

City of York Council

Healthy Child Service 0-19

Inspection report

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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?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We rated it as good because:

- Staff understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided really good care and treatment. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, requested feedback and acted on complaints.
- Leaders ran services well using information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt supported, they were focused on the needs of children and young people receiving care and all staff were committed to improving services continually.

However:

- The service did not have enough staff within the school nursing team to provide all activities outlined in the standard operating procedure so that young people could access the service when they needed it but the service had a plan to reduce these vacancies.
- Mandatory training compliance did not meet the providers target however we observed staff to be competent and knowledgeable and the staff we spoke with were positive about the training provided.
- Managers did not measure outcomes for all aspects of the service and not all staff were clear about their roles and accountabilities.

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 Healthy Child Service 0-19

The Healthy Child Service sits within City of York Council and incorporates York's Health Visiting Service and School Nurse Service. York's Healthy Child Service delivers information, advice and support for children and parents of children aged 0 to 19 years old.

Services are available to all children, young people and their families and cover the North, East and West of York. The services are delivered from a range of community settings including children's centres, schools and families' homes.

The service first registered with the Care Quality Commission (CQC) in July 2018 to provide the following regulated activities:

- Treatment for disease, disorder or injury.

The service has a registered manager. The registered manager, along with the registered provider, is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations.

The service has not previously been inspected.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited three sites, looked at the quality of the environment and observed how staff were caring for children, young people and their families
- went on six home visits, observed three contacts in a healthy child drop-in clinic, attended an integrated two-year pilot review and a child in need meeting
- spoke with the head of public health for the healthy child service
- spoke with two service managers, the practice teacher and the safeguarding lead nurse
- spoke with 13 other members of staff including five health visitors, two school nurses, two screeners, two child development workers, one children in care nurse and one children and young people health outreach nurse
- collected feedback from nine children, young people and families who were using the service
- collected written feedback from five partner organisations
- looked at nine care and treatment records
- 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>.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Summary of this inspection

Action the service MUST take to improve:

- The service must ensure that it improves completion of mandatory training courses for all staff in line with the providers compliance target. (Regulation 18(2a)).
- The service must ensure that there are enough staff to undertake all activities outlined in the standard operating procedure for the school nursing service. (Regulation 18(1)).

Action the service SHOULD take to improve:

- The service should ensure that improvements outlined in the strategic plan are embedded and reviewed including workforce development, outcome monitoring of all aspects of service delivery and co-production with children, young people and families.
- The service should ensure that all risks to service delivery are identified, escalated and captured on the risk register to ensure actions are taken to reduce the impact.

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	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good 

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Community health services for children, young people and families safe?

Requires Improvement 

Mandatory training

The service provided mandatory training in key skills to all staff however mandatory training compliance did not meet the providers target.

The provider had a range of mandatory training and sourced training specific to staff members roles but due to low compliance in some training areas we could not be assured that the training met all the needs of children, young people and staff.

The provider set a compliance target of 90% for mandatory training. At 01 September 2021 there were six courses which did not meet this target and were applicable to all staff, such as basic life support, early help and children in care training. There were also three role specific mandatory training courses; breastfeeding, perinatal mental health and sexual health training which were below the providers compliance target. In addition to this were a range of other non-mandatory training courses, such as training on special educational needs and disabilities, immunisations and bowel and bladder training and approximately half of the staff eligible to complete these courses had done.

The service had a member of staff who was responsible for maintaining the training matrix and monitoring of compliance. The practice teacher produced a quarterly report so that managers could monitor mandatory training and alerted staff when they needed to update their training however staff did not have access to this matrix and due to clinical demands on staff time training was not always completed.

Most staff we spoke with were positive about the training courses available and felt this met their needs however time and availability of courses was a barrier to completion.

Managers told us that training courses which required face to face training had not been available to access due to the COVID-19 pandemic. We saw evidence that compliance of some courses, such as graded care profiles, basic life support, manual handling and children in care training had been higher prior to the COVID-19 pandemic. The service had sourced e-learning packages for courses such as basic life support and manual handling and we saw evidence that compliance had increased on the introduction of these accessible training packages.

Community health services for children, young people and families

Good 

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.

The provider told us that at the 31 July 2021 safeguarding training compliance was 92% overall. The level of training required varied between Level 2 and Level 4 safeguarding training. All staff received training specific for their role on how to recognise and report abuse. Staff were allocated a required training level in line with the Royal College of Nursing (RCN) Document 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff' which was based on their level of contact with children and their role in child protection processes.

The service employed a lead nurse for safeguarding and three safeguarding children nurses. The team provided advice and support, training and supervision to the healthy child service 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 City of York safeguarding children partnership. The team developed a service plan for safeguarding and reviewed the training needs of staff.

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 knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Between 01 September 2020 and 01 September 2021, the service made 79 safeguarding referrals.

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.

All three sites were clean and had suitable furnishings which were clean and well-maintained.

During inspection we observed staff on home visits and drop-in clinics. Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after contact with children, young people and their families and labelled equipment to show when it was last maintained.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Community health services for children, young people and families

Good 

The service had suitable facilities to meet the needs of children and young people's families. all three sites had good accessibility and were well placed within the local communities. The service shared premises with schools, nurseries, midwifery and other community teams. There was enough office space and rooms to cater for drop-in clinics and larger meetings.

Although staff saw children, young people and their families on the three sites the majority of the time they would be seen out in the community and in their own homes. The service had a lone working procedure for staff to follow. Staff completed lone worker training as part of induction and at 01 September 2021 90% of staff had completed this. Staff kept their calendars up to date and would ring into the duty health visitor to inform them of their location.

The service had enough suitable equipment to help them to safely care for children and young people.

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 used nationally recognised tools and risk assessments to identify children or young people at risk of deterioration and escalated them appropriately. For example, a developmental screening tool, breastfeeding assessment tool, emerging neglect tool and mental health assessments.

Staff knew about and dealt with any specific risk issues. For example, home conditions risk assessments were conducted, with consent, on the new birth visit to families.

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

The electronic record system, verbal handovers and team meetings included all necessary key information to keep children and young people safe.

Staffing

The service did not have enough staff in the school nursing team although the service had enough staff to undertake all statutory functions and mandated contacts. Staff had the right qualifications, skills and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment but mandatory training compliance did not meet the providers target. Managers regularly reviewed staffing levels and skill mix, and gave agency staff a full induction.

At 01 September 2021 the service had a vacancy rate of 26% of the overall establishment. The biggest impact of these vacancies was within the school nursing team. At 01 September 2021 the service had a vacancy rate of 60% of the school nurse establishment. We spoke with six members of the school nursing team during inspection who told us that the school health drop in clinics were not being delivered due to workload and vacancies. The aim of the clinics was to improve young people's access to health services. Managers told us that school drop in appointments had not been delivered due to the COVID-19 pandemic and restrictions on access to school. The service had contacted all schools and given them the opportunity to request a drop-in clinic and had set up a texting service for young people although feedback indicated that this was not routinely used.

Community health services for children, young people and families

Good 

The school nursing team also told us it was a challenge seeing children who did not already have school health involvement and the team had to focus on delivery of statutory functions, however other healthcare professionals could refer to the school nursing team for a health assessment of a child or young person. The service had added to the risk register a risk to delivering service to school aged children due to challenges recruiting. The service had reviewed staffing levels and two members of staff had begun their school nurse training. The service were upskilling staff to work 0-11 years within regulatory guidance, but this was not fully embedded at the time of inspection.

At 01 September 2021 the service had a turnover rate of 10.8%.

The service had low and reducing sickness rates. At 01 September 2021 the service sickness rate was 3.8%.

The service did not routinely use bank or agency nurses but had one regular agency health visitor at the time of the inspection. When they did, managers made sure all bank or agency nurses had a full induction and understood the service.

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.

We looked at nine records on the electronic record system and during home visits observed health visitors and child development workers using the personal child health record or red books to record and plot measurements taken. Notes about children, young people and their families were comprehensive, and all staff could access them easily.

Children, young people and families we spoke with told us that information was kept up to date and had no concerns about security or sharing of information.

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

Records were stored securely on a electronic record system however during home visits staff did not use laptops and completed electronic records when they returned to their base. Managers we spoke to agreed that this was an improvement the service considered but was mindful of balancing positive interaction with productivity, efficiency and reducing the risk in terms of information security.

Incidents

The service managed safety incidents involving children and young people 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. Between 1 September 2020 to 1 September 2021 the service had recorded two incidents on their incident reporting system. We spoke with 18 members of staff during inspection and all of them knew how to report incidents.

Staff raised concerns and reported incidents and near misses in line with provider policy.

Community health services for children, young people and families

Good 

Staff understood the duty of candour. They were open and transparent, and gave children, young people and their families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to children and young people's care.

There was evidence that changes had been made as a result of feedback. For example, a clinical supervision session covered faltering growth and strengthening communication between other health professionals following feedback from paediatric services.

Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations and we saw evidence of this during inspection.

Managers debriefed and supported staff after any serious incident. Learning from incidents was escalated to staff through several different routes such as supervision and team meetings. Any concerns or risks can be added to a warning register or flagged on the electronic record system to ensure all staff are aware.

Are Community health services for children, young people and families effective?

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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The practice teacher was responsible for the dissemination of national institute for health and care excellence and institute of health visiting guidance to all staff.

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. The service made adjustments for children, young people and their families' religious, cultural and other needs.

Staff made sure they supported children, young people and their families regarding eating healthy during pregnancy, infant feeding, healthy eating and healthy growth. The service would signpost families to information, resources or services to support them in their food choices.

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

Community health services for children, young people and families

Good 

Staff would refer into specialist support, such as paediatric services or speech and language therapists for children and young people who needed it.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.

The service participated in relevant national clinical audits, such as the mandated contacts for the 0-5 age group. Objectives and targets for health visiting teams were defined by national standards.

In contrast the school nursing service do not have mandated contacts, except for the national child measurement programme, so outcomes for this part of the service are not currently measured. When we spoke with managers in the service, they told us that performance targets and monitoring was being established as part of the strategy review and not yet embedded.

The service was participating in national campaigns such as ICON coping with crying campaign and the look say sing play campaign to promote bonding, attachment and healthy brain development. These had been integrated into service delivery during the new birth and 6-8 week contacts with health visitors.

The service was also involved in the early talk for York programme which was a multi-disciplinary approach to improving outcomes in children's speech, language and communication.

The service had been successful in a bid to work in partnership with an innovation agency. As part of this work a project group have explored the barriers to uptake of the two-year review in health visiting. Early findings from the pilot have improved uptake of the two-year review.

The outcomes, which were measured, for children and young people were positive, consistent and met expectations, such as national standards. Managers and staff monitored and used the results to improve children and young people's outcomes in these areas.

Managers and staff carried out audits to check improvement over time and used the information to improve care and treatment. A live data dashboard had been implemented and this included quantitative and qualitative outcome data.

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 development.

The practice teacher supported the learning and development needs of staff.

Staff were experienced, qualified and had the right skills and knowledge.

Between 01 January 2021 – 01 September 2021 the service had an average of 88% compliance for management supervision.

Community health services for children, young people and families

Good 

The service provided clinical supervision for each staff group which were held quarterly. The service provided data which showed the number of staff attending these sessions varied. At the last clinical supervision sessions 77% of health visitors attended, 40% of school nurses attended and 66% of child development workers attended. The next clinical supervision sessions were booked for September 2021. Members of staff we spoke to told us they found these sessions helpful and the practice teacher gave staff several dates to book on to enable a higher chance of attending.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. The compliance rate for staff appraisals in 2021 was 100%. All members of staff we spoke to confirmed that they had recently had an appraisal and were positive about their personal and professional development.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Staff had the opportunity to discuss training needs with their line manager and supported to develop their skills and knowledge, including any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care.

During inspection we observed meetings which included other healthcare professionals. Some members of staff we spoke with told us that the service had clear pathways and information sharing agreements with other health care disciplines, such as midwifery, perinatal mental health and child and adolescent mental health services. The service had quarterly liaison meetings with GPs and quarterly link meetings with some early years settings. 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.

We received feedback from five partner organisations who said that the service has provided clear communication to schools about the service provision, taken prompt action when alerted to concerns, developed good working relationships for joint visits and a recognition that staff have attended training and developed skills in order to identify speech, language and communication needs in children.

Health promotion

Staff gave children, young people and their families practical support and advice to lead healthier lives.

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

Community health services for children, young people and families

Good 

Staff assessed each child and young person's health and provided support for any individual needs to live a healthier lifestyle. Part of the service was to deliver the national child measurement programme for children in reception and year six. 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.

Consent and Mental Capacity Act

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.

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care.

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, considering their wishes, culture and traditions.

Staff clearly recorded consent in the nine children and young people's records we looked at on inspection.

Staff received and kept up to date with training in the Mental Capacity Act, compliance at 01 September 2021 was 90% achieving the providers target.

Staff gained consent from children, young people or their families for their care and treatment in line with legislation and guidance.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act.

Are Community health services for children, young people and families caring?

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. When we spoke with children, young people and their families they told us that staff would consider all their needs and if other children were in the household, they would interact with them whilst ensuring all relevant tasks were completed.

Community health services for children, young people and families

Good 

We gained feedback from nine children, young people and their families who said staff treated them well and with kindness.

Staff followed policy to keep care and treatment confidential. The service had a standard operating procedure which clearly outlined information sharing and record keeping for staff. All families were provided with an insert for the red book which outlined the services privacy notice and a link to more information.

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 inspection we observed ten interactions with a range of children, young people and families and all staff remained professional, respectful and non-judgemental during all these interactions. Families we spoke with described how much the service exceeded their expectations and how much they appreciated the support provided.

Staff we spoke with during inspection 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, for example a member of staff had liaised with and signposted a family to the national deaf society to support a partially deaf child and staff regularly supported parents from the LGBT+ community.

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.

Staff supported children, young people and their families who became distressed in an open environment and helped them maintain their privacy and dignity. During inspection all drop-in clinics were by appointment only and therefore enabled 1-1 time with a member of staff. Prior to the COVID-19 pandemic drop ins would have had several people on site at the same time however we were assured that there were private rooms available on all sites for a confidential or private discussion.

Staff demonstrated empathy when having difficult conversations.

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 observed during inspection how the service would take a holistic and extended family approach, where appropriate. The service 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.

Community health services for children, young people and families

Good 

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

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 nine records we looked at during inspection.

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.

During inspection we spoke to managers about how children, young people and their families could give feedback on the service and managers recognised that some improvements needed to be made due to limited feedback and co-production with children, young people and their families. The service planned to incorporate this into their new strategy and needed to embed new feedback methods into service delivery. During inspection we spoke with nine children, young people and their families who all gave positive feedback about the service. People told us that they felt listened to, that staff were empathetic, caring and very knowledgeable.

Are Community health services for children, young people and families responsive?

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 care.

Managers planned and organised services so they met the changing needs of the local population, for example the service provided a breastfeeding drop in clinic but since the COVID-19 pandemic had offered 1-1 support for breastfeeding. A social breastfeeding group was already established in the area and feedback from families indicated the 1-1 support was more beneficial.

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

Managers ensured that children, young people and their families who did not attend appointments were contacted and we observed this procedure in action.

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.

We spoke with nine 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.

Community health services for children, young people and families

Good 

Staff had access to a standard operating procedure which outlined the pathways of children, young people and families moving in or out of the service.

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 and agencies to ensure that the needs of all individuals were met. Staff would also tailor the service to meet individual needs and for example, agree the best contact method.

The service had access to information leaflets available in languages spoken by the children, young people, their families and local community.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed.

Access and flow

Children, young people and families could access the service and received the right care promptly. Waiting times from referral to treatment were in line with national standards.

Managers monitored waiting times and made sure children, young people and their families were prioritised to access services when needed and received treatment within agreed timeframes and national targets.

Managers worked to keep the number of cancelled appointments to a minimum. When children and young people had their appointments cancelled at the last minute these were rearranged as soon as possible. All the children, young people and families we spoke with told us that they had not had appointments cancelled unless by them and were always rearranged at a time to suit them.

Staff supported children, young people and their families when they were referred or transferred between services. The service had a clear policy and timescales in place regarding movement and transfer out of the city. Managers monitored transfers of children, young people and their families and followed national standards.

Learning from complaints and concerns

People could 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.

We spoke with nine children, young people and their families who all knew how to complain or raise concerns. Between 1 September 2020 and 1 September 2021, the service received seven complaints.

The service clearly displayed information about how to raise a concern and provided all children, young people and families with an insert in the red book containing phone numbers, and how to raise complaints, concerns and compliments.

Staff understood the policy on complaints and knew how to handle them.

Community health services for children, young people and families

Good 

Managers investigated complaints and identified themes and we looked at the seven complaints received and saw that the process and handling of these was good and investigations thorough.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint. One family member we spoke with informed us of a complaint they had made which we viewed during inspection and found that this had been recorded, investigated and appropriate action taken.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff could give examples of how they used feedback from children, young people and their families to improve daily practice, for example during the COVID-19 pandemic IT systems had to be developed and some support was provided virtually. Feedback showed that some children, young people and families liked the option of virtual or telephone appointments so this will be included as part of the service offer, where appropriate.

Are Community health services for children, young people and families well-led?

Good 

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

All staff we spoke with told us that managers were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles or where staff had interests this was developed, and staff told us that they took on roles as champions in breastfeeding and mental health. Staff champions supported colleagues and had the opportunity to deliver pilot projects to improve support networks and outcomes for the community.

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. The service had a new draft strategy for 2021 – 2024 due to be approved in September 2021 which included the issues and priorities that the service faced such as an improved offer for school aged children, performance and outcome monitoring and co-production with families and young people.

Leaders and staff understood and knew how to apply them and monitor progress.

Culture

Community health services for children, young people and families

Good 

During our inspection we spoke with 16 members of staff and 11 told us they felt respected, supported and valued. Five members of staff told us that they felt supported and valued by their team members, but morale was low due to vacancies, workload pressures and a lack of clear direction. During inspection we spoke to managers who told us that they were aware of the issues, they had reviewed staffing levels and had plans to upskill staff, a new strategy had been developed and they had committed to involve staff in the development of service plans although this was not fully embedded at the time of inspection.

They were focused on the needs of patients receiving care.

The service promoted equality and diversity in daily work and provided opportunities for development and career progression. Staff told us there were opportunities to develop and apply for different roles within the service. Staff were encouraged to develop their skills, especially if they had a specific interest, and support and train colleagues in this area.

The service had an open culture where children, young people and their families and staff could raise concerns without fear and this was confirmed by all staff, children, young people and their families we spoke with during our inspection.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations.

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.

During inspection we observed good partnership working and received feedback from other providers and stakeholders who stated that the healthy child service was a valued partner at both a strategic and operational level.

The service played an active role in safeguarding and contributed to the development of the multi-agency safeguarding hub and working alongside other health partners to do so. Managers and the staff teams told us the safeguarding team within the service were an asset. They gave robust safeguarding advice and support, supervision, training and quality assurance.

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.

Most staff we spoke with were clear about their roles and accountabilities however some staff told us that due to workload and staffing pressures it was not always clear what they needed to focus on and when. The service did not have enough school nursing staff to undertake all activities outlined in the standard operating procedure for the school nursing service. Staff told us that it was a challenge seeing children who did not already have school health involvement and the team had to focus on delivery of statutory functions. The service had a plan to reduce vacancies within the service, but these were not fully embedded at the time of inspection.

Community health services for children, young people and families

Good 

Not all staff were completing mandatory training but the provider was aware of this and the training compliance was improving. The provider informed us that online courses had been implemented and the impact of the COVID-19 pandemic meant that some face to face training sessions were not being delivered. The practice teacher reported quarterly to the management team and the service planned to meet with workforce development to ensure the service has access to the training required to improve compliance across the service.

Outcome measurement, objectives and targets, especially for the school nursing team were less prescribed. Performance targets and monitoring were being considered as part of a strategy review but were not embedded at the time of inspection.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. Managers had access to a training and development matrix and managers were also involved in regular audits, incident reviews and investigations.

They didn't always identify and escalate relevant risks and issues. The service had a risk register however the risk of mandatory training not being delivered due to the COVID-19 pandemic was not included. When risks were identified and included on the risk register the service took actions to reduce their impact. The service had a business continuity plan in order to cope with unexpected events.

Information Management

The service had improved the collection of reliable data to analyse. Performance data was submitted to NHS England as part of a quarterly return and the service had introduced a live dashboard as a result of their partnership working and this produced more accessible and intuitive data.

Staff told us they could find the data they needed, in accessible formats to make decisions and improvements. The service used an electronic patient record system which all staff could access, and the system was also used by other healthcare professionals enabling the sharing of information. The information systems were integrated and secure.

Data or notifications were consistently submitted to external organisations as required.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

The service and provider carried out staff surveys to gain a better understanding of the impact of the COVID-19 pandemic on staff and feedback regarding service delivery during this time. When the service introduced new assessments or ways of working, they evaluated this and gained feedback from staff, for example we saw evidence of this following the introduction of a home conditions assessment tool.

They collaborated with partner organisations to help improve services for patients and feedback we received from partner organisations stated that the healthy child service was recognised locally as actively seeking to strengthen partnerships in order to secure better outcomes for children and young people.

Community health services for children, young people and families

Good 

The service requested feedback from families which could be provided by telephone, letter, email, website or online survey. Feedback methods and co-production were part of the services new strategy to improve engagement.

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. Staff were involved in pilot projects and we observed a meeting which staff attended to feedback on a pilot for the integrated two-year review in health visiting. One member of staff told us during inspection how they had been supported to be involved in the pilot and what a difference it was making to the outcomes for children, young people and families involved.

Leaders encouraged innovation and participation in research. The service had been successful in a bid to work in partnership with an innovation agency in a project to narrow the outcome gap between children growing up in disadvantage and the national average.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <ul style="list-style-type: none">• The service must ensure that it improves completion of mandatory training courses for all staff in line with the providers compliance target.• The service must ensure that there are enough staff to undertake all activities outlined in the standard operating procedure for the school nursing service.