Somerset County Council - Specialist Public Health Nursing

Specialist Public Health Nursing Service

Inspection report

Block B, Floor 3 - South
County Hall
Taunton
TA1 4DY
Tel: 03001232224

Date of inspection visit: 07 July 2022
Date of publication: 15/09/2022

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?	Good

Summary of findings

Overall summary

Somerset Public Health provide community care, delivered by health visitors, school nurses and across the county of Somerset.

We rated the service as good because:

- Staff understood how to protect children and young people from abuse, and managed safety well. For example, during our visit, staff members identified safeguarding concerns. They appropriately escalated and shared information. There was a fast multi-agency response in line with their safeguarding policy. The service was aware of the recommendations of national reviews like the recent Star and Arthur review in relation to children being harmed in their homes. Staff members received training in being extra vigilant.
- 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. For example, in March 2022, following a national and local review into non accidental injuries the service introduced the duty system so that all notifications about pregnancy, domestic abuse, accidents and emergency notifications went to a central duty line. Staff members were positive about the impact the duty system had made to their work in protecting patients.
- Staff provided good care and treatment. Care records showed clear strategies and interventions in place for each child open to the service. Managers monitored the effectiveness of the service and made sure staff were competent. 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. Parents told us staff were very attentive and would give them as much time as they needed. During observed interaction we saw they helped, comforted, supported and provided reassurance.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. The service was constantly looking for ways to improve and ensure services met existing and emerging needs. Managers looked at public health and demographic data to plan staffing, skills mix and services. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable 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. The service introduced new models of care to look at skill mix and work in different ways like practise teachers in localities following requests from staff. The service was currently looking at ways they could coproduce service developments with children and young people and families.
- Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Facilities were not all clean and did not all have a suitable furnishings which were clean and well-maintained. The carpets in the health visitors' room in the temporary building in Bridgwater were stained and bins in toilet areas did not all have lids.
- The service did not always have enough nursing and support staff.

Summary of findings

- The service did not always have suitable facilities to meet the needs of children and young people's families. Patients entering the Bridgewater site had unrestricted access to stairs leading to staffing areas and staff kitchen. There was no reception area so patients were unclear how to alert staff in the waiting area. There was not sufficient signage outside the temporary building in Bridgwater to ensure patients can easily access it.
- The voice of the child was not evident in all files reviewed.

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

Contents

Summary of this inspection

Background to Specialist Public Health Nursing Service

Somerset Public Health provide community care, delivered by health visitors, school nurses and across the county of Somerset.

Teams provided care and treatment from community-based clinics, children's centres, schools, and in children and people's homes. They worked alongside other teams such as speech and language therapy, adult social care and local trusts.

The service registered for the following regulated activity:

Treatment of disease, disorder or injury

The service transferred from the NHS on the 13 March 2019.The service has not previously been inspected.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

Before the inspection visit, we reviewed information that we held about the service. We announced this inspection prior to the inspection visit. Due to the service providing services throughout Somerset, we announced the inspection to ensure we were able to visit locations most suitable to our inspection methods.

During the inspection, the inspection team:

- spoke with 31 members of staff including heads of service, team managers, school nurses and health visitors. We held three staff focus groups
- spoke with 12 family members
- reviewed 11 care and treatment records
- attended and observed 8 sessions facilitated by staff, clinics, home visits and baby massage clinic
- toured the environment of two premises where care and treatment was provided at the Resource for Learning Centre in Bridgwater and Reckelford Children's Centre. (These are staff bases and clinical delivery and group programme sites for the Public Health Nursing (Health Visiting and School Nursing) Teams)

Summary of this inspection

- looked at a range of policies and procedures and other documents related 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 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.

Action the service SHOULD take to improve:

- The service should ensure they continue their recruitment programme to ensure the service is fully staffed
- The service should ensure patients do not have access to staff areas. The service should ensure arrangements are in place so patients are clear how to alert staff in the waiting area and there is sufficient signage outside the temporary building in Bridgwater to ensure patients can easily access it.
- The service should ensure the voice of the child is evident in all files.

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	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good

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

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

Good

We rated the service as good.

Mandatory training

The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it.

Staff kept up-to-date with their mandatory training. The overall training compliance rate was 87%. The only course to fall below the provider's target of 85% was Mental Capacity Act training. Compliance for this was 48%. The service recently introduced the training so were in the process of rolling it out. Staff had a good understand of the Mental Capacity Act and knew whom to contact for advice.

The mandatory training was comprehensive and met the needs of children, young people and staff. There were 18 areas of training. These included child development, mental health awareness, domestic abuse, information governance, equality and diversity and safeguarding.

Staff completed training offered on recognising and responding to children and young people with mental health needs, learning disabilities and autism. All public health nurses had completed mental health awareness training. They worked with the local mental health trust for advice and support. Health visitors had completed the perinatal and infant Institute of health visiting training to recognise paternal and maternal mental health difficulties in the perinatal period. There was an emotional health and well-being framework for schools in Somerset. This training identified young people's mental health and included trauma informed training

Managers monitored mandatory training and alerted staff when they needed to update their training. Mandatory training was provided through both e-learning and face to face sessions. The electronic system sent an email alert to staff and their managers three months before a course was due for renewal. Managers and locality leaders received regular reports regarding training compliance.

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.

Staff received training specific for their role on how to recognise and report abuse. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff were trained to the appropriate level in both child and adult safeguarding. For example, safeguarding level 3 for children. The overall compliance rate was 99%.

Staff took part in quarterly group safeguarding supervision sessions per year. They gave examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act. They completed training in equality and diversity and in safeguarding people from terrorism. The service had female genital mutilation (FGM) and child sexual exploitation (CSE) pathways in place.

Staff knew how to identify children and young people at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff worked closely with the local authority children's social care team, safeguarding leads in the local acute trust, Police, the Clinical Commissioning Group (CCG) to identify and protect children and families from harm. For example, they closely tracked unborn babies open to the local authority child and family assessment team where a vulnerability had been identified.

School nurses held drop-in sessions to support the child's individual needs. They worked with travellers, asylum seekers and members of the armed forces.

During our visit, staff members identified safeguarding concerns. They appropriately escalated and shared information. There was a fast multi-agency response in line with their safeguarding policy.

The service was aware of the recommendations of national reviews like the recent Star and Arthur review in relation to children being harmed in their homes. Staff members received training in being extra vigilant.

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.

Facilities were mostly clean and had suitable furnishings which were clean and well-maintained

In Bridgwater the carpet in the health visitors' room in the temporary accommodation was stained

and there were no bin lids in staff toilets. Following the inspection, the service contacted owners

of the building and requested new carpets and replace the toilet bins lids.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. For example, staff cleaned equipment, such as height charts and weighing scales after each patient contact.

Community health services for children, young people and families

Good

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.

The service did not always have suitable facilities to meet the needs of children and young people's families. The service based in Bridgwater was located in temporary accommodation on a school site while they were awaiting refurbishment of the permanent bespoke accommodation on the same site. The temporary accommodation did not have a designated reception area, there were few signs to indicate where the service was, and patients had easy access to the upstairs staffing area which included the kitchen. Some patients were not clear how to get staff attention once they were inside the building. Following the inspection, the service had put in additional signs and have begun to cordon off the stairs.

The service had enough suitable equipment to help them to safely care for children and young people and staff carried out daily safety checks of specialist equipment. Staff disposed of clinical waste safely.

Staff had access to their own equipment and did not have to share it with other teams. Staff disposed of waste safely in line with guidance.

The health visitors were able to make referrals on behalf of disadvantaged families to the Somerset Safer Homes Programme for access to safety equipment such as gates.

Assessing and responding to patient risk

Staff used a nationally recognised tool to identify children or young people at risk. These included the ASQ (Ages and Stages Questionnaire) tool to provide accurate, reliable, accurate developmental and social-emotional screening for child between birth and age six. They also used the Edinburgh postnatal depression scale in relation to perinatal infant mental health and maternity anxiety scales

Health visitors met families in the antenatal period and assessed the level of support required. Assessment included the additional interventions required to ensure the child achieved positive outcomes within the Public Health Nurse (PHN) Service.

Shortly before or after a baby was born parents received a personal child health record (PCHR) usually known as the “red book.” Health visitors used this to record each baby review, clinical visit, the child’s weight and height, vaccinations and other important information.

Staff used a centile chart to monitor the pattern of growth that healthy children usually follow. This allowed health professionals to monitor a child’s growth to ensure they were growing normally or if there may be signs of an underlying health issue.

Staff completed risk assessments for each child and young person on admission / arrival, using a recognised tool specific to children and families such as a domestic abuse risk assessment. All nursing staff were trained to use assessments that identified unmet need. They were able to escalate safety concerns where appropriate.

Staff knew about and dealt with any specific risk issues. Health visitors and school nurses used their clinical judgment to identify health needs early, determining potential risk and providing early intervention to prevent issues escalating.

At assessment meetings, staff routinely referred to the Whooley questions (a screening tool introduced by the National Institute for Health and Care Excellence (NICE) to identify symptoms of depression in antenatal and postnatal mental health) We saw this reflected in the records we reviewed.

At the height of the Covid-19 pandemic, the service continued to carry out face-to-face visits with the most vulnerable families. They carried out additional visits for families highlighted by safeguarding as being at risk.

The service had good access to mental health support from local trusts where staff were concerned about a child or young person's mental health.

Staff completed, or arranged, psychosocial assessments and risk assessments for children or young people. There was a clear pathway where staff could escalate concerns about young people thought to be at risk of self-harm or suicide.

Staff shared key information to keep children, young people and their families safe when handing over their care to others. Staff exchanged information with midwives prior to, or at referral into the 0-19 service. Where staff had specific concerns, they could speak with a practitioner directly.

Staffing

The service had 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,

The service did not always have enough nursing and support staff. Staff undertook visits where concerns were identified during the initial assessment, or through a multi-agency concern to ensure patients were safe.

The service had high vacancy rates and the number of staff did not always match the planned numbers. There were vacancies in three of the seven localities. For example, there was a vacancy rate of 23% across the service in relation to school nurses. In addition to maintaining a robust recruitment programme the service had been inventive in areas with staffing concerns and had introduced new models of care. For example, in the Yeovil area the service introduced a bundle of care which introduced more skill mix within the team and provided a practice teacher support. The service communicated their plans with staff around workforce development.

The service reviewed the workload of the current staff and found the number of children looked after health reviews completed by the nurses was high so they were working alongside the specialist children looked after team in the NHS and with commissioners to address this. They noted that if school nurses did fewer of these reviews it would provide more capacity in the service to deliver health improvement and health interventions.

In the Taunton area there was a 0.4 qualified health visitor vacancy, in Yeovil there were two vacant posts and in Bridgwater three vacant posts.

The service also attempted a 'grow your own' approach, whereby they provided training and development opportunities to undertake health visitor and school nursing roles. They were training four school nurses and eight health visitors this year to address the shortfall. The service had plans to take on six students next year.

The service had a low turnover rate. There were examples of former staff that returned to work within the service.

Community health services for children, young people and families

Good

Records

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

All staff had access to care and treatment records that were all kept on an electronic system. All 11 records we looked at demonstrated that the care delivered was both parent and child focused, holistic and comprehensive. Clear actions were evident, and the records were detailed. However, in two of the records we reviewed the voice of the child was not evident.

The all service had adapted the Situation, Background, Assessment, Recommendation (SBAR) method of recording. Staff told us they found this to be a good way of clearly recording and communicating consistently to other agencies the child's health condition.

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

The service was in the process of transferring its records onto a new electronic system. This was due to go live in September 2022. Staff informed us they would all be trained on information security and governance before they could use the new system.

Records were stored securely.

Medicines

The service did not prescribe, store or administer medicines.

School Nurses can provide emergency hormonal contraception to young people following an episode of unprotected sexual contact. This is administered via a Patient Group Direction There is a clear emergency hormonal contraception pathway that sets out a process of ordering, monitoring, storage and disposal within the service.

Incidents

The service managed patient 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 patient 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 the local authority policy.

Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations. All Managers we spoke with said they had very few incidents, but they were monitored to identify any themes or trends. Incidents were discussed during team meetings to ensure lessons were shared across the service. The patient safety adviser explained that the electronic reporting system had been developed from the system used in hospitals and was bespoke for this service. Staff members were trained in its use.

Recent themes identified included communication with other agencies.

Community health services for children, young people and families

Good

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 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 and 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. Outcomes and recommendations of audits were identified, they were then shared with staff and leadership to improve care delivery. For example, the service made changes in the way they communicated with the local trust's maternity services. They recorded any missed maternity notifications as an incident. The service introduced being notified of all pregnant women at 12 weeks as not being informed about a pregnancy could lead to delays in the timing of contacts.

Managers took action in response to patient safety alerts and monitored changes.

In March 2022, following a national and local review into non accidental injuries the service introduced the duty system so that all notifications about pregnancy, domestic abuse, accidents and emergency notifications went to a central duty line. Staff members were positive about the impact the duty system had made to their work in protecting patients.

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

Good

We rated the service 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 followed up-to-date policies to plan and delivered high quality care according to best practice and national guidance.

Care records showed clear strategies and interventions in place for each child open to the service.

Staff undertook assessments using the developmental questionnaire, the ages and stages questionnaire and measured the length, height, weight and head measurements at key stages. Staff also use the patient health questionnaire (PHQ) and Edinburgh postnatal depression scale in relation to perinatal infant mental health with families to recognise depression and worked with families to meet the needs of their children and young people.

The service had introduced a new system which ensured policies were up to date and in line with national guidance. Their standard operating procedures were based on the national good practice standards for the healthy child programme 0 – 5 years and 5 – 19 years.

The service supported staff in the Special Education Needs and Disability (SEND) audit. The audit was based on the Somerset Inclusion Audit (a self-evaluation tool which supports headteachers, governors and Special Education Needs Coordinators (SENCOs) to evidence how each school was meeting its statutory duties for children and young people with SEND. This helped improve outcomes for all children and young people and support the needs of individual children and young people including children with specific circumstances.

We observed health visitors discussing a range of topics with parents. These included nutrition and fluids, bowel movements, oral hygiene and identifying risks around the home in line with pathways in place that reflected the latest guidance form the National Institute for Care and Health Excellence (NICE).

Leaflets were available for families to help understand various aspects of parenting and child development. For example, breast feeding, healthy eating and various support helplines.

Nutrition and hydration

Staff regularly checked if children and young people were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.

Staff made sure children, young people and their families had enough to eat and drink, including those with specialist nutrition and hydration needs.

The service used the UNICEF baby friendly initiative suite of tools to monitor feeding like breastfeeding. For school-age children they use their National Child measurement programme and healthy eating toolkit.

The Public Health Outcomes Framework (PHOF) showed the percentage of children receiving school meals was in line with the England average of 68%.

Staff fully and accurately completed children and young people's fluid and nutrition charts where needed. Staff used a nationally recognised screening tool to monitor children and young people at risk of malnutrition.

The service identified that one in five children across Somerset's population in the first year of primary school were overweight or obese leading to lifelong conditions including diabetes and cancer. Staff offered advice where needed on diet and nutrition for parents, carers and their children. Where appropriate, staff referred families to sources of help around nutrition including local food banks. Nurses delivered healthy eating campaigns to young people in schools, and individuals were referred to specialist services, where appropriate.

Specialist support from staff such as dietitians were available for children and young people who needed it. We saw in care records staff referring children and young people to the appropriate professional.

Pain relief

Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Health Visitors and School nurse did not prescribe or administer any pain relief for children, as it was not a requirement of the service specification or within the scope of practice for Public Health Nursing.

Children who were unwell were referred to their GP or paediatric medical team and where appropriate registered practitioners provided advice and information to parents about obtaining and administering over the counter medications for the self-management of minor medical conditions.

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 had been accredited under relevant clinical accreditation schemes.

The service participated in relevant clinical audits. For example, the service completed an audit of their contribution to safeguarding processes with other agencies and found they were fully compliant. In 2021/2022 they also completed a baby friendly initiative audit which showed the service needed to do more work relating to parents getting more information about advice about solids and parents understanding the importance of attachment feeding. This was actioned immediately with additional training put in place.

Outcomes for children and young people were positive, consistent and met expectations, such as national standards. Managers and staff used evidence-based tools and assessments to monitor outcomes and made sure staff understood information from the audits. For example, staff contributed to the National Child Measurement Programme. Team managers across the county discussed audit results and themes within monthly clinical quality assurance group meetings. Information from these meetings was cascaded to staff within local teams.

The service contributed to the Public Health Outcomes Framework (PHOF) which examines indicators that help health and care professionals and the public to understand trends in public health.

Current published data showed the service was meeting most of its mandated targets. For example, the proportion of New Birth Visits (NBVs) completed within 14 days was 77% which was just below the England average of 88%. Compared to the England average, the service was performing better for the development of children, their communication levels and personal-social skills at 2-2½ years.

The service had a breast-feeding initiative and submitted breast-feeding rates to PHOF. Data seen showed Somerset County Council being above the England average at 75%.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

The service's electronic diary provided the allocation of work. The service was in the process of undertaking a diary audit and were waiting the outcome of the report. We saw the previous audit for 2019 with associated actions completed.

Managers used information from the audits to improve care and treatment.

The service met the UNICEF baby friendly standards. The report identified staff as being kind. The one area for recommendation was working with families. This had been acknowledged and the service was looking at ways to work with families for the benefit others.

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.

Community health services for children, young people and families

Good

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families.

Managers gave all new staff a full induction tailored to their role before they started work and Managers made sure staff received any specialist training for their role.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. We saw examples of staff having the opportunity to shadow some management duties alongside their clinical role.

Managers supported staff to develop through regular, constructive supervision of their work. Supervision compliance for staff across the service was 98% at the time of our visit, this did not include staff on long term sickness. Staff told us training opportunities were very good and were encouraged to further develop their skills.

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

Managers identified poor staff performance promptly and supported staff to improve. Managers gave examples of the process they followed to support staff to improve practice, this included more regular supervision and further training if required.

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 and communicated effectively with other agencies.

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

Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families. 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. Families we spoke to provided overwhelmingly positive feedback about levels of support they had received.

Staff referred children and young people for mental health assessments when they showed signs of mental ill health, depression. Staff referred into and liaised with community CAMHS teams where there were concerns around mental ill health.

Training was available and provided for staff across a multi-disciplinary network. This meant all services working with children and families were suitably trained to deliver effective care.

The health plus team worked closely with the local authority social care team and mental health teams. This meant escalation of concerns and sharing of information promoted faster, targeted responses where necessary. Care records we reviewed showed evidence of various services working alongside health visitors and school nurses, providing a holistic approach to children and families. For example, we saw but not limited to speech and language therapists, early help, developmental therapy (Portage) working with and adding to care records on the electronic system.

Health promotion

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

Community health services for children, young people and families

Good

The service had relevant information promoting healthy lifestyles and support on displayed in locations where care was offered. The service leads the healthy child programme for all families in Somerset.

Staff assessed each child and young person's health and provided support for any individual needs to live a healthier lifestyle.

We observed health visitors providing advice and options for families to meet their children's nutritional requirements. For example, advice on gradually moving to solid food and options to replace foods. A chart detailing different food groups and advice on balancing meals was available for families.

We observed two members of staff providing child development checks. To ensure all families were included, staff were able to provide guidance and direction in a language other than English.

Consent, 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 made sure children, young people and their families consented to treatment based on all the information available. This was clearly recorded in the children and young people's records.

Staff received perinatal mental health training and mental health training for school nurses. Consent was clearly recorded on the person's electronic healthcare records.

When children, young people or their families could not give consent, care records showed other services were collaborated with and other professionals joined in a multi-disciplinary approach. This meant that children and families were able to have their capacity assessed, advanced decisions discussed and best interest decisions were achieved, taking into account their wishes, culture and traditions

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

Good

We rated the service as 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.

Managers demonstrated how staff went the extra mile and how their care and support exceeded their expectations. For example, we observed a baby massage clinic which included two staff members with five mothers and babies and one father. Staff gave thorough explanations emphasising that the comfort of mother and baby was paramount. They ensured mothers felt free to use a room for breastfeeding/nappy changing, or move around, cuddle baby any time they

wanted. Two mums asked to breast-feed in the room, so they didn't miss out on engaging with the session. This was accommodated by staff members. Staff members observed and followed baby's cues around whether they wanted to be massaged or not. Staff were very safety aware and discussed oils they could or could not use. Parents gave extremely positive feedback about the sessions.

There were also examples of how staff worked alongside professionals when supporting children, young people and families affected by sexual abuse.

Staff were discreet and responsive when caring for children, young people and their families.Staff discreetly asked parents' personal questions in a way which made them feel valued as individuals. Parents were empowered both practically and emotionally and treated as individuals. Parents said staff treated them with compassion and kindness while respecting their privacy and dignity and took account of their individual needs.

We observed staff demonstrating a caring and responsive approach with parents, children and young people. Staff we spoke with said they were very passionate and highly motivated to provide excellent quality care.

Staff were trained in communication skills and compassionate behaviours and excelled at giving people information and explanations. They sensitively managed difficult and challenging conversations.

Parents told us staff consistently and emphatically treated them well and with kindness. Staff were very warm, kind and welcoming when they interacted with parents and their children.

Staff took time to interact with everyone in a respectful and considerate way. We observed a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind, respectful, supportive while promoting people's dignity. These relationships were valued by staff and promoted by leaders.

Children, young people and their families said staff treated them well and with kindness. Parents told us staff were very attentive and would give them as much time as they needed. During observed interaction we saw they helped, comforted, supported and provided reassurance.

Staff followed policy to keep children and young people's care and treatment confidential. Staff followed robust confidentiality procedures that were evidenced from looking at healthcare records.

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. Staff were discreet and responsive during appointments. For example, parents were given a short list of four questions and asked to answer yes or no. These questions asked about how the person was feeling about their emotional and mental health. Staff were very passionate about their roles and were committed to providing personalised care.

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.

Everyone we spoke with were positive about the service they received. Parents told us they felt the service they received was excellent and praised the staff highly. They told us staff were very friendly and kind and this made them feel very comfortable.

Community health services for children, young people and families

Good

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 and cultural needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. Parents and those close to them were actively supported to be a part in their children's care. Staff were fully committed to working in partnership with parents and their families.

Staff supported children, young people and their families who became distressed in an open environment and helped them maintain their privacy and dignity. Staff made sure there were suitable areas in schools and shared buildings where they could meet with parents and families.

Staff did not undertake specific training on breaking bad news, but staff undertook communication skills training as part of their qualification. Staff demonstrated how they would provide empathy when having difficult conversations, for example in safeguarding meetings.

Staff understood the emotional and social impact that some children's conditions had on their wellbeing and those close to them. The service signposted parents to other services for support if necessary. The service had access to written patient information to give to parents, for example activities to stimulate a child's speech development.

Staff understood and respected the personal, cultural, social and religious needs of families and how they may relate to care needs.

Staff said that while they did not routinely engage with advocates, they recognised that some parents may need to have access and were able to link with the advocacy service and support networks. They ensured that communication needs were understood. For example, the service was able to supply people who did not speak English as their first language with leaflets printed in other languages. People's individual preferences and needs were always reflected in how care was delivered.

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. Managers carried out regular observations of staff practice, to ensure a kind and respectful approach throughout the service. Children were always treated with dignity by all those involved in their care, treatment and support. Consideration of their privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs. We saw these were recorded and communicated appropriately within the records seen.

We observed staff completing child development checks. Staff were very mindful of providing a kind and informative service with the child being very tactfully and kindly assessed. Where one child didn't want to take part, this was respected. One family was from another country and a parent didn't speak English. Staff members ensured that leaflets were translated so both parents understood the developmental checks being undertaken.

Staff communicated with parents and their children in a way they could understand.

Community health services for children, young people and families

Good

Staff adapted the language and terminology they used when assessing children. They took the time to explain the process to ensure parents understood. For example, staff had adapted complex concepts within antenatal education into a handbook with pictures in the young parent programme. School nurses had developed visual pictorial well plates for young children in relation to healthy eating.

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this.

The service had set up a QR (quick response) code which gave access to the service's website to provide quick feedback on how well they were performing. This was available in several formats to ensure inclusivity for all patients.

Staff supported children, young people and their families to make advanced decisions about their care.

Staff supported parents to make informed decisions about any additional support their child may need.

Patients gave positive feedback about the service.

Parents and children could give feedback via the service's social media page. Each locality health visiting team had its own Facebook page. Managers monitored the number of "followers" and "likes" and followed up on the recommendations received. For example; one therapy group said they would like background music during their sessions. This had been implemented and staff had received positive feedback.

The ratio of positive feedback was high within the region of 90% of contacts. All patients spoken with during the inspection spoke highly of the service. One patient stated whilst they were overall happy with the service, they would have welcomed some baby first-aid. Staff spoken to said patients would be signposted to the relevant service.

There was also a chat health service which provided parenting advice for parents and a specialist chat health service for young people so at any point families could contact the text service and receive text advice or information from a school nurse. They also had a central health visitor line so families could contact the service between nine and five and immediately speak to a health visitor and receive live advice. This had a positive impact on the rest of the system as for example it reduced the number of attendances if parents were able to be supported to manage a minor element in their child's care.

The service did not involve parents and families in the design or development of the service, but they were working on ideas for progressing this with their colleagues.

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

Good

We rated the service 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 care.

Community health services for children, young people and families

Good

Managers planned and organised services to meet the changing needs of the local population.

The service ensured equal access for all children and young people aged 0-19 years and their families, regardless of disability, gender, sex or sexual orientation, race including ethnicity or religion.

The managers proactively monitored sexuality and ensured the service was equitable and accessible to this group of young people and that LGBTQ+ young people were considered.

The service was constantly looking for ways to improve and ensure services met existing and emerging needs. Managers looked at public health and demographic data to plan staffing, skills mix and services. They had access to up to date needs assessments and worked with the armed forces, refugees, asylum seekers and the traveller and migrant population.

The service worked alongside Somerset-Wide Integrated Sexual Health Service (SWISH). There was a proforma in place to agree decisions which were linked to Fraser guidelines and child exploitation.

The service had created a father's project which offered fathers the opportunity to link with service users to look at how they could co-produce a "You said We did" board. This continued to be a work in progress. They had also employed a coordinator to look at, amongst other things the services for fathers.

Staff told us there was an increase in enquiries regarding children's incontinence. They said they provided an initial assessment and if they were not able to support, they would refer to the children's continence nurse.

The service balanced staff travel times and expenses and capacity and acknowledged that services differed across Somerset and was dependent on identified need.

Health visitors and school nurses provided continuity of care and supported families through the health and care system. They were able to signpost where appropriate to other locations for information.

The service worked closely with the teams dedicated to overseeing looked after children. Staff monitored the health assessments undertaken with children in care and whether they took place in a timely way.

The service had a dedicated safeguarding team to work with complex safeguarding cases. This enabled staff in the different localities to focus on prevention and early intervention with children, young people and families.

During the pandemic when children were not attending school, the service introduced walk and talk sessions. On request, a staff member met the young person outside to walk with them. This was intended to help reduce social isolation and anxiety during the pandemic.

The service had also introduced the weighing of babies at the doorstep. This supported parents not to travel during the pandemic while ensuring babies were reviewed and seen. Staff said this was very popular and they had received good feedback on the service provided.

Facilities and premises were appropriate for the services being delivered. Community hubs had rooms where families could speak with staff privately. Doors with glass panels had blinds to ensure privacy from people in the waiting room. However, the temporary building at the Bridgwater site did not have a waiting room and patients had easy access to the upstairs floor with staff offices and kitchen. The premises were difficult to find as there was little in the way of signage.

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 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 and worked with other services to meet individual needs of their children.

Managers monitored and took action to minimise missed appointments. Managers ensured that children, young people and their families who did not attend appointments were contacted. The electronic records system flagged those children and young people who had not attended an appointment. Managers and locality leads ensured that these children, young people and their families were contacted and followed up and reviewed by staff. The service rescheduled any cancelled appointments and offered flexibility where possible. The electronic patient records system flagged up overdue patients and dates due for review. Records showed staff making appropriate safeguarding enquiries where they were concerned and could not contact families directly.

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.

Staff made sure children and young people living with mental health problems, learning disabilities and long term conditions received the necessary care to meet all their needs. Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensor

Staff made sure children, young people and families could get help with interpreters or signers when needed. All staff had access to a translation and interpretation service. The service could provide transcription as well as face to face, telephone or video interpretation and translation.

The service was available and accessible at times and locations that met the needs of children, young people and families. Where possible, they were offered a choice of locations that best meet their needs; for example, children's centres, schools, community centres and the individual's' home. Health visitors said that contacts would be offered in the home where possible, particularly the antenatal review, new birth visit and six to eight-month reviews.

The service with the Maisie group for young children with special educational needs and disability. This was a multiagency group of professionals who met to talk about the collective needs of children with disabilities.

School nurses and health visitors were closely with special educational needs coordinators who supported needs of children with special educational need or a disability.

Staff had a range of adapted communication tools for young people with sensory loss.

Staff utilised communication tools and worked closely with learning disability teams in Local trusts to ensure communication needs were met for children and young people with communication difficulties.

The service was responsive and flexible and used technology, innovation and a range of communication tools like pictures, large text, online, text or telephone support to ensure they reached children and young people with communication difficulties

Community health services for children, young people and families

Good

The service collaborated with external organisations to meet the needs of looked after children to improve their health outcomes. Children and young people were then seen for a review health assessment, once every six months for children under five years and annually for children over five years.

The school nursing team had created a video which provided tips and advice to parents and carers whose children were starting school for the first time.

The service had 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

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.

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. There were no waiting lists for health visitors and school nurses ran groups for children exhibiting similar behaviours to ensure children didn't have to wait for service.

During the pandemic and at times of staff shortage, they prioritised work with the most vulnerable families to ensure people received the right intervention at the right time. According to current data from the Public Health Outcome Framework, the service performed better than the England average for meeting the mandated contracts.

Managers worked to keep the number of cancelled appointments to a minimum. Managers reviewed and allocated caseloads daily. They ensured time management and resources were optimised so visits were not cancelled.

Managers made sure that children and young people's moves between services were kept to a minimum. For example, staff worked closely with other specialist providers where they could ensure transitional arrangements were in place for young people to transfer to adult services.

Staff supported children, young people and their families when they were referred between services. Families told us they were supported by staff, given relevant information and informed of what would be involved regarding the introduction of other services providing additional care and treatment to their children and young people.

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.

Community health services for children, young people and families

Good

Children, young people and their families knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Information about how to complain was available in community hubs and on the website. This information was also included in welcome packs sent out to families.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Managers had identified communication as a theme and instigated additional training.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint. The service used both compliments and complaints to improve the service. For example, a parent wrote very positively about health visitor home visit. However, the service noted that the member staff they were talking about wasn't a health visitor said they had not communicated their role effectively. The service then rolled out training in relation to better communication.

Managers shared feedback from complaints with staff and learning was used to improve the service. This information was cascaded following quality assurance group meetings

The service documented and shared a summary of concerns and complaints, resolution or current progress, including detail, was also shared with staff.

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

Good

We rated the service as good.

Leadership

Leaders had the skills and abilities to run the service. The organisation supported leaders to undertake leadership courses. Leaders identified aspiring leaders.

They understood and managed the priorities and issues the service faced.

There was compassionate, inclusive and effective leadership at all levels. All leaders demonstrated high levels of experience, capacity and capability needed to deliver high quality and sustainable care. There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represents the diversity of the workforce.

Comprehensive and successful leadership strategies were in place ensured a sustainable delivery process to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service.

They were visible and approachable in the service for patients and staff. Staff said leaders were visible, approachable and led by example. Senior leaders in the council visited the service and spoke with staff. Staff said the lead for Public Health England had visited and they were very friendly to questions asked and appeared to understand the role provided by staff.

Community health services for children, young people and families

Good

Service managers were in touch with day to day issues facing staff. For example, leaders had a good understanding of the recruitment challenges in Somerset. When the service was transferred to the local authority all staff were appreciative of the support provided to enable them to settle in and work differently. There was a coherent management structure in place for each locality and managers and staff were clear about their role and what they were supported to achieve.

Senior Managers visited community sites with sites in order to understand issues from a different perspective.

Leaders supported staff to develop their skills and take on more senior roles.

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 service had a specification document which outlined the delivery of Public Health nursing services. It charted the service's vision to improve health outcomes for children, young people and families in Somerset.

The vision and the values were integrated into the work of the team and formed part of the staff induction process. The locality mangers explained how they worked with new staff about the work of the teams and how this connected with the wider public health agenda.

The service had not developed an overarching children and young people's strategy. Instead, each locality lead had been given a work stream to enhance the service provided based on the Healthy Child Programme. This included; equality and diversity and workforce. One locality manager was able to demonstrate how they were looking at the deprivation and inequalities in health across Somerset for children and young people. The work involved looking at the young parent programme to review its effectiveness and whether it was fit for purpose. They were being supported to write an enhanced parent pathway based on their findings. There was a clear monitoring chart to monitor progress.

There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the workstreams. These were consistently reviewed and had a positive impact on the quality and sustainability of the service.

Staff at all levels were clear about their roles, what they were accountable for, and to whom. The service had a workforce strategy which helped teams to allocate resources appropriate and plan their work around identified deadlines.

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.

Staff at all levels were clear about their roles, what they were accountable for, and to whom. The service had a workforce strategy which helped teams to allocate resources appropriate and plan their work around identified deadlines.

Culture

Community health services for children, young people and families

Good

Staff felt respected, supported and valued.

Leaders had a shared purpose and strove to deliver and motivate staff to succeed. Staff were proud of the organisation as a place to work and spoke highly of the culture.

There were high levels of satisfaction from all staff we spoke with. Staff felt supported and valued and promoted equality and diversity in their daily work. Staff said there was less focus on hierarchy and instead felt responsibility was shared equally. Staff during the focus groups said that “from the top down” everyone is treated the same.

Staff felt positive and proud to work in the service. A range of staff described how they loved their job. Staff said that while there were staffing shortages they worked together as one team and this got them through the challenges of their roles.

There was strong collaboration, team-working and support across all whole service and a common focus on improving the quality and sustainability of care and people's experiences.

Staff at all levels were actively encouraged to speak up and raise concerns. Policies and procedures positively supported this process. None of the staff spoken with raised any concerns about bullying or other inappropriate behaviours from colleagues. Staff said the managers and operation directors had an open-door policy and would have no hesitation in contacting them with any concerns.

The culture encouraged openness and honesty, including with people who used the service, in response to incidents. The trust had processes in place to ensure that Duty of Candour was met. Staff were aware of the principles of the duty of candour and said that they were encouraged to be open and honest.

The culture was centred on the needs and experience of people who used the service, with a focus on improving child health outcomes. This was evidenced through the wide range of engagement activity that was undertaken by the service. The service focused on innovation and continuous improvement, in order to improve outcomes and the experience of children, young people, and their parents or carers.

There was a strong emphasis on the safety and well-being of staff. Measures were in place to protect the safety of staff who worked alone.

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. There was a father’s group within the service.

Staff working in the service had access to directorate equality advisory groups for example,

There were disability equality action groups and staff completed equality information.

Staff worked with midwifery teams to identify ethnic minority families so they could offer additional support where needed.

The service had an open culture where patients, their families and staff could raise concerns without fear.

The service had a whistleblowing policy that staff could follow to raise concerns anonymously**.** The provider was developing its own bespoke staff survey. Staff members in all focus groups described the culture as open, welcoming and inclusive.

Governance

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

Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. For example, the service worked closely with the local mental health and community trust to develop a partnership approach to delivering children's services across Somerset.

Locality and network management meetings took place monthly. Information from this meeting was then fed up to the operational board and down to the to team through regular staff meetings.

Team meetings were held every three months where caseloads, incidents, training and safety were discussed.

There was evidence that services for children, young people and families were regularly discussed at multidisciplinary and safeguarding meetings. The board received quality information including incidents, complaints, and staffing data.

Staff worked in partnership with social care to provide additional support for families experiencing domestic abuse.

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 services.

Staff contributed to operational meetings via team meetings.

Results from audits and themes emerging from reviews were shared with staff. For example,

senior managers attended clinical quality assurance group meetings where they reviewed incidents, concerns and complaints and any emerging themes.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. Leaders had audit tools and schedules to monitor and review their performance. Senior managers reviewed a quality assurance performance dashboard to identify and monitor risk.

Staff were able to feed into a service risk register Leaders reviewed the corporate risk register and created action plans to reduce the impact of any identified risk.

The service identified themes like sudden death in babies and produced a safe sleep programme which was rolled out to all new parents.

They identified and escalated relevant risks and issues and identified actions to reduce their impact.

Being part of the local authority meant the service had robust plans to cope with unexpected events. At the start of the pandemic, staff were geared up to working in an agile way and there was a relatively smooth transition to working remotely. They prioritised vulnerable families with face to face contact and continued to offer school children walk and talk sessions to reduce social isolation.

Staff told us they felt involved in decision making about the quality of care provided. The locality managers said they felt consulted about financial decisions that directly affected the work of the teams.

There were robust arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between the recorded risks and what staff said was on their worry list. The service used an electronic system to manage risk registers.

Some risks had been raised to the service about not being notified of pregnant mothers. To mitigate the risk the service linked with the Somerset midwifery service to flag that they were not being informed. Staff told us this had much improved and a review of the data was due to commence in September 2022.

Senior leaders monitored the quality of service and had systems to identify where actions should be taken.

The service had a winter management plan, which ensured that children and young people with complex needs continued to receive care at a safe level.

They had plans to cope with unexpected events. The service had created a plan to review how services were run during the pandemic. This meant that they were able to plan the delivery of services appropriately in relation to their capacity.

Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Information Management

The service collected reliable data and analyse it.

The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.

The service had recently implemented a system where information was in one place. Staff told us this was beneficial as this enabled them to access all up to date information such as policies.

There were clear and robust service performance measures, which were reported and monitored. The information used to monitor performance and quality was RAG (red, amber, green) rated.

Quality and sustainability both received enough coverage in relevant meetings at all levels.

There were robust arrangements to ensure the availability and confidentiality of identifiable data, records and data management systems. Staff ensured that computer screens were locked and that patient records were secured.

Staff could always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

Community health services for children, young people and families

Good

The information systems were secure and integrated.

Data or notifications 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.

There are consistently high levels of constructive engagement with staff and people who used services.

Managers and staff acknowledged that engaging families and young people to plan and improve services was an area they needed to develop. Some of this work had been halted due to the pandemic. However, service users and the general public had access to high quality up to date information in the work of the provider via various websites and social media pages. Service users could give feedback via social media and many chose to do so although staff said that most parents and children, they talked to liked giving feedback verbally as it was less public.

They collaborated with partner organisations to help improve services for patients.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service transferred from the NHS on the 13 March 2019. The programme of service development was halted due to the pandemic. However, in December 2021 the current head of service took over the public health nursing and health improvement services. The service development had recommenced since this appointment introducing dedicated work streams which the head of service described as an ambitious programme.

The service introduced a safety huddle in managers meeting to triangulate data including sickness and vacancies alongside the mood and wellbeing of the teams.

The service introduced new models of care to look at skill mix and work in different ways like practise teachers in localities following requests from staff. The service was currently looking at ways they could coproduce service developments with children and young people and families.

They had a good understanding of quality improvement methods and the skills to use them.

Safe innovation was encouraged. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There is a strong record of sharing work locally and nationally.

The service was due to commence being part of an Integrated Care System (ICS) in July 2022. This brings together NHS organisations, councils, and wider partners in a defined geographical area to deliver more joined up approaches to improving health and care outcomes. Senior managers told us they were using the Chard area within Somerset as a starting point.

Leaders encouraged innovation and participation in research.

Community health services for children, young people and families

Good

The service had created a father's project which offered fathers the opportunity to link with service users to look at how they could co-produce a "You said We did" board. This was a response to the requests by fathers and has been well received.

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.