

Suffolk County Council

1-101616919

Endeavour House

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-224818188	Endeavour House	Services for children and young people	IP1 2BX

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

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

Where applicable, we have reported on each core service provided by Suffolk County Council and these are brought together to inform our overall judgement of Suffolk County Council

Summary of findings

Ratings

Overall rating for the service

Are services effective?	
Are services well-led?	

Summary of findings

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Summary of findings

Overall summary

We inspected the community children and young people service which operates from Endeavour House on 20 November 2018. Suffolk County Council provides a range of health services for children and young people aged 0-19 years, and their families living in Suffolk. We inspected this service as an unannounced focused inspection. The last inspection was completed in 2017 and we did not rate the service at that time.

When we inspected in 2017 we issued a requirement notice to the provider for failing to provide us with evidence of compliance to Regulation 17 (1) (2) (a) (b). This was because systems and processes were not established nor operated effectively to ensure compliance with the requirements of this regulation. Pre-employment records were not kept up to date and not all staff could access these.

Our key findings were as follows:

- All 0-5 years outcomes reviewed showed that general levels of performance had improved
- A monthly quality dashboard was closely monitored to support agreed targets
- Staff had completed annual appraisals
- Clear processes and systems were now in place.
- Policies and procedures were reviewed and referenced to national guidance and easily accessed by staff.
- Staff records reviewed were complete and contained completed checks.

We found the following areas of good practice:

- Staff provided evidence based care and treatment that followed national guidance. Quality checks of electronic records assured staff that children and young people were on the correct treatment pathway.
- The service promoted and supported breast feeding. The staff had achieved level one accreditation for Baby Friendly initiative (UNICEF)
- Staff supported children and young people to live healthier lives
- Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment

- There was effective multidisciplinary team work across the service. Staff worked to maintain the child or young person at the centre of their care.
- Staff were aware of their responsibilities to seek individual patient consent, in line with current legislation.
- There was a clinical audit programme across the service to assure senior staff of the effective and safe care delivered to children and young people.
- Staff knew who their managers were and what they were accountable for. Managers knew about the quality issues, priorities and challenges. All staff had a clear knowledge of their role and implemented the vision and purpose of the service.
- Staff described the service's culture as being open and transparent with managers who were visible, supportive and approachable. The staff were actively engaged in the planning and delivery of the service and were confident in raising any concerns.
- The service had governance, risk management and quality measures to improve patient care, safety and outcomes.
- The patient's feedback about the service was obtained through the monthly Friends and Family Test key question, asking if they would recommend this service to friends and family.
- The service had checked systems and processes were in place for their compliance with the General Data Protection Regulation (GDPR) introduced from May 2018.
- Staff were supported with opportunities for further learning and development. Several staff members described how they had developed and progressed within the organisation. Managers spoke of staff development.

On the basis of this inspection, we found the service was now compliant with Regulation 17 and there were no further areas for improvement.

Amanda Stanford

Deputy Chief Inspector of Hospitals on behalf of the Chief Inspector of Hospitals

Summary of findings

Background to the service

Suffolk County Council provides a range of health services for children and young people aged 0-19 years, and their families. This was both universal and targeted community based healthcare services which included: health visiting, school nursing, special school nursing, named nursing for safeguarding, children in care nursing, community learning disability nursing, enuresis

(involuntary urination) and family nurse partnership services. These services are delivered from a range of community settings including health centres, children's centres, schools and service user's homes.

The service operates from Endeavour House in Ipswich and services were available to all children, young people and their families living in the county of Suffolk.

Our inspection team

The team comprised of a CQC lead inspector and one other CQC inspector. The team was overseen by Fiona Allinson, Head of Hospital inspections.

Why we carried out this inspection

We inspected this service as an unannounced focused inspection. The last inspection was completed in 2017.

When we inspected in 2017 we issued a requirement notice to the provider for failing to provide us with evidence of compliance to Regulation 17 (1) (2) (a) (b).

This was because systems and processes were not established nor operated effectively to ensure compliance with the requirements of this regulation. Pre-employment records were not kept up to date and not all staff could access these.

How we carried out this inspection

To fully understand the experience of people who use services, we usually ask the following five key 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?

However, as this was a focused inspection we only reviewed effective and well led, the two domains which were identified as areas that required improvement from the 2016 inspection. This was because we had concerns about:

- Policies, procedures and guidelines either lacked a date of issue or review date. Staff could not easily access the policies on the service intranet.

- The Healthy Child Programme outcomes for 0-5 years were not all met due to lack of staffing numbers and insufficient performance data for school nursing service was captured.
- The service Disclosure and Barring System checks on staff records was found to be incomplete with dates missing from employment records such as when a reference was obtained.
- Before the inspection visit, we reviewed information that we held or had access to about the service.

During the inspection visit, the inspection team:

- visited the main location and spoke with managers and staff,
- spoke with the registered manager and managers for this service,
- spoke with 10 other staff members; including health visitors, school nurses, and social workers,

Summary of findings

- received feedback about the service from commissioners.
- received minutes from six multi-disciplinary meetings,
- looked at 12 care and treatment records of patients,
- Checked with staff the medication management policy and system in place,
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider say

Service users and staff had opportunity to engage with the service on varying levels, and there were numerous examples of innovation, improvement and sustainability. The service encouraged children, young people and their families who used this service to complete the Friends

and Family test and of those service users who responded to the question “would they recommend the service” the monthly dashboard showed between November 2017 and October 2018 an average score of 94% was achieved.

Suffolk County Council

Endeavour House

Detailed findings from this inspection

Are services effective?

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

Summary

We did not rate this domain as this was a focused inspection.

Following our previous inspection in March 2017 we found the following areas of concern which the provider needed to address.

- Some of the Healthy Child Programme (HCP) outcomes for 0-5 years were not being met due to lack of staffing numbers, and insufficient performance data for school nursing services was being captured and monitored. The school nurse dashboard reporting system was under re-development. This prevented outcomes for children using the school nurse service from being measured.
- There was no clear systems in place to check the ordering and processes for medicines which included date issued and review date.
- The majority of policies, procedures, guidelines and patient leaflets reviewed lacked either a date of issue or review date which meant we were not assured they were based on the most up-to-date evidence.
- Managers did not carry out Disclosure and Barring System (DBS) checks on staff other than at the start of employment; and certain dates were missing from some employment records such as when a reference was obtained.

During this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- We reviewed the 0-5 years outcomes seen on a monthly quality dashboard which showed that general levels of performance had improved for teams.
- Managers informed us of the framework implemented to support their agreed targets for key performance indicators.
- All staff confirmed they had received annual appraisals and monthly supervision in the past 12 months.
- A review of the medicines management policy and inclusion of information regarding the items of medication used had been undertaken.

- We reviewed the policy tracker and all policies were in date with clear dated plans for the next review. Staff showed us how they could easily access policies and procedures through the electronic health policy page. Managers had requested that all staff created a shortcut to the webpage where all policies could be assessed. We saw that from the completed last audit for policy access 100% of staff confirmed they could access the health policy page.
- Patient records were reviewed electronically and of the 12 records reviewed all were completed and were accurate. We saw one incorrect first name used in a file and raised this with the manager who agreed to contact the staff member to amend immediately.
- We found that the service now had a central data base which was managed by the governance team and monitored all pre-employment checks. We reviewed 12 staff electronic records and saw evidence that all staff had dated DBS checks within their file. The service had put a system in place for the line managers to check staff files in line with revalidation and DBS. We were reassured that a robust system was in place to ensure that no potential new staff member was given a start date until human resources confirmed that the DBS process was complete and references had been reviewed and approved.

Evidence based care and treatment

- Staff assessed the needs of children and young people within the service and provided treatment in line with current legislation, standards and evidence based guidance. All new recommendations or guidance was reviewed by senior managers and clinical leads evaluated their current practice and provided assurance that NICE or other relevant guidance had been followed. National Institute for Health and Clinical Excellence (NICE) guidelines and quality standards were followed which included diabetes and epilepsy in children and young people.
- Staff we spoke with, told us they could easily find information on the service's intranet. Staff showed us how they found policies, standard operating policies and guidance. Policies and procedures were developed

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based on the latest guidance from the NICE. Staff told us how new policies had been introduced or existing policies were updated. Managers informed staff at team briefs or as electronic information.

- Support for young people from the age of 14 years of age during transition into the adult services which was normally completed by the individuals nineteenth birthday was available and assessed on an individual basis. Staff referred children and young people (CYP) to the dieticians within the local NHS hospital for support with maintaining the correct dietary requirements to promote growth and development and the community speech and language team who provided care and management for CYP who had additional feeding and swallowing needs.
- All staff conducted full developmental assessments and provided up to date evidence based advice available on the service website, for example the healthy living information.
- The health visitors delivered the Department of Health's national programme called The Healthy Child Programme (HCP). The HCP is vital in ensuring the delivery of Public Service Agreements for improving the health and wellbeing of children; makes a crucial contribution to the Every Child Matters (HM Government 2004) and National Service Framework for Children, Young People and Maternity Services (DH 2004) outcomes; and feeds directly into The Children's Plan (Department for Children, Schools and Families, 2007) and locally driven Children's Plans.
- The HCP promotes regular contact with every family to include screening tests, developmental reviews and support. During this inspection we saw Health visitors gave information to parents in line with the HCP. The health visitors used the 'Ages and Stages Questionnaire' (ASQ) an evidence based assessment tool that allowed parents to provide information about the development status of their child across the five developmental areas which included cognitive, social and emotional, speech and language, fine motor skills and gross motor skills.
- The service provided the family nurse partnership (FNP) programme through the FNP team. The programme was an intensive evidence based preventative programme which offered specialist support to young people with first time pregnancies. Family nurses delivered the structured programme which was monitored to ensure compliance with the national FNP guidelines.

- There was a local audit programme which included infection prevention and control and record management audits. Senior staff informed us that the audit outcomes were discussed at monthly team meetings and gave staff an opportunity to discuss changes within the documentation or any practice changes.

Nutrition and hydration

- Health visitors and specialist school nurses educated families and carers about the importance of nutritional health. Health visitors gave clear information to mothers about breastfeeding and feeding regimes. We saw evidence based information was discussed with service users and their families which confirmed the importance and benefits eating healthier and the benefits of breast feeding.
- The service participated in the United Nations International Children's Emergency Fund (UNICEF) UK Baby Friendly Initiative which supports breastfeeding and parent infant relationships by working with public services to improve standards of care. The service had achieved accreditation at UNICEF Level one which was confirmation that staff had been educated according to their role and were prepared to support mothers and families effectively to meet all of the criteria relating to promoting and supporting breast feeding.
- The local Family Nurse Partnership (FNP) team worked with young parents and promotes healthy life style choices. FNP performance outcomes for this county remain within national levels. This data has been requested but not yet received.

Patient outcomes

- The service participated in clinical audits as part of their audit programme.
- Patient care and treatment information was collected and monitored to provide managers with assurance. Senior staff sent key performance indicators data monthly to the local clinical commissioning groups (CCG). Senior staff told us that the process for reviewing and monitoring performance ensured that quality standards were in line with agreed targets. Staff told us and we saw that all targets were met with evidence of flexible, cross team working, support and prioritising those families who had the greatest need.
- The service had taken measures to ensure it delivered successfully the Healthy Child Programme which

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assessed and monitored patient outcomes. The service reported that from November 2017 to October 2018 health visitors had achieved 86% for when they attended to babies within their first 14 days of life and 93% attendance for when they attended to the baby for the six to eight week visit. The health visitor's 12 month visit compliance was 94% by 15 months and the two year visit with ages and stages questionnaires (ASQ) achieved 99.5% which was above the agreed trust target of 90%.

- The service delivered the National Child Measurement Programme, a national public health programme. All children were measured by weight and height in reception year up to year six to assess obesity levels. Children identified as overweight were supported with their parents to ensure no health problems caused them to be overweight and referred to the appropriate team to support them with healthy eating. Individualised care pathways were in place to provide the best treatment approach for the child and included individual therapy techniques that were used in the home with the child or young person. Advice offered included how the environment at home/school/nursery can be changed to support the child to reach their communication potential. Staff attended "Team Around the Child" which provided verbal and written support of advice for the individual.
- Children had appropriate health assessments and health care plans to meet their needs. We observed the electronic data to show that children were being assessed thoroughly, with staff demonstrating a comprehensive understanding of the individual personal, culture, social and religious needs. Staff described how children and young people were assessed to ensure they were on the correct pathway and to ensure that the child or young person's interests were met while delivering the best patient outcomes. There was a systematic programme of clinical audit across the service to assure senior staff of the safety and effectiveness of the service. We saw evidence that the team leads had used results to implement improvements in the service. An example given was where staff had connectivity issues in rural settings and current work now undertaken included a review of a download from the current electronic patient management system.
- The Family Nurse Partnership completed data on the national database in order to compare this service

performance against national performance and managers told us that current activity was in line with the national database. The service had seconded staff into the team to cover planned maternity leave.

Competent staff

- The service had made sure staff were competent for their roles. Managers appraised staff's work performance twice yearly and held monthly supervision meetings with them to provide support and monitor the effectiveness of the service.
- All new staff attended a corporate induction and local induction programme to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- We saw 80% of staff had attended mandatory training between October 2017 and September 2018. Mandatory training included conflict resolution, manual handling, infection control, information governance which included General Data Protection Regulation training (GDPR), basic life support, mentorship, safeguarding, equality, prescribers update and fire training. Records for September 2018 showed 17 teams had achieved 80-90% and 6 teams achieved 80% or below. The managers spoke of how they supported future staff compliance with protected time for training. For example, 84% of staff had attended information governance training with managers supporting staff to complete this e learning.
- Staff received bespoke induction training for duty of candour, driving safely, electronic system training and PREVENT. Prevent is part of the government counter-terrorism strategy and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.
- All staff spoken with had completed revalidation within the last three years and managers were able to confirm the process in place to highlight when validation was expected. Revalidation is the mandatory process where nursing staff provide evidence of their updated professional knowledge and working hours for registration with the Nursing and Midwifery Council.
- There were competency assessments for all staff which were signed off by the team leaders. We saw that staff had completed competencies and further specialist training appropriate to their role for example non-medical prescribers.

Are services effective?

- Staff told us they were supported in completing additional relevant training opportunities. The staff received monthly clinical supervision and twice yearly appraisal with the service supporting staff in taking protected time to complete these activities. Clinical team leads provided monthly supervision to their teams or more frequently when staff had complex cases on their caseloads. The clinical dashboard was presented at senior nurses meeting to review staff compliance.
- The service had a preceptor programme to ensure that newly qualified staff were supported by senior staff. The service also supported placements for nursing and health visitor students.
- There was a team of practice development nurses who supported staff development requirements. The training days covered subjects identified by staff as a training requirement for example when using the electronic system. Senior staff supported staff attendance at professional development days to support the development of their staff. We spoke with two staff members who were supported whilst in secondment roles, who said they felt well supported. All support workers had completed additional competencies which gave them increased knowledge and skills to provide high quality care and assessments within their role and responsibilities.

Clinical supervision

- The service had a combined approach to management and clinical supervision as set out in policy. All staff are required to have supervision a minimum of every eight weeks. Staff spoken with confirmed they received monthly supervision support from their mentor. This was recorded as part of their personal development plan and linked to the six monthly personal development review for appraisal.

Multi-disciplinary working and coordinated care pathways

- There was effective multidisciplinary team working across the service with good examples of communication across speciality teams. There was a positive working relationship between staff groups and the local hospital.
- The service held a monthly multidisciplinary team meeting where the holistic needs of the child or young person were discussed. Processes had been put in place to ensure that the appropriate specialties had been

involved in the multidisciplinary team meeting. All appropriate staff assessed, planned and implemented the co-ordinated care delivery for the child or young person and their immediate family.

- Managers we spoke with told us how they had developed links with the local hospitals to promote effective communication. The service had developed an effective system for sharing information with general practitioners. The team of health visitors ensured information was shared between services. Staff networked and developed close working relationships with staff from external services and agencies.
- Staff reported a good professional cross working relationship with social care services, children's centres and midwives across the region.
- There was a strong working relationship between specialist nurses, school nurses and external staff.
- Children and young people requiring mental health treatment were referred to the local Child and Adolescent Mental Health Service (CAMHS). CAMHS provide outpatient assessments, support and treatment for emotional and behavioural difficulties in children up to the age of 16 and adolescents aged between 16 and 18. The service provided help to children and to the wider family.
- The service had clear transition arrangements for young people moving to other services or adult services.

Health Promotion

- As part of the National Child Measurement Programme all children and young people seen by this service were screened for obesity. The NCMP report for 2017/18 showed 11% of reception class (4-5 years) and 14% of year six (10-11 years) children were assessed as being in the overweight and obese category. The England average was recorded as 13% for reception class and 14% for year six for the same timescale. Staff provided health advice to all children who were assessed as being overweight and their parents or carers. Staff supported them through an individualised weight management programme. This assured us that the service's NCMP was in line with national data.
- We were informed by managers that staff had a variety of ways to promote children and young people health. Health promotion leaflets were available in the clinics and on the service website.

Are services effective?

- Staff advised parents how to maintain their home environment to promote children and young people safety and promote growth and development.
- Attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder was overseen by the local care commissioning group and the specialist school nurses and health visitors support work across the teams to support and ensure the child or young person was on the correct pathway.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards (just 'Consent' for CYP core service)

- Staff were aware of their responsibilities to seek patient consent in line with current legislation. Staff spoken with told us they were aware of Gillick competence and applied this when obtaining consent from young people. Gillick competence is used to describe when a child was able to consent to their own medical treatment.
- Fraser guidance is used to meet the needs of young people under the age of 16 so they can receive contraceptive advice or treatment without parental knowledge or consent.
- The Mental Capacity Act (MCA) 2005 was designed to protect patients who may lack capacity to make certain decisions about their care and treatment. Information about the MCA and associated Deprivation of Liberty Safeguards (DoLS) was included as part of the mandatory safeguarding adults training programmes. We observed electronic records that showed when staff recorded that they obtained consent from children and young people and parents/carers before delivering care. Staff explained how they obtained consent from families or carers for young children and from the child or young person once capacity was confirmed in line with national guidance.
- Staff encouraged young people to involve their families in decisions about consent. An example given was where a young person was supported when sharing difficult health issues with their parents.

Are services well-led?

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

Summary

We did not rate this area which was a focused inspection.

Following the previous inspection in March 2017 we found the following areas of concern which the provider needed to address.

- Insufficient performance data was being collected and monitored for the school nursing service, pre-employment records were not fully completed.
- The governance and oversight of policies and procedures were not effective. Policies and procedures were not kept up-to-date and were not accessible to all staff.
- There was a lack of formal arrangements regarding the ordering and supply of medicines.

At this inspection we found improvements with the following:

- There was improvement in the governance processes in relation to the management and review of policies. There was a policy tracker and flagging system in place to highlight policies that were currently under review. These policies were agenda items at the clinical quality and safety assurance group and clinical policy, documentation and audit group meetings. We reviewed the minutes from July to October 2018 and saw policy items discussed as regular agenda items with clear actions completed.
- The service was well led and we saw evidence of improvements made since the last inspection, an example was in the review of the school nurses workloads.
- There was a great commitment towards continual improvement and innovation.
- There was clear learning from incidents and shared information to ensure learned lessons.
- There was a clear service vision and strategy in place which staff knew about.
- Staff spoke highly of their seniors stating that they were visible, approachable and supportive.

- Staff described a culture within the service whereby the child or young person was paramount, a culture of candour and working together.
- Service users and staff had opportunity to engage with the service on varying levels.
- The service encouraged children, young people and their families who used this service to complete the Friends and Family test and of those service users who responded to the question “would they recommend the service” the monthly dashboard showed between November 2017 and October 2018 an average score of 94% was achieved.
- The service confirmed there remained difficulties with recruiting into school nurse vacancies. They had seconded other staff into roles to mitigate risks and introduced a level one framework which ensured key performance indicators were met.

Leadership

- The service had managers at all levels with the right skills and abilities to run the service providing high quality sustainable care.
- The community health services for children and young people were overseen by Suffolk county council board members, a corporate director and a cabinet member for children’s services, education and skills. The service was led by a director of children and young people, assistant director of nursing, quality and professional development manager, quality governance and audit manager, early help service managers and a business support team. Each children’s centre team had a clinical lead who reported to the corporate team.
- Board meetings were held alternative months and papers were available on the Suffolk county council webpage.
- There was a team of specialist named nurses for safeguarding and the service was supported by medical staff at the acute hospitals. We met with all the team leads available during the inspection and recognised

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that they were all experienced, passionate and empowered their teams. The team leads were knowledgeable about current changes, guidance and delivered high quality care.

- All staff we spoke with told us that they felt valued and supported in their role. Staff confirmed that they were supported with professional development opportunities and gave opportunities of recent training they had attended. This included leadership development, shadowing opportunities and attendance at conferences.
- Staff we spoke with told us the management team were not hierarchical and encouraged staff to develop to their full potential.

Vision and strategy

- The service had an overarching strategy, vision and set of values for staff and which reflected the local objectives within the service. The service had worked with staff to develop the local organisational values and staff worked to those values which included achieve, support, take pride, inspire, respect and empower staff and service users.
- The Family 2020 strategy was to ensure that all children, young people and families in Suffolk would be safe, have the best education, have good physical and emotional healthcare. This was supported by the children and young people emotional wellbeing plan. Staff confirmed they were aware and informed of the strategy.
- The strategy reflected national recommendations and direction for care of children and young people.
- We saw the service had displayed the vision, values and strategy on their website and in poster form across the registered location. The recruitment process for staff included values based questions used during the six monthly appraisal.

Culture

- Staff reported an open and honest culture and said they felt able to raise any concerns with their managers. All staff confirmed that the needs and patient experience of the children and young people was central to the service.
- Staff morale was identified as being inconsistent. Most staff spoken with during the inspection confirmed that they felt valued and well supported by colleagues and

managers within their roles. An example was staff members who told us this was the longest they had remained in a service and that the team were the best they had ever worked in. Other examples demonstrated good team working across the service. There was a clear culture of multidisciplinary learning to improve patient care.

- Several staff members described how the service encouraged and supported their development. Staff told us that they had achieved promotion within the service, supported by secondment opportunities, supervision and mentoring support.
- The service had taken measures to improve the safety of staff working alone in the community and had issued team with smartphones. The trust had a lone working policy updated in November 2018. Staff confirmed they were aware of this policy and described their responsibilities and how they could escalate concerns.
- The service had a staff member who was recently successful in winning a healthcare award for 2017, while a school nurse was successful with the Queen's Nurse award. The award is in recognition of their commitment to learning, leadership and high standards of practice and patient care.

Governance, risk management and quality measurement

- There was a lead director for the service and a quality and governance manager. Staff confirmed that after the last inspection concerns raised were immediately addressed and the action plan submitted to CQC was closed in December 2017 with completed improvements.
- At the last inspection the school nursing vacancy rate was identified as an area of concern. Managers confirmed there remained vacancies across the service with school nurses. School nurses work responsibilities had recently been reviewed and the school nurses were working to an agreed level one framework with Suffolk Public Health oversight. This review showed how more effective working was supported and drop in sessions were addressed with an alternative model to support young people. The health texting sessions were implemented successfully and held Monday to Friday between 9am until 4.30pm to support children and young people that required emotional or wellbeing

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health support. The health text sessions were co-ordinated by two registered nurses from across the service. The staff nurses were allocated from across the service with an established rota.

- Electronic appointments were now booked by administration for staff to allow health professionals to use their time more effectively. All staff had been issued with laptops and smartphones to support mobile and homeworking.
- The board was presented with a quarterly and annual report for safeguarding children and young people. Evidence requested from the service included the annual safeguarding report for 2017/18. There were clear lines of responsibility for safeguarding and supporting looked after children. Team leads attended meetings held across and outside the service to ensure that learning was shared.
- There were clear roles and responsibilities and systems of accountability to support good governance and management of the service. Staff we spoke with described the service's management structure and specific roles and responsibilities. There were monthly team and team leader meetings. The minutes for team meetings were circulated to all staff. The service produced a monthly quality and safety report which was reviewed locally and at corporate level.
- There were clear and effective processes for managing risks, issues and performance the service had an electronic risk register. The risk was based on the potential consequence of the risk and the likelihood of the risk happening again. All risks had a review date, a named responsible individual and an action plan. There were five risks currently on the risk register. Senior staff confirmed the top three risks for this service included school nurse recruitment, service tender outcome and connectivity in rural areas. The senior manager confirmed that these were discussed at the clinical quality and safety assurance group. We reviewed the minutes and saw this was a set agenda item with clear actions taken recorded.
- At the last inspection not all staff were aware of their responsibilities in relation to the process for duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires

providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

- We reviewed the monthly training attendance rates for duty of candour training between June and September 2018 which showed 75% staff attendance rates which was below the service training target set at 90%. Managers confirmed they supported staff with protected time to complete this e learning training. We saw one incident reported between January 2018 and November 2018 where the duty of candour process was completed. The individuals involved did not raise a formal complaint and the outcome was accepted.
- The service participated in local and national audits. The national audits included infant breast feeding.
- The services used performance clinical dashboards which provided assurance that the service was being delivered against national guidelines. There was a clinical audit programme across the service for assurance for all staff of the safety of the service.

Information Management

- We saw clear performance measurement which assured managers and provided reports for the board. The clinical dashboard produced a service level monthly report which was presented at team meetings and the clinical quality and safety assurance group. We reviewed six agenda and minutes between June 2018 to October 2018. There were actions included and dates when actions completed.
- Staff showed us how they accessed the information they needed to ensure they provided safe and effective care to children and young people.
- The service had arrangements to ensure the availability of records was in line with Data Security standards and General Data Protection Regulation GDPR. This included that confidential information would only be accessed on a need to know basis.

Engagement

- The service engaged with children and young people and their families to inform the service and provide feedback for future service improvements and commissioning.
- Staff used a variety of ways to seek feedback from children and young people and their families including

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texting sessions, “The Source” (a website for young people) and Transition Information Network (TIN) which works together to improve the experience of disabled young people transition into adulthood.

- Patient satisfaction feedback responses were positive. The service took part in the friends and family test which indicates how likely a service user or their family would be to recommend the service to a friend or family member. Results of the latest friends and family test showed positive outcomes with children and young people either likely or extremely likely to recommend the service to others.
- Staff were actively engaged in the planning and delivery of the service. Staff attended monthly team meetings to share ideas and to discuss different ways of working and feedback any concerns. Staff completed an annual staff survey and this data has been requested but not yet received.
- The service held team meetings monthly and staff confirmed that there was good teamwork and engagement.
- Staff described their compliance to the absence management policy and told us how their line managers supported staff individually according to their

requirements. An example was the keeping in touch calls when staff were on long term sickness or absence. Another example, was a member of staff on maternity leave who frequently spoke with colleagues before returning back to work.

Learning, continuous improvement and Innovation

- Staff confirmed there were systems in place for them to continuously develop, improve and which supports innovation.
- The service currently is reviewing staff recognition awards for outstanding contributions to the service.
- At the inspection we were informed the service had been awarded the 0-19yrs healthy child service for the whole of Suffolk which included Lowestoft and Waveney
- Introduction of the texting sessions to support young people with health and emotional support which replaced drop in sessions.
- Staff supported with school nurse training across service.
- This service had achieved UNICEF baby friendly community accreditation level one.