and language requirements, sometimes at short notice due to hospital discharge deadlines. Families were invited to be involved in the staff interview process.
- Managers told us they liaised regularly with external agencies and other care providers to review and gather feedback about the care they provided, to help inform their own planning and development. For example, in 2018 they had participated in a local authority best practice review and an external health and safety review. The service also requested regular feedback from stakeholders in the form of a partners' survey.
- The service engaged with children, families and young people in the planning of services. We looked at annual family reviews and saw that outcomes were recorded and measured; care was regularly reviewed and families told us that communication with staff and managers was excellent.
- We saw that care plans were tailored to the specific needs of each child and their family, and care plans were regularly reviewed and updated. We saw examples of care reviews, which involved staff, children and their families, and showed that outcomes set by families and the service had consistently been achieved.
- The service could access communications aids, if required, from a local company. We were told that in most cases this would not be necessary, as the child or young person would have communications support in place at the time of referral. Staff told us they worked closely with families to develop effective methods of communication.
- Information in other languages could also be obtained from a local company, and interpreting services could be accessed through the local authority. We were told these services were rarely used as carers were matched to families, and staff spoke a variety of languages. Family information booklets were produced in line with plain English standards and were available in an easy-reading format.
- Care staff attended school with children, and one team member had received joint training in meeting both care and educational needs for a child who required extra support. We viewed feedback from the child's family which showed the extra input had been beneficial.
- The service had arranged family focus groups for families to attend should they wish to do so. This gave an opportunity for them to access support, express concerns, and make suggestions for service developments.

Meeting the needs of people in vulnerable circumstances

- The service implemented the 'Ready Steady Go' (RSG) pathway to support children in the process of transition from child to adult services. Staff gave us an example of

Good

Are services responsive to people's needs?

a child's transition being managed ineffectively by the services involved, which had an impact on access to hospital and education. Learning from this included transition meetings being planned for all those involved in the child's care, in order to initiate the RSG process and enable effective communications.

- Managers told us that previous referrals to child and adolescent mental health services had been unsatisfactory and not relevant to the child's needs. The service overcame this by managing children's anxieties where possible and they could also access support for children through school psychologists, GPs and hospices.
- The service supported children and young people with communication difficulties well and worked alongside children and families to do so. Children had communication plans and devices in place, and staff were trained in communication techniques as part of their competency package.

Access to the right care at the right time

- The service received referrals from local authorities, commissioners and solicitors.
- The service provided care tailored to each child's individual needs, working in partnership with the child and their family.
- The service provided end of life care to children in their homes and, at the time of our inspection, was in the process of recruiting a palliative care team to care for a child on their waiting list.
- Managers told us that when referrals were received, they often had to work quickly to put care packages together in order to meet hospital discharge deadlines. We heard examples of managers travelling at short notice to assess children in hospital in other areas of the country, and recruiting specialised teams based on language and cultural requirements.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them comprehensively, learned lessons from the results, and shared these with all staff.**
- The service had a complaints policy and staff we spoke with knew how to access it. Staff felt the process was open and honest. Families could access the policy and knew how to make a complaint or raise a concern; they told us they felt confident that they would be listened to and treated fairly.
- Staff knew what actions to take when concerns were raised and this included trying to resolve problems as they occurred. Managers promoted an open, honest culture and communicated effectively with families. As a result, the service had received no formal complaints at the time of our inspection.
- We reviewed the service's feedback log and saw that, between February 2018 and January 2019, there had been 18 informal complaints or concerns, and 10 compliments. We did not identify any themes occurring and were assured that appropriate action was taken.
- Feedback from complaints, concerns and compliments was shared with staff at team meetings and through team social media communications. Staff told us they discussed complaints and identified areas of learning.
- We spoke with one of the service's commissioners who told us they maintained oversight of complaints, concerns and compliments, which ensured an independent and objective approach. They were satisfied the service always managed these appropriately.

Good

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

This was the first time we had rated this service. We rated it as **Good** because:

- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, children, young people and families.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved quality and safeguarded high standards of care.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support its activities.
- The service engaged well with children, young people, families, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving by learning from when things went well or wrong, promoting training, research and innovation.

Leadership of services

- **Managers had the right skills and abilities to run a service providing high-quality sustainable care.**
- Staff told us that leaders promoted an inclusive and collaborative style of leadership, and described them as supportive, visible and open to challenge.
- Service managers were appropriately qualified and experienced, and provided support to staff at all times, including through clinical supervision and during team meetings.
- We saw examples of proactive and supportive leadership. All staff we spoke with were very passionate about delivering excellence and ensuring the child and their family were at the very heart of the service. We observed a team meeting, which was managed well, and encouraged participation from everyone involved.
- We discussed management of staff who demonstrated poor behaviour or performance, and were assured that a fair, robust process was followed.
- In August 2018, the service accepted five children and young people to the caseload whose previous care packages had been discontinued at short notice. This led to a sudden increase in workload, recruitment and staffing, and managers describe this as a very challenging time. However, following discussion with managers and review of induction and training records, we were assured that processes had been implemented appropriately. The service worked with an independent consultation company which provided health and safety guidance, legal advice, and human resources support.

Service vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, children, young people and families**.
- The values of the service were to provide family-centred care, to support families to be in control of their care, and to support colleagues so in turn they could effectively support families.
- During our inspection we saw and heard that staff and managers understood and upheld the values of the service.
- We reviewed the board assurance framework and saw that the service had three strategic aims: to deliver outstanding care in partnership with families; to recruit, retain and develop a safe, highly skilled children's

complex care workforce reflective of the communities served; and to improve sustainability of services. Each aim was documented along with actions to be taken, progress made and associated risks.

Culture within the service

- **Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- Staff told us they felt valued and respected by managers and described them as approachable, visible and supportive.
- Managers were mindful of staff health and wellbeing and monitored it through one to one meetings and supervision. Staff participated in emotional resilience training and we saw they supported each other effectively. Managers were careful to ensure professional boundaries were maintained between staff and families.
- We attended a staff meeting and saw that communication between managers and staff was open and honest. Problems and concerns were discussed and all staff had a proactive approach to finding practical solutions.

Governance, risk management and quality measurement

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish. The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- There were clear lines of responsibility in the service which all staff we spoke with were aware of.
- We reviewed and discussed the service's policies; all were evidence-based, up to date and version controlled.
- We reviewed the risk register and discussed risks with managers; it was clear they had oversight of risks, action plans and assurances, and reviewed the register regularly. Risks included failure to ensure an adequate electronic care records system, failure to engage with families, inability to recruit appropriate staff with the right values and skills, and failure to ensure business continuity. We saw that actions and assurances were recorded for all risks on the register.
- The service had a lone working policy which staff were aware of and knew how to access. Managers told us that risks in relation to lone workers were low, due to staff being familiar with those they cared for, but they were able to contact each other to advise of any issues. A manager and a team leader were on call at all times.
- All staff we spoke with told us that quality and safety were of a high priority. Managers had oversight of staff training, competency and performance. Disclosure and Barring Service (DBS) checks had been completed and recorded in line with service policy.
- The registered manager was the service's governance lead and was clear about the responsibilities of this position. We saw that governance was discussed at board meetings, but managers told us they aimed to hold separate meetings in the future as the service expanded.
- The service had a programme of audits in place, undertaken monthly by team leaders during designated time. Managers had oversight of audit activity and discussed this in team leaders' meetings; if audit performance was unsatisfactory it was followed up with the relevant staff member and appropriate action taken.
- We reviewed the contingency plan for the service and saw that robust procedures could be implemented to enable continuity of service in case of emergency, including at the office base or in the community. The plan included a checklist of actions to be completed. One of the senior managers was on call at all times and had access to all staff and family contact details.

Information management

- **The service collected, analysed, managed and used information well to support its activities.**
- The service had an information governance policy in place regarding confidential and secure processing of sensitive information. Records and care plans were stored safely and appropriately.

Good

Are services well-led?

- The service used a combination of paper and electronic records but, following consultation and confirmation of funding, was due to implement an electronic records system in summer 2019.

Public engagement

- **The service engaged well with children, young people, families, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.**
- We reviewed the results of a partners' survey from August 2018, which involved commissioners, NHS trusts, community providers and schools. The survey asked for feedback regarding quality of care, safety, meeting needs of families, communication, partnership working, resolving concerns and leadership. There were nine responses and all were positive. Six respondents stated they were highly likely to recommend the service to others, and three had already recommended it.
- We reviewed four annual reviews from 2018, which had been completed by children and families. The feedback was consistently positive and all outcomes had been achieved; all families said they would be very likely to recommend the service to others.
- The service had developed focus groups for families wishing to be involved. The group meetings also involved commissioners, and allowed families to express their views and help develop services.
- We met with one of the service's commissioners who spoke highly of the managers and staff regarding their communication, competence and proactive approach. We were told managers were always open and honest, and met with commissioners every four to six weeks to discuss any issues or concerns.

Staff engagement

- We reviewed results from an ongoing staff survey which commenced in January 2019. Feedback had been received from 15 staff members at the time of our inspection, in areas including training, communication and leadership. All results were positive, and all staff rated working for the service as either very good or excellent.
- We attended a team meeting and observed staff members supporting and constructively challenging each other. They worked together to solve problems. Managers listened to concerns raised and offered appropriate and practical advice.
- Staff we spoke with told us they felt involved in service developments, and they said managers listened to them and valued their opinions.

Innovation, improvement and sustainability

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation**.
- The service voluntarily participated in a local authority best practice review, and a health and safety review conducted by an external agency. We saw that recommendations resulting from the reviews were followed and documented in order to improve care.
- The service had developed excellent communication links with care partners, enabling open and honest relationships. Carers worked alongside schools and participated in extra training in order to meet specific needs of children.
- One staff member had received joint training in care and education provision to enable a higher level of support to the child in their care
- Managers were in the process of recruiting staff to develop the palliative care and end of life services they provided to children and young people in response to a gap in service provision.