

North Tyneside Metropolitan Borough Council

Quadrant

Inspection report

16 The Silverlink North
Newcastle Upon Tyne
NE27 0BY
Tel: 01916432104
www.northtyneside.gov.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Summary of findings


Overall summary

Our rating of this service is good because:

- The service had enough staff to care for children and young people and keep them safe. Service users were at the centre of safeguarding and staff had a proactive approach to anticipating and managing risk. Staff had training in key skills, and understood how to protect children, young people and their families from abuse and neglect. Staff controlled infection risks well. The provider had a sustained track record of safety supported by accurate performance information. All staff were encouraged to participate in learning from internal and external incidents to improve safety.
- Staff provided good care and treatment to families, children and young people. Outcomes were consistently better when compared with other similar services, and there was a truly holistic approach to assessing, planning and delivering care. Managers monitored the effectiveness of the service and made sure staff competence was recognised as being integral to ensuring high quality care. Staff teams worked collaboratively and found innovative ways to deliver seamless care. Staff were consistent in supporting people to live healthier lives. They had a proactive approach to health promotion and the prevention of ill health. Staff made sure people had access to high quality health information and advice.
- Staff treated children, young people and their families with compassion and kindness. Feedback from service users was consistently positive and people thought the support they received exceeded their expectations. Staff were highly motivated to offer care that promoted peoples' rights and upheld their dignity. Staff recognised that the social and emotional needs of families, children and young people were just as important as their physical needs.
- The service planned care thoroughly to meet the needs of local people. There were innovative approaches to providing person-centred, integrated care, particularly for people with multiple and complex needs. People could access services flexibly and there was a proactive approach to understanding the needs and preferences of different groups of people. Technology was used innovatively to ensure people had access to timely treatment and care.
- Leaders at all levels of the service were compassionate, inclusive and effective. They demonstrated the high levels of experience and capability required to deliver excellent and sustainable care. Strategies and plans were fully aligned with plans in the wider health economy and leaders demonstrated commitment to system-wide collaboration and improvement. Leaders were highly visible, and staff felt respected, supported and proud to work for the service. There were high levels of satisfaction across most staff teams. Staff demonstrated a clear commitment to best practice performance and continual improvement for the benefit of the children, young people and families in the locality.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	

Summary of findings

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Summary of this inspection

Background to Quadrant

Quadrant provides health visiting and school nursing services to children and young people from 0-19 years old across North Tyneside. The service delivers elements of the national Healthy Child Programme, and prioritises children, young people and their families' health and wellbeing. This includes promoting the Best Start in Life for Children, improving access to health services, ensuring children are safeguarded and supporting children, young people and their families to live healthier lives and achieve their potential.

The framework that underpins the Public Health Nursing Service provision is the Healthy Child Programme 0-5 years and 5-19 years. This focuses on collaborative working in partnership with parents, carers and other agencies to improve health and wellbeing, support parenting in early life stages, undertake health and development reviews at key mandated stages of a child's development, promote the uptake of health screening and immunisations and provide evidence-based education and advice to help parents and young people make informed choices. This includes early identification of children and families in need of additional support to ensure they receive early help and intervention before problems develop further.

There were 4 health visiting teams split into 4 localities and 1 school nursing team overall for the borough. The health visiting service 4 locality teams were as follows:

Coastal team – Whitley Bay customer services centre

Central Team – Riverside children's centre in North Shields

North West Team – Shiremoor children's centre

South West Team – Howden children's centre

Quadrant has been registered since March 2017 for the regulated activity of treatment of disease, disorder and injury. The registered manager is the Director of Public Health for North Tyneside. Health visiting and school nursing in North Tyneside was previously provided by Northumbria Healthcare NHS Foundation Trust.

The first inspection of the service was in March 2018, when the service was unrated in line with other community health services. However, for this current inspection the service has been rated.

How we carried out this inspection

Before the inspection visit, we reviewed a range of information we held about the service. We analysed service-specific information provided by the organisation, and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive, and well-led.

During the inspection visit, the inspection team:

- Visited all 4 locality bases across the borough of North Tyneside as well as a primary school, family refuge and YMCA

Summary of this inspection

- Observed 3 home visits, 1 primary school screening visit, and 2 other clinics including infant feeding and child development
- Shadowed 3 safeguarding meetings including a multi-agency risk assessment conference, a multi-agency safeguarding hub meeting and a safeguarding joint agency review meeting
- Spoke with 12 people who used the service
- Spoke with the registered manager and senior managers from the service and local authority and a family partner from the council's early help service to discuss joint working
- Spoke with 25 other members of staff including team leaders, practice educator, safeguarding lead, safeguarding nurse advisors, health visitors, school nurses, staff nurses, child development practitioners, public health assistants, public health nurse students and administrative staff
- Attended a breast-feeding peer support group run by volunteers and supported by the service
- Attended safeguarding supervision and safeguarding training for student health visitors and school nurses
- Looked at 13 care and treatment records of service users
- Looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Outstanding practice



We found the following outstanding practice:

- The service had been awarded the UNICEF Gold Accreditation (The UNICEF UK Baby Friendly Initiative supports breastfeeding and parent infant relationships by working with public services to improve standards of care). The service continues to focus in this area and recently presented an element of their work at the National UNICEF conference.
- The service had imaginative approaches to person-centred care. There was a dedicated member of staff to work with homeless and vulnerable families including travellers, asylum seekers and refugees. The worker had specialist knowledge and understood the needs of those communities.
- The service had recently launched the 'Dad pad' app which provided fathers with free access to online resources and advice for being a new parent. The service was also preparing to launch a further version in the new year for co-parents (including LGBTQ+ non-birthing parents).

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Good	Good	Good	 Outstanding	Good
Overall	Good	Good	Good	Good	 Outstanding	Good

Community health services for children, young people and families

Good 

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Outstanding 

Is the service safe?

Good 

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Nursing staff received and kept up to date with their mandatory training. At the time of our inspection the overall compliance rate was 80%.

The mandatory training programme was comprehensive and met the needs of children, young people and staff. Courses included infection control, information governance, equality and diversity, health and safety, various modules in safeguarding and ICON training to support and advise parents with babies crying. There were 3 courses below 80 %; Infant feeding update course which was due to trainer illness; Mental Capacity Act and young people due to maternity leave and staff sickness and the cardio pulmonary resuscitation course which was a 2 part course and staff were half way through with the second element booked for January 2023.

All staff were currently undergoing the new Oliver McGowan learning disability and autism training as additional mandatory training, and this was due to be completed by December 2022.

Managers monitored mandatory training data monthly and reviewed performance in quarterly clinical governance meetings. Managers alerted staff by email when they needed to update their training and also discussed during 1:1 meetings.

Safeguarding

Staff understood how to protect children, young people and their families 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.

Community health services for children, young people and families

Good 

Staff received training specific for their role on how to recognise and report abuse. Staff were trained to the appropriate level in both child and adult safeguarding. They completed additional specialist training, some of which was delivered by in-house safeguarding leads during regular development days. We looked at a presentation delivered by the safeguarding lead nurse, infant feeding specialist and a nurse manager at a whole service-learning sessions using a case study, highlighting key issues to staff and lessons learned. There was evidence changes had been made as a result of feedback. For example, exploring feeding history, medical history, previous breast surgery and views on formula feeding as part of the review if there were breastfeeding issues.

The service employed a lead nurse for safeguarding and 2 safeguarding nurse advisors together with a safeguarding administrator. The team provided advice and support, training and supervision to staff and reported on these areas. Additionally, the safeguarding team contributed to interagency safeguarding practice through the multi-agency safeguarding hub and worked with interagency partners as part of the North Tyneside safeguarding children partnership.

Staff could give examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff completed mandatory training in equality and diversity and in safeguarding people from modern day slavery and human trafficking.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Each afternoon a safeguarding team staff member worked from the multi-agency safeguarding hub for the local authority to enhance shared working.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service made 78 safeguarding referrals in the last 12 months.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

Facilities were clean and tidy and had suitable furnishings which were clean and well-maintained.

Staff were aware of safe infection prevention and control measures. Staff completed mandatory training and had access to policies. Staff had easy access to personal protective equipment, and we observed this being used appropriately.

We observed staff using hand gel to clean their hands and adhering to the bare below the elbow guidance, in line with national good hygiene practice. We also observed staff practice good hand hygiene within family homes. The provider completed regular hand hygiene audits as seen during the inspection.

Staff cleaned equipment, such as height charts and weighing scales after each patient contact. Some equipment had disposable pieces that were only used with one service user. None of the service users we spoke with had any concerns about the provider's hygiene procedures.

Environment and equipment

Community health services for children, young people and families

Good 

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. When providing care in children and young people's homes staff took precautions and actions to protect themselves and children, young people and their families.

The service had suitable facilities to meet the needs of children and young people's families. All 4 main sites had good accessibility and were well placed within the local communities. Much of the activity carried out with service users took place in the service user's own home but clinics also ran in family centres managed by the local authority. Each school had suitable arrangements in place so staff could see young people in private.

The service had enough suitable equipment to help them to safely care for children and young people. Staff had access to their own equipment and did not have to share it with other staff teams. Staff carried out appropriate checks of specialist equipment, for example, weighing scales and other portable appliances. Nurse managers kept a log of equipment that needed calibrating or testing, and we saw testing was completed annually. All scales checked were in date at the time of inspection.

Staff disposed of waste safely in line with guidance from the local authority.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

Staff knew about and dealt with any specific risk issues. Staff undertook risk assessments using a recognised tool to help identify vulnerability and emerging risks. We reviewed 13 records and found that risk assessments were present and up to date. Any concerns or risks were added to the electronic record system to ensure all staff were aware.

Staff used the signs of safety framework to work with families to identify and manage risk. The format in recording assisted staff to work in partnership with families, ensuring they were central to the assessment and planning process. We saw staff were confident using this structure to capture key information. Within records staff also recorded the voice of a child in consideration of a child's views even if they were if not old enough to express themselves. Staff had access to additional templates on the system which they used to record any specific vulnerabilities and/or risks.

Staff undertook further risk assessments when appropriate when visiting families. For example, if the service had received intelligence from colleagues or another agency relating to a family, which identified a cause for concern. Practitioners told us in some cases, staff would visit in pairs, or see the family in one of the hubs.

Staff received training in Early Help Assessments and when appropriate made direct referrals to the perinatal mental health team. Staff also had access to the local children's mental health services for advice if required. The provider had established working arrangements in place with the wider support services for children and young people's mental health for example with the Hive Team and the Barnardo's Strategic Alliance. This included attendance of a regular Barnardo's Operational Group together with children's mental health services. Staff worked with specialists and other services to provide appropriate and timely care for children and families.

Staff shared key information to keep children, young people and their families safe when handing over their care to others.

Staffing

Community health services for children, young people and families

Good 

The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave staff a full induction.

The service had enough nursing and support staff to keep children and young people safe. There were 4 health visiting teams split into 4 localities and 1 school nursing team overall for the borough. Each locality team had a mix of health visitors, public health staff nurses, child development practitioners, public health assistants, specialist community public health student nurses and administrators. There were also infant feeding specialists who worked between the locality teams and a safeguarding team which dealt with complex child protection issues as well as supporting all staff.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift, in accordance with national guidance. Managers used local data based on population need, caseload sizes and addressing inequalities to calculate staffing and forecast how many staff they would need, and in which roles and locality teams for the coming years.

Managers reviewed caseloads weekly and staff told us these were manageable. Managers were able to adjust caseloads to account for complexity and staff had a mixture of universal and more complex cases.

The number of nurses and healthcare assistants matched the planned numbers. Managers calculated they would need 76 whole time equivalent staff, to run the service and they had 71 whole time equivalent staff in post.

The service attempted a 'grow your own' approach, whereby they provided training and development opportunities to recruited registered nurses and offered them support and training with additional public health nursing qualifications to fill vacancies in the specialist community public health nursing team. At the time of our visit the service had 3 whole time equivalent health visitors and 1 whole time equivalent school nurse qualifying in March 2023 and 3 whole time equivalent health visitors qualifying in September 2023.

The service had low and/or reducing turnover rates. In the 12 months prior to the inspection, the turnover rate was 10% of the workforce. Managers monitored the reasons staff left the service and most of them had either retired or they moved on to progress their careers. We saw examples of former staff that returned to work within the service and a new staff member told us she joined the service as a result of positive feedback from staff within the service.

The service had low sickness rates. The total full-time equivalent staff sickness absence rate for the 12 month period prior to the inspection was 4.48%. Managers monitored sickness patterns and had a comprehensive wellbeing offer for staff.

The service did not use bank and agency nurses.

Records

Staff kept detailed records of children and young people's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Community health services for children, young people and families

Good 

The service used an electronic care records system. During the inspection, we reviewed 13 care records. Notes were comprehensive, up to date and staff could access them easily. Records contained clear actions for ongoing care. All records we looked at demonstrated that the care delivered was family focussed, holistic and comprehensive. Staff completed care record audits to ensure quality was maintained and any improvements or learning was shared with staff at team meetings and supervision.

There was evidence that staff share care records with other local teams including the child and adolescent mental health team, speech and language team, therapy services and the person's GP as appropriate.

When children and young people transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Each staff member had their own unique log-on and staff were provided with training on information security and governance before they could use the system.

Medicines

The service used systems and processes to safely prescribe medication to be collected at local pharmacies. The service did not administer or store medicines.

The service had a non-medical prescribing lead and a prescribing policy in place and staff followed systems and processes to prescribe medicines safely. Nurses who were up to date with their competence could prescribe from a limited range of medicines. At the time of the inspection the service had 30 non-medical prescribers who were all health visitors. Staff had appropriate continuous professional development in place which meant the provider was assured staff were working within their competence. This consisted of annual external training and a review of prescribing as part of regular clinical supervision with nurse managers.

Staff stored and managed all prescribing documents safely and were aware of their responsibility to follow national guidance for safe storage and transportation. Prescription pads used by staff were appropriately allocated, monitored and stored safely.

The service did not deliver immunisations as these were commissioned separately however, staff promoted immunisations as part of their strategy of making every contact count. Records were updated to confirm when child immunisations had taken place and the data was reported to the clinical governance meeting.

Incidents

The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with local authority policy. In the 12 months prior to the inspection 56 incidents were reported. Staff identified themes for incidents with external partners such as the maternity service and a gap in communication. Work was in progress to address this by providing health visiting staff with read only access to the maternity patient information system to ensure staff had more up to date information prior to making contact with parents and carers.

Community health services for children, young people and families

Good 

The service had not had any never events although managers shared learning with their staff about never events that happened elsewhere.

Staff reported serious incidents clearly and in line with the provider's policy. However, in the 12 months prior to our inspection, the service had not reported any serious incidents.

Staff understood the duty to be open and transparent when things went wrong. They confirmed they would give children, young people and their families a full explanation in these situations.

Staff received feedback from investigation of incidents, both internal and external to the service. We reviewed a presentation to all staff relaying recommendations from a national review into 2 child deaths.

Staff met to discuss the feedback and look at improvements to children and young people's care. Incidents were discussed at weekly managers meetings and lessons learned were disseminated to staff through monthly team meetings or supervision. Staff told us about changes as a result of an incident and we saw those changes had been fully implemented and embedded. The key learning was to always consider and listen to the voice of the child in any situation. Record templates had been modified to allow for this to be recorded and we attended a training session for student health visitors where this was discussed and illustrated using a case study.

Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident either individually or as a team as appropriate. Staff told us managers were very supportive when incidents occurred.

Is the service effective?

Good 

We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people in their care.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to a wide range of practice guidance documents and professional practice service pathways. The service also had a practice educator and as part of their role they updated staff with any changes to NICE guidance and Nursing and Midwifery Council updates. During the inspection we saw a presentation which had been delivered to all staff covering numerous recent professional changes and updates.

Community health services for children, young people and families

Good 

Staff delivered the Healthy Child Programme comprising of universal contact for the mandated reviews. This is a Department of Health programme of early intervention and prevention for health visitor contacts with babies and children. Staff offered regular contact with every family which included a programme of screening tests, development reviews and information, guidance, and support for parents. In addition, the service provided universal access and early identification and help to those families needing additional parenting support and targeted interventions.

The service also worked to demonstrate a significant contribution to public health outcomes relevant to children and young people. For example, reducing excess weight as assessed against reception and year 6 National Child Measurement Programme data, improving children's school readiness and ensuring children receive their ready for school entitlement so they are ready to learn at 2 years old.

At handover meetings, staff routinely referred to the psychological and emotional needs of children, young people and their families. We saw evidence in care records that, in handover meetings and communication with midwives, staff took a holistic approach.

Nutrition and hydration

Staff ensured children, young people and their families had advice regarding food and drink to meet their needs and improve their health.

We received feedback from service users that staff provided advice where needed on diet and nutrition for parents, carers and their children. One parent said, 'they make sure I am going out and getting fresh air and I watch what I am eating'. Where appropriate, staff referred families to sources of help around nutrition including local food banks and access to healthy start vitamins. The service also delivered targeted ready for school sessions including the promotion of healthy eating and providing another opportunity for families to ask questions or have a discussion around nutrition and hydration with staff.

Specialist support from staff such as speech and language therapist, physiotherapists and occupational therapists was available for children and young people who needed it. Parents told us that staff referred children and young people to other appropriate professionals including speech and language therapists and paediatric services and that this was appropriate and timely.

Staff fully and accurately completed the personal child health record, also known as the red book, to record children and young people's health, growth and development.

Service user outcomes

Staff were actively engaged in monitoring and improving the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people. The service had been accredited as gold standard by the United Nations Children's Fund, (UNICEF UK), breastfeeding Baby Friendly Initiative. Outcomes for people who use the service were positive, consistent and regularly exceed expectations

The service participated in relevant national clinical audits, such the national Child Measurement Programme. The service had submitted breast-feeding rates to Public Health England who had validated and published the data on their website. The service also submitted data quarterly to Public Health England for the Healthy Child Programme and to NHS Digital for the community services data set which comprised more of demographic information for the area.

Community health services for children, young people and families

Good 

Outcomes for children and young people were positive, consistent and exceeded expectations, such as national standards. Managers and staff used the results to improve children and young people's outcomes. For example, the service offered interventions following some results from the national Child Measurement Programme at reception and year 6 such as targeted use of leisure facilities to improve outcomes.

Data reported to Public Health England for the Healthy Child Programme showed the service was meeting all of their mandated targets. The 5 contact points are antenatal, new birth up to 14 days, 6-8 weeks, 12-15 months and 2-2.5-year olds. Data reported to Public Health England showed that the service was achieving a minimum of 90% for all contact points which was above the national average.

The service was accredited by gold standard accreditation by the United Nations Children's Fund, (UNICEF UK), breastfeeding Baby Friendly Initiative. Breast feeding results were at their highest, historically 46.2% at 6-8 weeks old as a result of additional early feeding specialist resources being introduced.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time and further improve care and treatment. The service had a comprehensive audit schedule in place, which covered areas such as quality of care, record keeping, health and safety and prescribing. We saw staff were developing a further programme of audits to provide greater information to identify areas where further improvements to the service could be made.

Managers shared and made sure staff understood information from the audits. We saw an audit for the management and recording of Police child concern notifications and how they tracked performance of the service generated pathway and appropriate documentation in patient records. The performance was tracked over the last 3 years to show significant improvement. Other audit subjects included the nocturnal enuresis pathway (bedwetting at night) including referrals, staff input and discharge levels and UNICEF compliance assessing quality and outcomes. Improvement was checked and monitored by the leadership team.

Competent staff

The service made sure staff were competent for their roles and proactively supported and encouraged staff to acquire new skills and share best practice. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

The practice educator in conjunction with the management team supports the learning and development needs of staff. This comprised of updating existing qualified staff of changes in guidance, standards and practice and supporting the health visitor and school nurse students during their study period, including liaising with the relevant universities.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. The service had a good skills mix of staff including qualified nurses with additional specialist public health qualifications, child development practitioners trained to deliver evidenced based parenting programmes, public health support workers trained to carry out specific public health duties and infant feeding assistants who also received specialist training for their role. The staff we spoke with were experienced and highly knowledgeable about their role in the delivery of the healthy child programme.

Managers gave all new staff a full induction tailored to their role before they started work. Staff also received a corporate induction as part of North Tyneside Council, meeting staff from other areas and this also included a bus trip around the region. Quadrant provided staff with a minimum 6 month period of preceptorship which was run alongside their

Community health services for children, young people and families

Good 

induction programme. During our inspection, we spoke with 2 newly recruited staff. They both confirmed they were in receipt of a full structured induction into the role. They had also attended the service to meet staff and team bases prior to their start date. They described a full and varied programme of shadowing staff in variety of roles and teams to ensure a smooth transition to their new employer.

Managers supported staff to develop through yearly, constructive appraisals of their work. The compliance rate at the time of inspection for appraisal was 100% including a half yearly review. All the staff we spoke with confirmed they had an up-to-date appraisal.

Managers supported staff to develop through regular, constructive clinical supervision of their work. Managers and team leaders were trained to carry out effective supervision. The compliance rate in the last 12 months was 98%. Safeguarding supervision comprised of group supervision for caseload holders, staff nurses and CDP's. Staff also received regular group and individual supervision with a line manager. New staff received live supervision as well as a minimum of 6 monthly sessions. At inspection we spoke with a wide range of staff and they all confirmed they had received supervision in line with the provider's policy.

Managers made sure staff attended monthly team meetings or had access to full notes when they could not attend. The service also had a quarterly all service forum meeting for staff which was led by each team in turn. The forum was used for service updates for example from the senior leadership team, head of service and safeguarding team as well as presentations in key areas both internal and external to keep staff informed.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All staff had access to a wide range of online learning and support through continuous professional development sessions for example ages and stages questionnaires, nutrition, perinatal and infant mental health, early help assessments, female genital mutilation, child exploitation, terrorism and honour-based violence training. Staff told us they had the opportunity to discuss training needs with their line manager and were well supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. All clinical staff, health visitors and school nurses received a complimentary professional membership with their associated body namely Institute of Health Visiting (iHV) or School and Public Health Nurses Association (SAPHNA) and as such had access to a wide range of relevant and up to date professional training. Some health visitors had completed their iHV leadership programme and the head of service had been a mentor as part of the scheme for the last 2 years. The head of service was also attending a Common Purpose Leadership Programme and 2 staff were being supported for their masters degrees.

Managers identified poor staff performance promptly and supported staff to improve. At the time of our inspection no staff members were part of this process.

The service did not recruit volunteers directly however they supported a charitable organisation by training and supporting their volunteers to run peer support breast feeding sessions for new parents.

Multidisciplinary working

All those responsible for delivering care were committed to working collaboratively as a team to benefit children, young people and their families. They supported each other to provide good care and communicated effectively with other agencies.

Community health services for children, young people and families

Good 

Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. During the inspection we attended a multi-agency risk assessment conference, a multi-agency safeguarding hub meeting and other multiagency meetings to see clear cross sector working for example with the local authority, police, and education.

Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families and found innovative and efficient ways to deliver more joined up care. For example, the service worked closely with the midwifery services of the 2 local NHS Trusts. All services were involved and attended relevant meetings which ensured a multi-disciplinary approach. We saw good examples of services working collaboratively with targeted interventions and support.

Specialist Community Public Health Nursing Health visitors were allocated a GP practice within their locality and had monthly liaison meetings around the families with GPs. Children, young people and families we spoke with told us they were signposted appropriately and given information about services and providers in the area and staff referred children and young people to the school wellbeing service for mental health needs. We saw evidence in patients records of good engagement with other services to support the child, young person and their family.

Staff gave children, young people and families information on community groups and charities who could support them.

Health promotion

Staff were consistent in supporting children, young people and their families with practical support and advice to lead healthier lives including identifying those who needed extra support through a targeted and proactive approach.

The service had relevant information promoting healthy lifestyles and support. During the inspection we observed staff taking an individual and holistic approach to providing information. Children, young people and families we spoke with told us that staff would always provide information and provided this via several different methods.

Part of the service was to deliver the national child measurement programme for children in reception and year 6. We saw evidence in records that outcome letters to families gave healthy lifestyle advice and an invite to contact the service if more support or advice was needed.

Service users told us staff provided them with healthy lifestyle advice and practical support such as help with housing and benefits.

We saw examples of health promotion campaigns carried out online with weekly topics including smoking cessation, vaccines, mental health awareness, healthy eating and healthy recipes aimed at parents and young people in. The service also implemented support for parents with crying babies aimed at reducing stress and abuse.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Community health services for children, young people and families

Good 

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Should a capacity assessment be required the staff member would contact the GP or specialist mental health services within the council.

Staff made sure children, young people and their families consented to treatment based on all the information available. When children, young people or their families could not give consent, staff made decisions in their best interest, taking into account their wishes, culture and traditions. Staff clearly recorded consent in the children and young people's records.

Appropriate staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a young person under the age of 16 can consent to contraceptive or sexual health advice and treatment.

Specified staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff had access to social workers and other specialists within the local authority who provided advice as needed. Locally mental health support teams worked within local schools although this was commissioned separately to Quadrant.

Is the service caring?

Good 

Our rating of caring was good.

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way. We saw staff took time to understand the clients and look through the eyes of the young child.

Children, young people and their families said staff treated them well and with kindness. Families provided overwhelmingly positive feedback during inspection. They described health visitors as amazing, supportive and compassionate. Other comments gave particularly high praise for personalised work that families felt staff regularly went above and beyond and genuinely cared.

Staff followed policy to keep care and treatment confidential. Families said they were confident in discussing sensitive issues with staff.

Community health services for children, young people and families

Good 

Staff understood and respected the individual needs of each child and young person and showed understanding and a non-judgmental attitude when caring for or discussing those with mental health needs. During home visits, we observed staff were respectful of peoples' needs and preferences. Staff had a good understanding of the demographics and of the different issues facing different people.

Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs. The service recognised the need for sensitivity and staff worked hard to build relationships and trust with minority groups in order to provide care for their children and young people.

Emotional support

Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. Children, young people and their families appreciated the consistency of the same health visitor or school nurse, who would take time to understand the history, their family and their needs. People we spoke to told us that they were quick to respond if they needed to contact them outside of an appointment, staff would make additional appointments if necessary or provide useful information. One parent said, 'I can tell them my worries' another told us 'they are removed from your inner circle so you can really tell them how you are, they have been enormously helpful'. Others talked of lots of advice and support from staff including signposts to other services and helpful local information.

Staff supported children, young people and their families who became distressed in an open environment and helped them maintain their privacy and dignity. Where there may be several people attending clinics, we saw there were private rooms available should a confidential or private discussion be necessary.

Staff undertook training on having difficult conversations. Families told us staff were very approachable and empathetic with any problems. Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their families, wellbeing. We saw how staff would take a holistic and extended family approach, where appropriate. The service and staff would consider the environmental, financial and social impact on families and endeavour to meet these needs through support and signposting.

Understanding and involvement of patients and those close to them

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Staff made sure children, young people and their families understood their care and treatment. On the initial visit or appointment staff would introduce the service, gain consent and provide contact and feedback information.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary and communication issues and preferences were also documented on the electronic record system.

Community health services for children, young people and families

Good 

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this. The majority of feedback was collated via a tool to collect service user feedback called '2 minutes of your time' which patients accessed using a QR code. We saw recent results had been displayed on both staff and patient noticeboards. The patient noticeboards clearly displayed the poster 'you said we listened'. Other patient feedback was collated via North Tyneside Borough Councils overall complaints process and passed onto the service.

Staff supported children, young people and their families to make informed decisions about their care by assessing their individual needs, identifying difficulties, raising awareness and referring or signposting to appropriate services. We saw evidence of feedback and engagement in care planning in the records we looked at during inspection.

Carers were supported to access a carers assessment and review the assessment if circumstances changed. Where identified staff also supported young carers to access an assessment and signpost them to the local carers centre.

Is the service responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan and deliver high quality care.

Managers planned and organised services, so they met the changing needs of the local population. In response to the need identified in the local area, the service had a dedicated member of staff to work exclusively with homeless and vulnerable parents including travellers, asylum seekers and refugees. The worker had specialist knowledge and understood the needs of those communities to deliver bespoke person-centred care. There was also a dedicated specialist member of staff to provide support to children with special educational needs and their families.

Facilities and premises were appropriate for the services being delivered. There was good facilities management in place at all 4 sites, accessible within the communities and for people with physical disabilities.

The service had systems to care for children and young people in need of additional support and specialist intervention. The service used a multi-disciplinary approach to work with other agencies and services to provide holistic needs for children and young people. Families told us about examples where staff made referrals to, communicated with and worked with other services to meet individual needs of their children.

Managers monitored and took action to minimise missed appointments as this was seen as a missed opportunity with families. Staff contacted families when they did not attend appointments and there was also a daily duty cover in each locality team to ensure families could speak with qualified staff if their own health visitor was unavailable. During the COVID19 pandemic, clinics were by appointment only however these have changed back to drop-ins as a result of feedback to help families attend appointments. We saw staff used a calling card system if families were out to confirm when and what time they planned to return.

Community health services for children, young people and families

Good 

The service had systems to care for children and young people in need of additional support, specialist intervention, and planning for transition to adult services. The placement of the service in the local authority's wider public health department meant that staff had access to specialist interventions for families who needed them.

Service users told us that staff had an excellent knowledge of specialist services and often went the extra mile to identify services that could benefit individuals and families. The service had a specialist infant feeding team that worked in partnership with the health visitors to provide additional support to parents. Staff also signposted parents to the birth registration services provided by partners in the Early Help Team at core contacts. Prior to this some children were not being registered as the journey for parents to the main registrar's office was too far.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers. Outcomes for people who use services are positive, consistent and exceed expectations.

We spoke with children, young people and families who all fed back that their individual needs would be taken into consideration when booking appointments, providing information and signposting or liaising with other services. Services were delivered from community hubs as well as other local venues to further improve access.

Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss. The service made appropriate referrals and worked in partnership with other services with housing, environmental health and sport and leisure and other agencies and third sector organisations to ensure that the needs of all individuals were met. In healthcare records, we saw evidence that service users with a disability or sensory loss could access communication support and were provided with information in a format they could understand.

The service had information leaflets available in languages spoken by the children, young people, their families and local community. Leaflets could be translated into any community language as needed by staff in the local authority. Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed.

Service users, including young people and parents/families of children aged 0-19 years could use an accessible instant messaging to contact the service, even out of hours. Staff ensured these were responded to the next working day.

The service also provided a 'Chat Health' texting service for 11-19 year olds to access a school nurse and to provide feedback. The service was promoted in school assemblies, on school TV screens, in GP surgeries and all pupil school planners had a sticker to promote the service. This was implemented as a result of a consultation with the Tyneside's Youth Council members.

The service had implemented targeted ready for school sessions to identify any potential health or social issues that may require support before the child commences school. These sessions also allowed staff the opportunity to promote wider public health messages such as healthy eating.

Access and flow

Community health services for children, young people and families

Good 

People could access the service when they needed it and received the right care promptly.

Managers monitored waiting times and made sure children, young people and their families could access services when needed and received treatment within agreed timeframes and national targets. Managers made sure they allocated resources to meet their mandated contacts, so they did not have a waiting list. According to current data from Public Health England, the service performed better than the England average for meeting all of their mandated contacts.

Managers worked to keep the number of cancelled appointments to a minimum by implementing a daily duty rota. This was covered by qualified staff to avoid cancellation for example by unforeseen staff vacancies. Duty staff would either hold the appointment or if the family preferred re-book with their known member of staff. All families we spoke with told us how accessible staff were, as they had their allocated health visitors' mobile number to call or text when needed. They also told us that they had not had appointments cancelled unless by them and these were always rearranged at a convenient time.

Staff supported children, young people and their families when they were referred or transferred between services. Service users told us that staff went out of their way to support them to access appropriate specialist services. We saw examples of this at the handover from maternity services to the health visitors especially where the family circumstances were more complex as the handover may involve joint visits to help the transition. Staff also told us that for some children with additional needs they and their families may not be automatically transferred across to the school nursing part of the service if beneficial in some cases until the child was 7 years old.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

Children, young people and their families knew how to complain or raise concerns. A few of the service users we spoke with could not remember whether they had received information about how to make a complaint but most people told us they had no reason to make a complaint and that if they did, they would feel confident to ring either their health visitor or the service.

The service clearly displayed information about how to raise a concern in patient areas. The process was by using the overall North Tyneside Borough Council complaint reporting system which was also advertised on their website.

Staff understood the policy on complaints and knew how to handle them. Staff dealt with and resolved as many complaints as they could quickly and without the need for highly formal procedures. In the last 12 months the service had had 1 formal complaint which was not upheld. In the same period, the service received 2 informal complaints. An informal complaint was whereby staff facilitated an early resolution. These were logged locally on the incident reporting system. The service and staff also had 16 compliments.

Managers investigated complaints but there were low numbers of complaints and no recurring themes.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint.

Community health services for children, young people and families

Good 

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. We saw the investigation of 1 informal complaint resulted in a change of process which was shared with staff and the other 2 complaints were used as case studies for discussion and learning for staff to highlight key issues for example the importance of continuity of care.

Is the service well-led?

Outstanding



We rated well-led as outstanding.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were highly visible and approachable in the service for children young people their families and staff. They supported staff to develop their skills and take on more senior roles.

Leaders at all levels demonstrated high levels of experience and capability to deliver excellent sustainable care. The Head of Public Health in North Tyneside Borough Council was a qualified public health nurse as was the Quadrant head of service and the nurse managers leading the 5 teams for the service. Together these leaders had an in-depth understanding of the service users and the issues staff faced in delivering universal and targeted services to the population of North Tyneside. Managers and staff thought being a part of the public health team was of significant benefit to the service because of the synergy between the priorities of the service and the public health agenda. Being part of the local authority also meant staff were well integrated into statutory procedures including child safeguarding and sudden infant death review procedures.

Staff said leaders were visible, approachable and led by example. Senior leaders in the council visited the service and spoke with staff. Staff were on first name terms with the Director of Public Health and service manager, including those new to the service.

Service managers were in touch with the day-to-day issues facing staff. In April 2022, managers completed a restructure of the service to address amongst other issues the recurring recruitment and retention challenges resulting from national and regional shortages of specialist community public health nurses and exacerbated by the presence of NHS providers of 0-19 children's public health services locally. The changes created equity across the service, moved all staff onto local government terms and conditions and eradicated the need for supplements to ensure salaries broadly aligned to NHS salaries.

The new structure created clear progression and development opportunities which staff valued, and the service was clearly attracting new staff with NHS backgrounds to illustrate the success. Staff told us new staff were attracted to the service because of the strong leadership in place. There was a well-defined management structure ensuring each team member was clear about their role and what they were supposed to achieve.

Community health services for children, young people and families

Good 

Managers and team leaders supported staff at all levels to develop their skills and staff spoke highly of the training and development opportunities on offer. This included the additional training available for clinical staff as part of their professional body membership provided by Quadrant. Managers had strong recruitment strategies and succession planning was in place. The service offered nursing staff the opportunity of further training to become qualified as specialist public health nurses at two local universities. Seven staff were currently undergoing this pathway.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

North Tyneside Metropolitan Council had a clear service vision and strategy called the North Tyneside Plan. Quadrant shared this vision and we saw it was integrated into the work of the team. The vision and strategy was 'we listen, we care, we are ambitious, and we are good value for money'. Staff were very clear in their understanding of the shared organisational values and worked to them. The values were embedded within the organisation and formed part of the staff interview and induction process as well as to staff objectives in annual appraisals.

The service had strong partnerships and multi-agency working arrangements in place, which meant staff could deliver high quality care within the budget available.

Managers and staff knew and understood what the health priorities were for the locality within the wider public health system. They ensured their local plans reflected these priorities. Managers worked collaboratively with staff to monitor and review strategy and plans against evidence of progress and where necessary implemented change. For example, a specialist safeguarding team had been created to support staff deal with increasing complex safeguarding concerns. They had also created other specialist roles such as infant feeding, children and young people with specialist educational needs and homeless and vulnerable families.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children, young people, their families and staff could raise concerns without fear.

Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. All the staff we spoke with told us they felt supported and valued and staff were proud to work for the service. Some staff described it as 'feeling part of a family' and new staff were highly complementary as to how welcome they had been made to feel. Several staff remarked that colleagues always had time to answer their questions which may not have been the case in previous places of work. Service users said staff were focussed on their needs and went above and beyond to provide excellent care.

Community health services for children, young people and families

Good 

Our interviews with staff demonstrated most staff were highly motivated and passionate about their work. Team morale was generally high however, the school nursing staff were less fulfilled and motivated as they were delivering more targeted pieces of work such as the nocturnal enuresis programme and the new sleep programme rather than the previously delivered service including school drop-in sessions. The more targeted way of working was to ensure the value of staff input could be measured and the results showed improvements in these areas.

Managers strongly encouraged staff to develop their careers and provided opportunities for them to expand their skills and experience. Many managers and team leaders were recruited from within the service. The new organisational structure provided clear opportunities for career progression and promotion. The service was training their own specialist public health nursing staff with the support and oversight of a practice educator as well as their dedicated managers.

Staff told us that their wellbeing was supported and could give many examples of different types of support. Staff had the opportunity to work flexibly to suit their home life and the managers worked hard to adapt and flex the workforce to make this happen. Staff were offered additional support if they needed it and had access to occupational health including an employee assistance programme and counselling services. On National Nurses Day the service held a wellbeing day for all staff to focus on their own wellbeing. The event included external speakers, group wellbeing sessions, therapy treatment and health and diet promotion for staff.

At the time of the inspection, North Tyneside Council held the North East Better Health at Work Award – Ambassador Status.

Staff at all levels described an open culture where they were encouraged to raise any concerns and were confirmed these would be listened to. Staff described managers, senior managers and executives including the local authority Chief Executive Officer as personable and approachable and they were confident they would listen to any issues they raised. All service users said they felt confident to approach their individual worker with any concerns. Staff and managers preferred to resolve any service user concerns quickly and informally to the satisfaction of the person concerned.

There was strong collaboration, team working and support across all functions and a common focus on improving the quality and sustainability of care family's experiences within the area.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a clear governance structure which was part of the public health function of the local authority under the leadership and management of the Director of Public Health reporting directly to the Chief Executive. The service was delivered in the context of the 'Our North Tyneside Plan, Equally Well, the joint Health and Wellbeing Strategy' and the Children and Young People's plan for the borough. There was a clear flow of information from the service to executive level and vice versa.

The local authority's performance team produced a quarterly 0-19 children's public health service dashboard detailing an overview of the performance data for the health visiting and school nursing teams and highlighted any significant

Community health services for children, young people and families

Good 

risks and/or areas for development and improvement. It also reported on other data such as caseloads, safeguarding, education health and care plan requests, topics and themes from Parentline calls, school nurse conversations opened, nocturnal enuresis dashboard and comparisons of children's weights including trends. Managers also received monthly data from the client information system, incident reporting system and staff performance and compliance data.

The service had strong governance processes in place to ensure that the service was appropriately staffed, and that staff were well trained and supervised. Managers met weekly to discuss staffing, caseloads, equality, diversity and inclusion, incidents and learning, safeguarding and audits. There was a clear pathway for information to feed into the quarterly clinical governance meetings.

Compliance rates for supervision and appraisal were good and staff told us they felt well supported and had opportunities to develop and progress within the service. All staff had regular opportunities to meet, discuss and learn from the performance of the service. This included monthly team meetings and quarterly all service meeting. Each team in turn took responsibility for agenda the content of the quarterly forum ensuring a wide range of topics were covered.

The service worked closely with other providers who delivered services in the locality. This included the Early Help team, midwifery services and the provider delivering the immunisations programme to children and young people. The service also worked with charitable organisations to improve overall care for families.

Feedback from children, young people and families was positive. People we spoke with told us that the staff would go above and beyond to meet their individual needs. During inspection we observed skilled staff who treated children, young people and their families with understanding, empathy and compassion.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a demonstrated commitment to best practice performance and risk management systems and processes. Managers had a performance dashboard that they shared with staff at team meetings and discussed at quarterly clinical governance meetings. They collected a wide range of information including mandated contacts data, safeguarding activity, supervision and training compliance rates, service user feedback, incidents and complaints. We saw all 5 of the mandated contacts data was 90% or above which was above the national average.

The service had a risk register that reflected the concerns of staff. Managers regularly reviewed risks and had appropriate mitigation in place for all risks identified. An example of one such risk was lone working for staff. Measures were in place to minimise risks and managers were working to improve this. The service was in the process of rolling out a new electronic device system to be monitored externally to ensure the safety of staff when working alone. The pilot was underway as was staff training. Staff had been asked to report any issues so managers could monitor progress with improvements. Any serious risks were also placed on the local authority corporate risk register for further scrutiny and actions.

Community health services for children, young people and families

Good 

The service reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use systems and functions effectively. We saw the child development practitioners had been trained to perform 1 year and 2 year developmental reviews and take a key role in early help assessments to assist health visitors with key contact points.

The service had plans for emergencies such as adverse weather conditions, loss of IT services, pandemics and other issues that could negatively impact on service delivery. Business continuity plans were in place across the locations.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Managers worked closely with staff and the local authority's policy, performance and research team to ensure systems worked effectively and to further improve information systems and data collection. Managers felt well equipped to utilise data to improve services. For example, data collected from the service Parentline to understand any trends in parent concerns where specific resources could be applied, or a social media campaign could be used to inform children or parents and provide additional signposting.

The electronic healthcare record and performance data were easy for staff to use and keep updated.

Managers consistently submitted appropriate data or notifications to external organisations including the Care Quality Commission as required.

Engagement

Leaders and staff actively and openly engaged with children, young people, their families, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff encouraged feedback on the service through questionnaires, surveys, verbal and written feedback. The service engaged with children, young people and families through social media pages and the website. The service had recently implemented a survey system called '2 minutes of your time' using a QR code to help children, young people and families give feedback on the service.

The service had a 'Chat Health' texting service to help engage with young people aged 11-19 looking for confidential support and advice. There was a similar texting service for parents called Parentline which is an anonymous texting service families can use to ask questions to qualified nurses. This was staffed by health visiting and school nursing teams during weekday office hours.

Patient survey results for 2022 had been translated into a 'you said we listened' poster displayed in waiting areas. In the survey 100% of families recommended the service and some requested greater email contact which has been implemented. The positive comments from patients were captured in a word cloud poster and displayed in staff rooms to remind them of the positive feedback.

Community health services for children, young people and families

Good 

In the latest staff survey in 2021, results indicated staff felt supported and had adapted well to the staff changes. Managers ensured staff were kept up to date with key information about the service. In addition to the monthly team meetings there were quarterly all service forums and senior managers regular visits to locality bases. The Head of Tyneside Council also sent out weekly newsletters to all staff.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research. There was a strong record of sharing work locally and nationally.

The service was awarded the UNICEF Gold Accreditation (The UNICEF UK Baby Friendly Initiative supports breastfeeding and parent infant relationships by working with public services to improve standards of care.). The service continues to focus in this area and recently the head of service was a speaker at the UNICEF conference about how instrumental leadership is in achieving and innovating in infant feeding.

The service launched the DadPad app in November 2022. This was an online application which provides fathers with greater access to online resources and advice for being a new parent. The service also provided hard back copies. Topics included basic baby care (holding, cleaning, nappy changing and seeping), coping with a crying baby, supporting mum breastfeeding, home safety, first aid and child development miles stones. Staff were also preparing to launch a further version in 2023 for co-parents (LGBTQ+ non birthing parents).

Managers and staff worked with a charitable organisation to provide virtual infant feeding support throughout the COVID19 pandemic and this had since changed to face to face sessions for the post-natal support group. There were a range of online videos accessible for parents at any time for support outside of group times. Volunteers assisted with the peer support group however the training and support was provided by Quadrant staff.

The service worked with the clinical commissioning group and local NHS trust to implement ICON, the NHS initiative across other agencies to normalise infant baby crying. Staff were trained to implement the scheme and we saw the results were audited in January 2022 to highlight any areas for improvement. The ICON work was built into the information provided in the new Dadpads application.

A further joint initiative with a local NHS trust speech and language team was called 'Chatterbox', introduced to support children's development with speech, language, and social and emotional development to the children of North Tyneside. This was a pilot for children at their 2 – 2.5 year assessment when staff assessed their speech and language. Children identified as requiring a review in 3 months were referred to an early intervention group named 'Chatterbox'. The children were reviewed again in 3 months to assess for progress and if further work or referrals were required.

The service had imaginative approach to person-centred care supporting homeless and vulnerable families as a result of a pilot. There was a dedicated member of staff to work with travellers, asylum seekers and refugees to signpost to other services or support with accessing all health needs to improve care. The worker had specialist knowledge, good links with other services and understood the needs of those communities.

The service was participating in the MapMe study developed by Newcastle University. The tool was designed to improve parental acknowledgement and understanding of childhood overweight and obesity, in the national Child Measurement Programme and to measure if this understanding leads to improved child weight outcomes.

Community health services for children, young people and families

Good 

The service was selected to be part of a pilot to improve sleep for children through a strategic alliance run by a national children's charity. The findings will be evaluated in 2025 and if successful this scheme will be rolled out nationally. The service called this initiative 'Sleep Well North Tyneside' and staff across the service and local authority had been trained in sleep awareness to deliver the programme to young people.

The service provided restorative supervision for staff facilitated by an independent public body. Restorative supervision aims to strengthen staff resilience, improving their own health and wellbeing, and supporting their ability to make appropriate clinical decisions in often complex situations. Due to the positive feedback by staff the service had provided further opportunities for staff to take up this training.

The service had been nominated for a national safeguarding award in 2021 for their multi-agency staff supervision model as part of the Multi Agency Safeguarding Hub. The service had also been nominated for a national infant feeding award.