

Wye Valley NHS Trust

RLQ

Community health services for children, young people and families

Quality Report

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Date of inspection visit: 22, 23 and 24 September
2015

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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)
RLQ03	Bromyard Community Hospital		
RLQ06	Leominster Community Hospital	<Placeholder text>	<Placeholder text>
RLQ08	Ross Community Hospital	<Placeholder text>	<Placeholder text>
RLQ15	1 Ledbury Road	<Placeholder text>	<Placeholder text>
RLQ16	Vaughan Building	<Placeholder text>	<Placeholder text>

This report describes our judgement of the quality of care provided within this core service by Wye Valley NHS Trust. 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 Wye Valley NHS Trust and these are brought together to inform our overall judgement of Wye Valley NHS Trust

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Good

Community children and young people's safety performance was monitored by dashboards and governance processes. When something went wrong there was a process in place to review or investigate incidents involving all staff, children, young people and their families. Lessons were learned and communicated widely to support improvement in all children's and young people's services, as well as services that were directly affected. There were clearly defined and embedded systems and processes to keep children and young people safe and safeguarded from abuse. Staff received up-to-date training in safeguarding to an appropriate level. There was active and appropriate engagement in local safeguarding procedures and effective working with other relevant organisations. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Monitoring and review processes and meetings enabled staff to understand risks and gave a clear and accurate picture of safety.

Staffing levels and skill mix were planned, implemented and reviewed to keep children and young people safe at all times. Any staff shortages were responded to quickly and adequately to ensure staff could manage risks to children and young people who used services.

Risks to children and young people were assessed, monitored and managed on a day-to-day basis. Staff recognised and responded appropriately to changes in risks to children and young people who use services. Risks to safety from service developments, anticipated changes in demand and disruption were assessed, planned for and managed effectively. Plans were in place to respond to emergencies and major situations.

Children and young people had good outcomes because they received effective care and treatment that met their needs. Children and young people's care and treatment was planned and delivered in line with current evidence-based guidance, best practice and legislation, including the Healthy Child Programme (2009) (HCP). This was monitored to ensure consistency of practice.

There was participation in relevant local audits and other monitoring activities such as service reviews and service

accreditation. Accurate and up-to-date information about effectiveness was shared internally and externally and was understood by staff, and used to improve care and treatment and children and young people's outcomes.

Children were cared for by a multidisciplinary team of dedicated and skilled staff. Staff felt supported and had access to training. Wye Valley NHS Trust was an early implementer site (EIS) for the 'health visitor implementation plan 2011-2015'.

Children and young people and their parent were supported, treated with dignity and respect, and were involved as partners in their care. Feedback from children, young people and families was positive. Children and young people and families felt supported and said staff cared about them. Children and young people were involved and encouraged in making decisions about their care. They were communicated with and received information in a way they could understand. Staff responded compassionately when children and young people needed help and supported them to meet their basic personal needs. Children and young people's privacy and confidentiality was respected at all times.

Children and young people's services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided. Building community capacity was a key aspect of the community early implementation service (EIS) plan, this emphasised delivering services in a range of settings to maximise the number of people that had access to a range of services.

The integrated family health services (IFHS) model bridged health and social care. The aim of the service model was to improve children and young people's outcomes and experience through bringing existing community services from health and social care into a more combined way of working. Children's and young people's care and treatment was co-ordinated with other services and other providers.

Summary of findings

The trust was working with the clinical commissioning group (CCG) and local authority to ensure children had new offers for respite care, prior to closure of 1 Ledbury Road respite unit in March 2016.

Complaints handling policies and procedures were in place. All complaints to the service were recorded. Information on the trust's complaints policy and procedures was available on the trust's internet website.

The leadership, governance and culture of community children and young people's services promoted the delivery of child-centred care. The trust had a clear statement of vision and values that had been developed

through a structured planning process with regular engagement from staff. The IFHS community children and young people's service was undergoing a significant reorganisation of services. We found that some staff were unclear about the long term strategy for health visiting and school nursing services. The trust board and other levels of governance within community children and families services functioned effectively and interacted with other services appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out and understood.

Summary of findings

Background to the service

Information about the service

The aim of community children's services in Wye Valley NHS Trust is to improve the health and wellbeing of infants, children and families in Herefordshire. During our inspection the inspection team visited school nursing services (SNS), health visitor services (HVS), and Ross Road Child Development Centre (CDC).

We visited the following health visitor teams: North West team the Kite Centre, registered at 1 Ledbury Road; South Vaughan team at Vaughan Building; Ross team at Ross Community Hospital; Leominster team at the multiagency offices in Leominster; South Belmont team at Eastholme offices; and Ledbury team at **Ledbury Community Health and Care Centre**. We reviewed data for Bromyard Community Hospital health visitors. The primary health visitors' role was to promote health and ensure health policies were accessible to individuals, families, and communities, enabling them to be empowered and take responsibility for their own well-being and good health. The health visitor service addressed the health needs of families in their community settings, and worked in partnership with other agencies from statutory, voluntary and community sectors. The HVS contract was transferring to the local authority in October 2015.

We visited SNS teams at Belmont Offices, Vaughan Building and at Leominster Community Hospital. The SNS teams aimed to promote and protect the health of school-aged children and prevent ill health via a team of specialist practitioners, general nurses and nursery nurses. This included helping to improve children and young people's emotional wellbeing; physical activity and healthy eating; promoting children's health outcomes in areas of deprivation; providing support for groups of children known to be more vulnerable; and working with children in readiness for school. The SNS service was commissioned by the public health department of the local authority. Wye Valley NHS Trust was the provider of the service.

We visited Ross Road CDC. The CDC team were a specialist multi-disciplinary clinical team providing a service dedicated to improving the health and well-being of children, young people and their families. The primary aim of the CDC was to deliver services to families with children suffering from a wide variety of developmental disorders and disabilities, by taking a lead role in the assessment, diagnosis and management of these conditions. The CDC also provided services to children in need of protection and children in care; as well as children with life limiting conditions.

We visited community paediatric occupational therapists (OT) and physiotherapists at the Kite Centre, registered at 1 Ledbury Road. Children and young people's OT provided a community service for children and young people. The OT's assessed in a variety of settings including children and young people's homes, educational facilities, pre-school and any other environment applicable to a child. Paediatric physiotherapy was a specialist community physiotherapy service for babies, children and young people. Children's physiotherapists had additional knowledge and experience of child development and childhood disabilities.

We visited the looked after children's (LAC) team at Vaughan Building. The LAC team provided specialist community services for children looked after.

We also visited the largest community children and young person's service at the Kite Centre, registered at 1 Ledbury Road where there was a health visiting team, community paediatric nursing team, community paediatric occupational therapists and community paediatric physiotherapists. 1 Ledbury Road housed a nine bedded respite centre for children and young people with learning disabilities, sensory impairment, and physical disabilities. The centre was scheduled to close in March 2016.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Turkington, Medical Director, Salford Royal NHS Foundation Trust

Head of Hospital Inspections: Helen Richardson, Care Quality Commission

The team included one CQC inspector, a paediatric modern matron; a health visitor; and a looked after children's (LAC) nurse.

Why we carried out this inspection

We inspected this core service as part of our planned comprehensive inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, 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 visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 22, 23 and 24 September 2015.

During the visit we spoke with over 30 community staff including: community paediatricians, doctors, health visitors and support staff.

We talked with three children and young people who use services and eight visiting parents. We observed how patients were being cared for and talked with carers and/or family members and reviewed care or treatment records. We met with children and young people who use services and their carers, who shared their views and experiences of their care and treatment.

What people who use the provider say

Patients we spoke with were positive about the care and treatment they received.

We viewed the community children and young people's friends and family test (FFT) results. This demonstrated

that between March and August 2015, 100% of community children, young people and families who completed the test were extremely likely to recommend to their friends or family.

Good practice

- Community services for children and young people had submitted a proposal for a group project incorporating local health visiting teams, children's centres, the local community and various members of the multi-agency team. The aims of the project were to: provide support and information to families on how

to achieve healthy lifestyles; promote and support and encourage sensible weight management; enhance families ability to cook health nutritious meals; increase families social networks and therefore their social capital, leading to increased self-esteem and self-confidence; enhance links within the community

Summary of findings

by incorporating volunteers from within the community to help with practicalities of running groups on a regular basis; encourage links to other services within the community that promote lifestyle change, such as local gyms and swimming pool.

- Health visitors in Leominster supported children in need at Christmas with a Christmas hampers project by utilising local community charities and food bank services to donate food hampers for families in need.
- Health visitors at Ross Community Hospital had an allotment project to improve community engagement

and encourage healthy eating. HVS had worked with a local charity to access allotments, for use by local communities to grow their own produce and share with families who had food and nutritional needs.

- A member of the Leominster SNS team had won a prize from a national professional journal for producing a domestic abuse peer support programme.
- The trust had introduced a 'young ambassadors' project. Managers told us young people have been involved in interviewing new staff in both the HVS and SNS.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- The trust should ensure that all staff receive the required level of safeguarding training for their role, including, audiology staff.

- The trust should ensure all staff receive and appraisal to meet the appraisal target of 90% compliance.
- The trust should ensure staff are appropriately supported, consulted and informed about the changes to community services, particularly at 1 Ledbury Road.

Wye Valley NHS Trust

Community health services for children, young people and families

Detailed findings from this inspection

Good



Are services safe?

By safe, we mean that people are protected from abuse

Community children and young people's safety performance was monitored by dashboards and governance processes. When something went wrong there was a process in place to review or investigate incidents involving all relevant staff, children, young people and their families. Lessons were learned and communicated widely to support improvement across children and young people's community services as well as services that were directly affected.

There were clearly defined and embedded systems and processes to keep children and young people safe and safeguarded from abuse. Staff received up-to-date training in safeguarding to an appropriate level. Staff took a proactive approach to safeguarding; and took steps to prevent abuse from occurring, and responded appropriately to any signs or allegations. There was active and appropriate engagement in local safeguarding procedures and effective working with other relevant organisations.

Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Monitoring and review processes and meetings enabled staff to understand risks and gave a clear and accurate picture of safety.

Staffing levels and skill mix were planned, implemented and reviewed to keep children and young people safe at all times. Any staff shortages were responded to quickly and adequately to ensure staff could manage risks to children and young people who used services.

Risks to children and young people were assessed, monitored and managed on a day-to-day basis. Staff recognised and responded appropriately to changes in risks to children and young people who use services. Risks

Are services safe?

to safety from service developments, anticipated changes in demand and disruption were assessed, planned for and managed effectively. Plans were in place to respond to emergencies and major situations.

Safety performance

- Both the school nursing service (SNS) and health visiting service (HVS) used dashboards to monitor the services' safety performance over time. For example, the HVS service had achieved 100% compliance in July and August 2015 for: Sure Start advisory boards, these are a board of professionals who represent the interests of children in accordance with The Child Care Act 2006 guidance; multi-agency group meetings; formal handovers to the SNS; and looked after children (LAC) aged under five years receiving bi-annual health reviews.
- SNS used a dashboard to monitor: the number of common assessment framework (CAF) assessments initiated and declined. For example, between July 2014 and June 2015 SNS had initiated 23 CAF assessments with one of these being declined. We noted that the number of child protection plans recorded as not being written by the SNS had reduced from 17 in September 2014 to all child protection plans being written from December 2014 to June 2015. We further noted that SNS strategy meetings being unattended by the SNS had reduced from three in July 2014 to all children's strategy meetings being attended by the SNS from October 2014 to June 2015. Staff told us they had been unable to attend the earlier meetings due to the number of safeguarding referrals the service had been managing. However, this had been resolved by recruitment and changes to the referral process. This meant the SNS dashboard indicated improvements in safety performance during the previous 12 months.
- Child and Maternal Health Observatory (ChiMat) 2014 information found that infant and child mortality in Herefordshire was not significantly different from the England average. For example, the Herefordshire mortality rate per 100,000 births was 11.4 compared to the England average of 11.9.
- Statistics from ChiMat found the number of children aged two years receiving MMR vaccinations and diphtheria, tetanus, and whooping cough vaccinations was 92.4% compared to the national average of 92.7%. Regionally children in care vaccinations were also similar to the national average. Children achieving a good level of development after reception year was

similar to the national average, at 59.9% of children in Herefordshire compared to the national average of 60.4%. Obesity in children was worse than the national average. The percentage of children aged 5 years with one or more decayed, missing, or filled teeth in 2011 to 2012 was 33.6% compared to the national average of 27.9%.

- ChiMat found that under 18 conceptions and numbers of teenage mothers were similar to the national average. For example, in Herefordshire in 2013 the rate was 24.1 compared to the national average of 24.3 per 1000 females aged 15 to 17 years.

Incident reporting, learning and improvement

- The community children and young people's service (CCYPS) used an incident reporting system widely used in the NHS. We found incidents were consistently reported across teams; and staff used the reporting system appropriately.
- Between 26 March 2015 and 17 June 2015 CCYPS reported a total of 22 incidents, including incidents in children and young people's homes. None of the incidents had resulted in harm to children, young people or their families. There had been five incidents of children's paper based notes going missing; one of these was in the trust's internal mail system. Staff told us electronic records systems had been considered but that this would probably not happen until the new service configurations had been completed in April 2016.
- Staff told us a serious incident review investigation (SIRI) would be completed as part of the investigation of serious incidents (SI). There had been two SIRI's in the previous 12 months, both involved the loss of confidential patient information. We saw the investigations had identified learning from SI's. Staff told us lessons learned from the incidents had been shared across CCYPS teams. An action plan had been developed by CCYPS as a result of the SIRI's to minimise the risk of repeated incidents.
- CCYPS staff told us they understood their responsibilities to report incidents using the electronic reporting system and knew how to raise concerns. Staff confirmed that they received feedback on incidents in their own service as well as feedback from incidents in other areas of the trust. Staff and managers told us they were satisfied there was a culture of reporting incidents promptly within CCYPS.

Are services safe?

- A standard agenda was used for HVS and SNS unit meetings. We viewed four children and family services unit meeting terms of reference/agendas from 12 June 2015 to 8 August 2015. These demonstrated that learning from incidents was discussed and disseminated to staff at the unit meetings. For example, the unit meeting for 12 June 2015 recorded that there had been six incidents at 1 Ledbury Road. The 'action plan recorded that staff had been informed that incident forms needed to be completed in seven days. The document further recorded that if there was an investigation in progress at 1 Ledbury Road, this needed to be "kept open" following the centre's closure.
- HVS and SNS staff told us incidents were discussed at weekly allocations meetings. Records we viewed confirmed this.
- Staff we spoke with were aware of the 'duty of candour'. This is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Staff told us that CCYPS had not had any reason to use the duty since its introduction in April 2015. Staff told us they had not received any formal training in the 'duty of candour' but had discussed it in team meetings. Staff we spoke with were able to articulate what the 'duty of candour' was and its implications for practice. We saw that leaflets were available for staff and children, young people, and families explaining the 'duty of candour'. The leaflets contained the contact details of the trust's quality and safety department.
- Staff told us about two trust publications that ensured information from safety alerts, investigations, or reviews were disseminated. 'Trust Talk' was a weekly newsletter that was sent to all staff via email. The newsletter provided updates for staff on safety management. For example, Trust Talk 29 June 2015 gave staff information on upgrades to the trust's electronic patient administration system (PAS); and changes to the incident reporting form. Trust Talk 27 July 2015 gave staff information on new and updated trust policies; and dates for training on trust's electronic incident reporting system. The trust also had a monthly newsletter 'Team Brief'. This regularly updated staff on 'lessons learned from incidents, complaints, claims and audits'. For example, the September 2015 edition had information on actions the trust had taken in response to recent incidents across the trust. HVS staff at Ledbury told us

they had to read and sign a printed copy of the newsletters at allocation meetings to evidence they had read them. Across CCYPS staff told us they received and read the trust newsletters.

Safeguarding

- The service had a children and young people's safeguarding policy. Staff were able to explain their understanding of the policy and how they used this as part of their practice.
- Parents we spoke with told us they felt their children were safe and expressed confidence in the staff that worked with them.
- The trust's website included contact details for the safeguarding children and young people's unit and advice for parents and carers.
- Child safeguarding governance arrangements include named directors responsible for overseeing child safety. For example, the executive safeguarding lead was the director of nursing and quality. The trust also had a safeguarding lead non-executive director; a named doctor for safeguarding; a named nurse for safeguarding; and a named midwifery safeguarding lead.
- Staff we spoke with told us they would liaise with the trust's safeguarding lead nurse for advice and guidance on safeguarding. Staff told us they received regular safeguarding alerts from the safeguarding team.
- The trust board received an annual report on safeguarding children issues. The director of nursing and quality chaired a quarterly trust safeguarding committee which monitored safeguarding processes, reviewed the annual audit plan and reported to the quality committee. The trust worked closely with the local clinical commissioning group (CCG), designated professionals and the local safeguarding children board (LSCB).
- Health visitors told us that relationships and communication with the midwifery service had improved and this was measurable by the health visitors being invited to more antenatal safeguarding meetings. This meant women receiving antenatal care were introduced to the support available from the HVS at an earlier stage in their pregnancy.
- Health visitors told us they kept an enhanced safeguarding list of children and young people

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considered to be at risk. This was reviewed monthly and kept in the health visiting diary and message book. A copy was also forwarded to the local authority safeguarding team.

- Staff across the trust we spoke with told us they could access the multi-agency safeguarding team (MASH), and were able to demonstrate how they would do this.
- The LAC team told us they had “excellent” links with the children’s safeguarding lead nurses.
- Health visitors told us they had quarterly safeguarding forums, where safeguarding incidents, alerts, and cases were reviewed. Staff confirmed that they were all trained to an appropriate level in safeguarding in accordance with the intercollegiate document ‘Safeguarding: Roles and competences for health care staff, 2014’. Staff also told us they received quarterly safeguarding supervision. We viewed the staff training record and found, with the exception of audiology staff, 100% of eligible staff had up to date safeguarding training.
- HVS staff told us they had a domestic abuse lead in the HVS. Staff showed us Women’s Aid leaflets they could give to women and said they worked closely with Women’s Aid. Staff had good links with the local police force’s domestic abuse team. Staff also told us about referrals they had completed to multi-agency risk assessment conferences (MARAC).

Medicines

- In the children and young people’s survey 2014 the trust scored about the same as other trust’s with the question, “were you given enough information about how your child should use medicines.”
- Medicines were observed to be prescribed, supplied, stored, and administered appropriately at Ross Road CDC.
- Training in the administration of medicines was undertaken by appropriate staff groups. All case holding health visitors and school nurses were trained in community formulary, prescribing and advanced practice clinical skills. However the staff members we spoke with said that they did not prescribe and would refer children or young people to their GP.
- At 1 Ledbury Road children and young people took their prescription medicines from home during their respite stay. We saw records that confirmed that medicines and

dosages were discussed with parents and recorded for every individual respite stay. Medication charts were maintained by a community paediatrician, and administered by qualified staff.

Environment and equipment

- 1 Ledbury Road had child friendly décor. The Ross Road CDC had added child friendly décor and posters to make the appearance of the centre more appealing for children.
- We found there were adequate stocks of equipment in CCYPS. These were held at the integrated community equipment store. Staff told us a limited stock of equipment was also available for out of hour’s emergencies from a store at 1 Ledbury Road. In urgent circumstances, equipment could be supplied to the patient on the same day by the integrated community equipment store. Children and young people and families were informed by the equipment service if they were unable to deliver within timescales.
- Maintenance and procurement of replacement equipment was planned in liaison with the trust’s equipment services team at the integrated community equipment store. The equipment service was responsible for the maintenance of equipment.
- We saw that 1 Ledbury Road was well stocked with equipment. Staff told us children, young people, and families had raised funds to equip the centre.
- We viewed the 1 Ledbury Road health and safety checklist for the 6 May 2015. The check was undertaken by the trust’s institution of occupational safety and health (IOSH) lead. The IOSH lead had completed a comprehensive assessment, this included the centre’s compliance including: health and safety; use of personal protective equipment (PPE); waste segregation and disposal; ventilation and removal of harmful fumes; temperatures including hot water; lighting; availability of space; furniture and equipment; electricity and electrical equipment; hazardous substances; fire safety; moving, handling and lifting equipment; signage; floors, pedestrians, and vehicular routes; doors and windows; toilets and washing facilities; drinking water; decontamination of equipment; environmental and equipment risk assessments. We did not see any areas of concern in the safety checklist.
- 1 Ledbury Road had a named lead nurse for medical devices. The lead nurse was responsible for sharing medical device alerts at team meetings.

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- HVS baby and infant weight scales were regularly serviced. All HVS and SNS staff had their scales inspected checked and calibrated in 2015. We found that the HVS checked children's height and weight on a regular basis. The SNS also checked children who were open to the SNS services height and weight regularly.
- Staff at 1 Ledbury Road and Ross Road CDC told us maintenance requests were responded to quickly by the trust's estates department.

Quality of records

- Records we viewed demonstrated staff had managed children and young people's care and treatment plans appropriately. We saw that records were updated regularly and reflected the care and support received. Risk assessments had been completed to highlight any risks to children and young people's safety.
- Staff told us the trust used a paper based system. Paper based records were transferred via the trust's internal mail system.
- Community children and young people's services had completed a clinical records audit in March 2015. This had indicated gaps in staff recording practice. As a result of the audit an action plan was in place and auditing of 10 records was taking place monthly. The monthly audits were reviewed by the acting lead nurse on a three monthly basis.
- Health visitors and school nurses told us they completed monthly records audits. This involved each health visiting team doing a random audit of 10 records, with five of these audited by the team lead. Staff told us the team lead provided monthly feedback on records audits at team meetings to address any shortfalls in recording practice.
- We were informed by the trust that Child Health Information Systems (CHIS) had been repocured by NHS England and the service had been put out to tender. CHIS are patient administration systems that provide a clinical record for individual children and support a variety of child health and related activities. CHIS are responsible for the processing of data returns and statutory reporting requirements to support the NHS and Public Health England (PHE) in the overall management of public health programmes and to track progress via the indicators detailed within the Public Health Outcomes Framework and the NHS Outcomes Framework.
- Records relating to training and meetings were kept securely. Maintenance records at Ross Road CDC and 1 Ledbury Road were kept and filed appropriately.

Cleanliness, infection control and hygiene

- The community integrated health services had infection prevention and control policies in place.
- We observed staff during home visits and in clinic settings. Staff demonstrated a good understanding of infection prevention and control. We observed staff following trust guidelines in particular hand hygiene and wearing clothes bare below the elbow at Ross Road CDC.
- The community locations we visited were visibly clean. Clinic environments we visited were visibly clean and tidy. However, at Ross Road CDC we found a cleaning schedule taped to the door of the cleaning store cupboard. The schedule did not indicate the frequency for specific cleaning tasks. Staff were unaware of whether the company that was contracted to provide cleaning services kept any records of cleaning. We also viewed the toy cleaning records at Ross Road CDC. Staff told us the receptionist cleaned the toys in the clinics and the CDC reception. The toys were scheduled to be cleaned on a daily basis. However, we found that toy cleaning was only recorded on the 4 September and 11 September 2015. Following our inspection the trust forwarded a record of toy cleaning at Ross Road CDC, this indicated that toys had been cleaned daily from the 7 September to the 24 September 2015.
- We viewed the Ross Road CDC infection prevention annual audit feedback report from 20 February 2015. The audit report had an action plan, but this had not been updated with evidence of actions having been completed. However, the CDC had a health and safety audit in May 2015 and actions identified in the February report were addressed in the May 2015 audit.
- At 1 Ledbury Road staff demonstrated a good understanding of infection prevention and control. For example, staff were able to explain the '5 moments of hand hygiene' procedure. We observed staff following trust guidelines in particular hand hygiene. Staff had access to personal protective equipment (PPE), gloves and aprons. We saw equipment cleaned by staff after use at the centre.
- Staff received mandatory training in infection control and prevention. We found that just over 80% of staff had

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updated training or had arrangements in place. This did not meet the trust target 90%. However, a number of staff had training that required updating and did not have arrangements in place.

Mandatory training

- Staff told us they could access their training records electronically on the trust's electronic staff record (ESR) system. Staff told us they could request further training in addition to their mandatory training; but additional training was only available to staff who had completed 100% of their mandatory training.
- We reviewed the community children and young people's service records for staff training which were broken down by service. The information showed the training record of the individual member of staff who had completed mandatory training by course. We found that training had been undertaken in most instances, or arrangements had been made to attend training. However, there were a number of staff that required mandatory training updates and did not have arrangements in place. For example, audiology staff had not completed level 3 safeguarding training and did not have a date to complete the training.
- Manager's told us staff were supported to attend mandatory training within their working hours. Mandatory training for community children and young people's practitioners included: dementia awareness; equality and diversity; fire safety; health and safety; information governance; infection control; moving and handling; and safeguarding.
- Health visitors told us the 'Solihull approach' training was mandatory for HVS staff. The model supports practitioners to work with children and families and supports parents and foster carers to understand their child. The approach provided training and resource packs. We did not see results of how many staff had completed training in the 'Solihull approach'.
- Health visitors received mandatory training in breast feeding support. Staff told us they received annual training updates in breast feeding support. Records we viewed confirmed that most training in breast feeding support was up to date.

Assessing and responding to patient risk

- Community based staff we spoke with were able to demonstrate awareness of the key risks to children and young people. For example, safeguarding and domestic abuse.
- We found from viewing children and young people's records that risk assessments were in place to identify specific risks. Risk assessments also contained guidance for staff on mitigating risks. For example, using hoists. Risk assessments were signed by parents to demonstrate their involvement in the risk assessment process.
- Depending on risks identified to children and young people staff were aware of how to arrange further support, by referral for specialist assessment or supply of additional equipment.
- Health visitors told us they aimed to complete antenatal checks by 28 weeks gestation, but within the 24 to 36 week period. Midwives did checks throughout pregnancy and fed back to the HVS when necessary. The HVS worked closely with early years staff in children centres and early years settings for the HCP review at age 2-2.5 with early years foundation stage assessments (EYFS) for pre-school children using Ages and Stages Questionnaires (ASQ) 3 and ASQ Social Emotional (SE). These are tools used to assess children's development and assist in guiding interventions.
- Staff in the LAC were meeting statutory national requirements for the assessment of children looked after. Health visitors told us LAC were assessed every six months. Looked after children received their first health assessment and a health plan by the time of the first review of the child's care plan, four weeks after becoming looked after. Staff told us children's assessments were completed privately, with the involvement of the child and parent or representative, and outside of school hours to respect children and young people's privacy and dignity. LAC reviews were completed in accordance with the local authority's timescales.
- All of the community children and young people's services offices and locations we visited had a yellow risk folder. The folders contained the contact details for the risk and policy manager. Staff told us that they could contact the risk and policy manager for advice and guidance on risks to children and young people as well

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as organisational risks. The folders had a 'quick guide to risk assessments' to aid busy staff. This clearly outlined the trust's risk assessment, implementation, monitoring and review process for staff.

- 1 Ledbury Road was due for closure in March 2016. Due to the local authority pioneering a new model of care. The trust informed us risks to children and young people in the interim would be managed by the unit adhering to the trust's risk assessment processes, policies and procedures.

Staffing levels and caseload

- We viewed the staffing spreadsheet for community children and young people's services. We found that 1 Ledbury Road had 22.5 whole time equivalent (WTE) staff employed in comparison to the 24 number of actual staff required. This was divided into 15 WTE unqualified staff and 6.5 qualified nursing staff and one estates member of staff. This meant the centre had 1.5 staffing WTE hours vacancies, this was 0.5 WTE qualified nursing staff and one unqualified member of staff. However, staff told us the vacancies would not be recruited to as the centre was reducing the numbers of children and young people it provided respite care for in preparation for the centres closure in March 2016.
- The trust informed us 1 Ledbury Road was staffed by a qualified member of staff and up to six health care assistants depending on the requirements of the children attending the unit. The trust told us that some children attending the unit required one to one care; as a result of the unit's impending closure staffing levels were reviewed on a daily basis.
- The children and young people's complex needs team were fully staffed.
- The HVS had funding for 40.9 WTE health visitors. The actual number of health visitors employed by the trust was 38.3 WTE. However, the acting lead nurse told us that two of the posts had been recruited to in September 2015 and the other posts were being advertised. The service were looking to be fully staffed by October 2015.
- SNS staffing was identified on the integrated family health services risk register. We saw that actions to mitigate risks had been regularly recorded on the risk register. The SNS had funding for 11.5 WTE school nurses. The actual number of school nurses employed by the trust was 9.9 WTE. The acting business manager told us the two vacant posts were being recruited to; one vacancy was covered by a former member of staff returning to work for the trust; the other vacancy was advertised. This meant the service would be fully staffed by September 2015.
- SNS undertook a detailed analysis of its safeguarding caseload in December 2014 to identify the most appropriate provider of care to individual children. The analysis highlighted some children as receiving services from a number of health care professionals and not needing specific SNSs. From this analysis, a new referral criteria was launched to link children to the most appropriate service. Staff told us since the application of the new criteria the SNS caseload had significantly reduced.
- HVS staff told us staffing was always "a challenge." HVS and SNS teams we spoke with informed us that staffing levels were sufficient for current contact and activity levels, although staff said increases in referrals as well as the complexity of cases, required regular review.
- The service manager told us the trust tended to retain and recruit nursing staff, but there was a national shortage of OT's and physiotherapy staff and the trust had experienced difficulties in recruiting to these positions. OT and physiotherapy staff we spoke with told us this had led to some children experiencing delays in gaining an appointment.
- The HVS and SNS had weekly allocation meetings to allocate work. The average SNS caseload for August 2015 was 25 cases per school nurse. SNS service activity was also via drop in sessions and this was monitored via the SNS dashboard. SNS also reviewed children and young people who had been admitted to the emergency department (ED) unit at the hospital; as well as reviewing any reported domestic abuse incidents where children of school age were in the household. The SNS dashboard was used to monitor both ED admissions and incidents of domestic abuse. Staff told us the introduction of the allocation meetings had resulted in a reduction in school nurses caseloads, as cases could be discussed, and some cases could be signposted to other more suitable services without the need for a school nurse.
- HV caseload sizes varied by team. For example, the smallest health visitors' team at Bromyard had 1.5 WTE health visitors and 0.5 WTE community nursery nurse, with a caseload of 411 cases in August 2015. The largest

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health visitor team was the North East team with five WTE health visitors and 1.5 community nursery nurses with a caseload of 1319 in August 2015. Staff we spoke with told us their caseloads were manageable.

- Staff at the LAC team told us they often worked over their contracted hours to ensure children's health assessments were completed in a timely way.

Managing anticipated risks

- The community service had a winter plan in place. This included community staff having access to 4x4 cars to maintain staff safety and to support access to patients in all community settings. The plan also provided telephone support to provide advice to patients and staff during adverse weather.
- From December 2014 to March 2015 CCYPS introduced a winter pressures report. This was as a result of NHS England releasing capital investment for schemes aimed at impacting on relieving winter pressures. The trust HVS were successful in a bid to trial an out of hours (OOH) health visitor service. The trust produced a monthly report and action plan that was reviewed

weekly during the winter to ensure that health visitor resources OOH's were focused on areas with the highest level of need. For example, telephone support would be available in the winter months from 8am to 8pm.

- The trust had a lone workers policy in place; this was due to be reviewed in September 2018. Staff working in the community on their own used a signing in and signing out system when they left the office, as well as a buddy system to ensure their safety. Staff carried mobile phones to ensure they could contact, or be contacted by, the office or their buddy in an emergency.

Major incident awareness and training

- The trust had a major incident plan overdue for review in October 2014. The plan gave comprehensive guidance to staff on dealing with a major incident. Some community staff told us they were not aware of how community services would be utilised in a major incident. However, staff at Leominster told us they had received major incident awareness training due to their proximity to military establishments. Leominster had an allocated major incident lead, who had been involved in a desk top major incident rehearsal in 2015.

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.

Children and young people had good outcomes because they received effective care and treatment that met their needs. Children and young people's care and treatment was planned and delivered in line with current evidence-based guidance, best practice and legislation, including the Healthy Child Programme (HCP). This was monitored to ensure consistency of practice.

Children and young people had comprehensive assessments of their needs, including consideration of their mental health, physical health and wellbeing, and nutrition and hydration needs.

Information about children and young people's care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care. Outcomes for children and young people who used services were positive, consistent and met expectations.

There was participation in relevant local audits and other monitoring activities such as service reviews and service accreditation, including health visitors working towards level 2 United Nations Children's Fund (UNICEF) baby friendly accreditation for breastfeeding. Accurate and up-to-date information about effectiveness was shared internally and externally and was understood by staff, and used to improve care and treatment and children and young people's outcomes.

Staff received regular supervision and team meetings. However, we found that a large percentage of staff had not received an annual appraisal. This meant many staff had not had the opportunity to discuss their performance and development in the previous 12 months.

Children were cared for by a multidisciplinary team of dedicated and skilled staff. Wye Valley NHS Trust was an early implementer site (EIS) for the 'health visitor implementation plan 2011-2015'.

Evidence based care and treatment

- Wye Valley NHS Trust was an early implementer site (EIS) for the 'health visitor implementation plan 2011-2015: A call to action, 2011.' This was part of the government's agenda to introduce an evidence based

approach in health visiting. The objective was to provide high quality support for families and children by expanding health to tackle population health issues and deliver better health outcomes. Health visitors we spoke with told us the EIS had increased the resources available to the health visiting service. NHS England had set the HVS clear expectations via a national core service specification, this was monitored by NHS England.

- Health visitors lead and delivered the Healthy Child Programme (HCP) for pre-school children, which was designed to offer a core, evidence based programme of support, starting in pregnancy, through the early weeks of life and throughout childhood. Health visitors were the gateway to other services families needed. For example, health and development checks, support for parents and access to a range of community services and resources. The children and family services unit meeting 'terms of reference/agenda', -for 11 August 2015, recorded that the paediatrician from Ross Road CDC had met with the service lead in regards to the HCP to ensure that all clinical staff were following the programme.
- School nurses were responsible for leading and delivering the HCP for children and young people aged between five and 19 years. This involved: promoting the health, wellbeing and protection of all children and young people of school age up to 19 years old in any setting; identifying the health needs of individuals and communities; using appropriate assessment tools; developing programmes to address the needs of children and young people using effective communication methods to facilitate information sharing and to create integrated care packages; ensuring safe and effective practice within the school health team; and providing clinical supervision, management, teaching and mentoring.
- The SNS contributed to a wide range of indicators within the Public Health Outcomes Framework (PHOF) including: domestic abuse; under 18 conceptions; conceptions in those aged under 16; excess weight in

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four to five year olds; excess weight in 10 to 11 year olds; smoking prevalence; population vaccine coverage; and tooth decay in children. The service also contributed to achieving the NHS outcomes framework

- Health visitors were working towards UNICEF 'Baby Friendly' accreditation for breastfeeding. The Baby Friendly Initiative is based on a UNICEF and the World Health Organization (WHO) global accreditation programme. It is designed to support breastfeeding and parent infant relationships by working with public services to improve standards of care.

Nutrition and hydration

- The HVS and SNS worked with children, young people and their carers in the community providing advice and information on healthy eating. For example, we viewed a healthy lesson plan the SNS used in schools and a weaning workshop plan the HVS used with families.
- The SNS provided information on drugs and alcohol during drop in sessions in schools.
- Health visitors told us all nursery nurses and health visiting staff were trained in promoting breastfeeding with new mothers.
- Health visitors in Leominster supported children in need at Christmas with a Christmas hampers project. This involved the health visitors utilising local community charities and food bank services to donate food hampers for families in need.
- Health visitors at Leominster had led cookery classes in collaboration with a local children's centre to promote parent's learning in regards to healthy eating.
- Health visitors at Ross Community Hospital had an allotment project to improve community engagement and encourage healthy eating. HVS had worked with a local charity to access allotments, for use by local communities to grow their own produce and share with families who had food and nutritional needs.
- Where a need for additional support with nutrition and hydration was identified, for example with diabetic patients, community staff referred children and young people to a dietician.
- Information leaflets about nutrition and hydration were available for children, young people and their families.
- Staff at 1 Ledbury Road had completed food hygiene training. The kitchen had safe food storage. Fridge and freezer temperatures were checked and recorded on a daily basis and these were up to date. Children and

young people's assessment and planning records included information on dietary requirements, preferences, and feeding regimes for children who were tube fed.

Technology and Telemedicine

- Staff told us they were not utilising any telemedicine. However, integrated family health services had submitted a business case in March 2015 that was reviewed in August 2015 for mobile working. This involved the utilisation of the McKesson child health electronic patient record system, to replace the multiple paper based client records community services were using. The introduction of electronic client/patient records would facilitate mobile/flexible working patterns for staff and ensure prompt access to patient information. A decision was pending in regards to the introduction of mobile working for community services.
- We were unable to view the trust's 'Q drive' information system during the inspection, due to the system being out of operation. The system held information on the trust's policies and procedures. Staff we spoke with assured us that the system was usually very reliable and it was the first time most staff had known the system to be out of operation.

Patient outcomes

- The HVS delivered the full HCP 0 to 5 years with a focus on working across services for children and their families to improve public health outcomes. This included the PHOF and the NHS Outcomes Framework.
- The paediatric diabetes audit 2013-2014, indicated that the trust has 21.7% of children and young people with glycated haemoglobin (HbA1c), a condition associated with diabetes, compared to the England average of 1.9%. However, the 'paediatric diabetes audit' indicated that the trust's median percentage was similar to the England average, 67.2% compared to the England average of 69%. This meant the trust was managing a larger number of children and young people with HbA1c and achieving similar outcomes to the England average.
- The trust was found to be about the same as other trusts in seven effective questions of the children and young people's survey 2014. For example, questions included did a member of staff agree a plan of care for your child's care with you, the trust scored 8.46 out of 10; did you feel that staff looking after your child know how to care for their individual or special needs, the

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trust scored 8.28 out of 10; and did members of staff caring for your child work together, the trust scored 8.28 out of 10; were the different members of staff caring for and treating your child aware of their medical history, the trust scored 7.22 out of 10.

- The trust had a programme of audits for 2015-2016; these included an analytical clinical records audit that was requested by the trust following concerns raised by the trust's safeguarding board in regards to staff recording. Other audits were planned including: an audit of the outcomes framework at Ross Road CDC to improve measurement of child outcomes and enable service delivery reviews. A 'resident to registered' audit to ensure the safe transfer of children due to children moving geographically had been requested by NHS England. An audit of midwife to health visitor handovers as part of the NHS commissioning for quality and innovation (CQUIN) payment framework enabling commissioners to link financial incentives to performance, included to improve communications between health visitors and midwives; and an audit of 'domestic abuse routine enquiries' to assess the effectiveness of the pathway.

Competent staff

- School nursing staff and health visiting staff told us they completed 'restorative supervision' every month. Band 7 health visitors were trained to facilitate 'restorative supervision'. This was individual supervision with a therapeutic focus to enable staff in managing work related stress. Records we viewed confirmed that all HVS and SNS staff had received regular restorative supervision.
- Health visitors at Ledbury told us they had received training in 'Attachment' theoretical approaches to practice in the past 12 months. This looked at how health visitors could work to improve the emotional bonds between caregivers and children.
- The trust's health visitors were all trained in health visiting. Staff we spoke with told us all the work of the health visiting service had to come from an identifiable evidence base. Staff described how they could access the trust's policies and procedures on the trust intranet.
- Staff at the LAC team told us they linked to the British Association of Adoption and Fostering (BAAF) regional groups to share best practice.

- The acting service manager told us one physiotherapist and two occupational therapists had funding in place to study at Master's degree level.
- We viewed the community children and young people's spreadsheet for staff who had received an annual appraisal. We found that the percentages of staff who had not received an annual appraisal were high. However, this was due to low numbers collated. For example, the record indicated that 50% of community children's nurses had received an annual appraisal. This meant two out of four community children's nurses had received an annual appraisal. However, we also found that of 46 health visitors, 17 had received an annual appraisal; this meant 63% of health visitors had not received an annual appraisal in the past 12 months.
- Staff we spoke with told us they had received training in the common assessment framework (CAF).

Multi-disciplinary working and coordinated care pathways

- As part of the EIS, a programme of multiagency group antenatal care was devised between midwifery, health visiting, and local authority children's centre services. This involved three group sessions being delivered to all parents across Herefordshire covering: Health visitor led baby brain development, and the role of the new parent's sessions. Practical issues and support caring for a new baby sessions were led by HVS community nursery nurses and children's' centre family support workers. Labour and birth sessions were midwifery led. Lesson plans were devised to ensure continuity across the county.
- The single point of access referral team (SPORT) was a multi-agency group of experienced professionals who met every week to consider and allocate all referrals to CCYPS. They looked at the information provided by the referrer and decided on the best service to help the child or young person. For example, this might include: paediatricians; physiotherapists; OTs; SNS; HVS; community nurse for children with learning disabilities; portage worker; social workers for children with disability; or specialist teachers.
- Health visitors told us an aspect of their work involved the promotion of dental care. For example, health visitors gave out dental care packs with toothbrushes. Some health visitors told us there was a shortage of dentists in the region.

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- Health visitors we spoke with told us they had “very good,” relationships with the trust’s midwives. Health visitors told us there had been issues in the past with antenatal referrals; but, they had worked with the midwifery service to improve this. This included additional ‘round table’ monthly meetings with the midwifery service and joint visits with midwives. Health visitors we spoke with told us they considered multi-disciplinary working as a strength in the service. Health visitors gave examples of their relationships with GP’s, schools and the CAF co-ordinator. All GP’s had a named health visitor.
- School nurses worked with education colleagues and the wider multi-agency team to influence the: National Healthy Schools Programme (NHSP). This is a government project intended to improve health, raise pupil achievement, improve social inclusion and encourage closer working between health and education providers.
- Staff at the Ross Road CDC told us there were good joint working arrangements between education, community physiotherapy, occupational therapy and speech and language therapist (SLT).
- The community children and young people’s physiotherapists were responsible for the assessment and physical rehabilitation of children and young people who were identified as having difficulties with the development of gross motor skills and mobility as a result of accident, injury, disease or disability. They also saw children with specific conditions such as cystic fibrosis, juvenile idiopathic arthritis, chronic fatigue syndrome, gait anomalies and life-limiting conditions. Community staff told us they had good relationships with community physiotherapists.
- The community children and young people’s OT team told us they worked in partnership with children, young people and their families, as well as education, and were part of a multidisciplinary team approach. OTs assessed for functional difficulties children or young people may have, including perceptual skills, children’s home environment, specialist equipment, self-care skills, children discharged from hospital and sensory processing. The community OT team worked with children and young people in groups or on an individual basis. The team also provided a major and minor adaptation service to families. Community staff told us relationships with the OT service were good.

- Ross Road CDC had a multi-disciplinary assessment group. The group included paediatricians, SLT, and psychologists. Multi-disciplinary assessments took place at Ross Road CDC over five sessions to assess any developmental needs children might have.

Referral, transfer, discharge and transition

- SPORT referrals were accepted from GP’s and health or social care professionals as well as educational psychologists and early year’s inclusion co-ordinators. Self-referrals were not accepted. All referrals were reviewed for urgency and subsequently considered at the weekly multi-disciplinary SPORT meeting. Following the SPORT meeting referrals would be allocated to an appropriate service, for example, the SNS.
- Staff at CCYPS told us integrated community health services were arranged into ‘neighbourhood teams’, with the aim of ensuring children, young people and their families received a seamless service during referral, transfer, discharge and transition.
- CCYPS used dashboards to monitor: referrals to the SNS; school drop in sessions; home visits; safeguarding visits; core group attendance; case conferences; CAF assessments and meetings. The HVS dashboard monitored: new birth contacts; LAC under five years bi-annual reviews; and formal handovers from the HVS to the SNS. For example, in July 2015 two children were eligible to be transferred from the HVS to the SNS, the dashboard recorded that two children had been transferred with all records and completed purple sheets.
- Health visitors we spoke with told us they worked closely with families and the local authority for children who were being adopted.
- Health visitors told us the children and young people’s hospital wards were good at notifying them of babies and pre-school children who were discharged home. Health visitors said they had put in a request with the trust for a paediatric liaison nurse so that community staff would have someone they could liaise directly with at the hospital to speed up transfers, discharges, and transitions. HVS staff said the special care baby unit (SCBU) at Hereford Hospital had introduced a policy of not discharging babies on Friday’s to ensure that health visitors could visit SCBU babies on the day they were discharged.
- The HVS and SNS used the ‘health visiting and school nursing programmes: supporting implementation of the

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new service model No. 2: school nursing and health visiting partnership–pathways for supporting children and their families’, when children were starting school and in transition from the HVS to SNS. This meant children received an effective transition from the HVS to the SNS.

- Access to SNS was via referral. School nurses demonstrated the SNS referral reviewing process. This involved a school nurse practitioner reviewing health and social care referral information from health care professionals. School nurses told us they had close working relationships with local schools, offering drop-in sessions at some school sites for children, young people, families, and school staff.
- The LAC team was developing health passports and health chronologies for children leaving care.
- Ross Road CDC had procedures to ensure children and young people were referred to appropriate health and social care professionals and agencies following assessment.
- Ross Road CDC had a comprehensive timetable of weekly group sessions. The timetable detailed how many children could attend each session and how long the sessions would run for. For example, the early support group could provide support for up to five children per session; there were two sessions per week that lasted for two hours per session; support group contact per child was 76 hours a year.
- The acting service manager told us that work was in progress to review transitions pathways from children to adults’ services.
- 1 Ledbury Road was open five days/nights a week 50 weeks a year with extended opening during school holidays. It was managed by a band 7 manager and overseen by the lead nurse for paediatrics. 23 children aged between four years old and 18 used the service. There had been no additional referrals to the unit since 2013. Children were previously referred and given access to services at the unit through a panel managed by the local authority.

Access to information

- Information to support staff practice and guidance about children’s care and treatment was available through the trust intranet, which also provided signposting and links to external internet sites. Staff told us the trust’s intranet provided a good source of information to support their work.

- We reviewed a sample of information staff used to support their work. The information was clear and accessible. Staff told us they received briefings, newsletters and updates about particular themes by email on a regular basis. We viewed copies of trust newsletters ‘Trust Talk’ and ‘Team Brief’ staff had received via email.
- We spoke with a Ross Road CDC administrator who told us they checked referral information and discharge documents. The administrator said if information was missing, this was requested. Patient details were registered on the electronic PAS system and assigned according to the patient’s urgency and complexity of need.
- In community locations, information displayed in the staff areas was up to date and relevant.
- Community health services had introduced the ‘Community Scheduler tool’ to aid the scheduling of patients appointments in the community. The tool was used by OT’s and physiotherapists to schedule appointments.

Consent

- Parents were involved in giving consent to examinations, as were children when they were at an age to have a sufficient level of understanding. Staff were aware of Gillick competence, this is a decision whether a child or young person aged 16 years or younger, is able to consent to their own medical treatment, without the need for parental permission or knowledge. Staff told us they would always speak with young people and encourage them to involve their parents when appropriate; but would respect the rights of a child/young person deemed to be competent to make a decision about their care or treatment.
- We observed how staff explained procedures to children in a way they could understand. Services for children and young people in the community and at Ross Road CDC were caring. We observed a number of examples of kindness shown by staff across all CCYPS service. For example, we attended home visits with health visitors. A parent told us, “They always ask for permission. They have given me lots of information and leaflets, one of them explained consent.”
- HVS staff told us they always asked staff at local children’s centres if they had parental permission before discussing children.

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- The SNS told us referrals were always received with the consent of a child's parent or the young person referred. The SNS told us they had received training in consent and this had included the Fraser guidelines and Gillick competence.
- All the parents and carers we spoke with told us they felt involved in their child's care. We saw that staff spent time with children, young people and their parents to ensure they understood their care and treatment.

Are services caring?

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

Children and young people and their parent were supported, treated with dignity and respect. Feedback from children, young people and families was positive. Children, young people and their parents were treated with kindness during interactions with staff and relationships with staff were positive. Children, young people and families felt supported and said staff cared about them.

Children and young people were involved and encouraged in making decisions about their care. Staff spent time talking to children, young people and parents. They were communicated with and received information in a way they could understand. Staff responded compassionately when children and young people needed help and supported them to meet their basic personal needs. Children and young people's privacy and confidentiality were respected at all times.

Parents spoke highly of the care children and young people received and told us they felt involved in their children's care. We observed examples of compassion and kindness by staff. Staff spent time with children, young people, and their families in their homes and in clinic environments to make sure they understood their care and treatment.

Compassionate care

- We observed compassionate care delivered by staff across community services. Staff were seen to be very considerate and empathetic towards children, young people and their families, and other people. Staff demonstrated a good understanding of children and young people's emotional wellbeing. Children and young people's social and emotional needs were valued by staff, and embedded in the care and treatment community staff provided. There was a strong visible person-centred culture. For example, we observed a LAC nurse talking to a young person about their family. It was apparent from the conversation that the nurse knew the family as well as the young person.
- Throughout our inspection we found the approach staff used was consistently appropriate and demonstrated consideration and compassion for the child or young

person. Staff interacted with children, young people and their relatives in a respectful and considerate manner. A parent told us about their health visitor, "They are compassionate."

- We observed care delivered by health visitors to children and families in their own homes. We saw them respecting and maintaining patients' dignity; and administering care sensitively and with compassion. Discussions with children and families were conducted with appropriate sensitivity to their needs.
- The trust had rolled out the NHS Friends and Family Test (FFT). CCYPS services had introduced the FFT in 2015. We viewed the results for the CCYPS FFT. Community services for children and young people had consistently received 100% from March 2015 to August 2015.
- Confidentiality was maintained in discussions with children, young people and their relatives; and in written records and other communications.

Understanding and involvement of patients and those close to them

- We observed staff demonstrating good communication skills during interactions with children, young people and families. Staff gave clear explanations and checked children, young people and their parents/carers understanding.
- We observed four visits by HVS and LAC staff. Parents and carers told us health visitors always involved them in decision about their children's care; carers told us LAC were involved in their care planning.
- We saw staff at Ross Road CDC taking time to clarify children, young people and parents understanding of their care and treatment. Parents told us they were reassured by the staffs' knowledge and advice.
- HVS and SNS staff provided an educational resource for patients and carers. For example, HVS staff we spoke with told us they also provided patients, families and carers with education about breastfeeding, as well as advice and support with breastfeeding. SNS provided drop-in sessions at secondary schools where young people could get advice on issues such as alcohol,

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relationships, healthy eating and weight management, bullying, family issues, self-harm, anxiety and eating disorders. A parent told us, “I feel like I can talk to them about anything. They are very approachable.”

- Staff told us a patient experience team was provided by the trust to provide support for people; and to provide advice and information to people who were bereaved. However, we did not see any of the information the patient experience team provided during our inspection, as we did not visit the patient experience team.
- The trust scored about the same as other trusts in 34 caring questions in the children and young people survey 2014; and better than other trusts on question eight, this related to privacy during care and treatment from parents with children between 0 and 7 years old, scoring 9.73 out of 10. The trust scored worse than other trusts in question 31 related to staff keeping parents or carers of children aged 0 to 15 years old informed while their child was in care. For example, questions included, “did staff ask if you had any questions about your child’s care”; “did a member of staff treating your child give you information about their care and treatment in a way that you could understand”; and “were you encouraged to be involved in decisions about your child’s care and treatment.”

Emotional support

- We observed staff providing emotional support to children, young people and relatives. Staff we spoke with were aware of the emotional aspects of care for patients living with long term conditions and provided specialist support where this was needed. Relationships between children, young people, parents and staff were strong, caring and supportive. Relationships with children, young people and their families were highly valued by CCYPS staff.
- During home visits we observed staff responding to children and their families in a kind and compassionate manner. Feedback from all the children, parents and carers we spoke with was positive about the emotional support the community staff provided. Patients thought staff provided good care that met their expectations.
- We observed telephone calls staff made with parents and carers. Staff consistently demonstrated good communication skills and a caring approach. We saw children and parents being advised by staff in a caring, competent, and compassionate manner, which maintained their dignity during home visits and at Ross Road CDC clinics.
- Parents we spoke with were very positive about the care and treatment they received. A parent told us on a health visitor’s home visit, “The health visitor has been very supportive. They ask how I am and how I am feeling every time they visit.”

Are services responsive to people's needs?

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

Children and young people's needs were met through the way services were organised and delivered.

Children and young people's services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided. Building community capacity was a key aspect of the community early implementation service (EIS) plan, this emphasised delivering services in a range of settings to maximise reach into communities.

The needs of different children and young people were taken into account when planning and delivering services. The integrated family health services (IFHS) model bridged health and social care. The aim of the service model was to improve children and young people's outcomes and experience through bringing existing community services from health and social care into a more combined way of working. Children's and young people's care and treatment was co-ordinated with other services and other providers.

The trust were working with the CCG and local authority to ensure children had new offers prior to the closure of 1 Ledbury Road in March 2016. In the interim as children moved to new placements the service would be scaled down accordingly.

Complaints handling policies and procedures were in place. All complaints to the service were recorded. Information on the trust's complaints policy and procedures was available on the trust's internet website.

Planning and delivering services which meet people's needs

- Children and young people under the age of 20 years make up 22% of the population of Herefordshire. 9% of school of school children were from a minority ethnic group. The level of child poverty was better than the England average with 13% of children aged less than 16 years living in poverty. The rate of family homelessness was worse than the England average.
- Building community capacity was a key aspect of the community EIS plan, this emphasised delivering services in a range of settings to maximise reach into

communities. For example, the HVS was involved in a project to improve inter-professional working with the military to improve health visitor support for military families.

- The CCYPS had a service model of integrated family health services that bridged health and social care. The aim of the service model was to improve children and young people's outcomes and experience through bringing existing community services from health and social care into a more combined way of working; with the aim of reducing the number of different professionals that children and young people needed to interact with, reducing duplication of work and increasing the focus on personalised care. For example, the HVS and SNS had introduced weekly allocations meetings to ensure that referrals to the service were appropriate and responded to in a timely way.
- CCYPS managers we spoke with were aware of the differing priorities in their local area. For example, Leominster had higher levels of social deprivation than other areas. Health visitors had liaised with local food banks to provide food hampers for families in need.
- Staff told us they worked with local service commissioners, including local authorities, GP's, and other providers to co-ordinate and integrate care pathways. The service had arrangements in place to facilitate children who required support from community adolescent and mental health services (CAMHS) or local authority social services.
- We found that service specifications were in place for most services which included the aims and objectives of the service, as well as the expected outcomes for patients. Staff we spoke with told us they had developed good working relationships with commissioners, other providers and stakeholders to ensure multi-disciplinary working and continuity of care for children and young people. For example, the SNS service specification outlined its relationship with the local authority and highlighted the SNS role in reducing demand on a wide range of health care, social care and educational services. The HVS service specification was based on the NHS England health visitor core service specifications 2015-2016. The acting lead nurse told us the SNS had

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been reviewed and referral procedures changed as a result of school nurses being over loaded with safeguarding referrals: this combined with SPORT had significantly reduced SNS caseloads.

- Health visitors at Kington had appointed an infant mental health champion as part of the building healthy communities' project. Health visitors had provided information for local schools syllabuses in child care.
- The LAC team had a carers group as part of the trust's building community capacity initiative. The purpose of the group was to provide support for foster carers.
- The OT service used standardised and non-standardised assessments to help identify areas of difficulties for children or young people. If appropriate, following assessment a package of care was offered which was designed to improve or provide compensatory methods through specially selected activities, enabling children and young people to reach their maximum level of functioning in their daily life.
- The Ross Road CDC ran a range of weekly outpatient clinics. These included a weekly paediatric clinic; weekly paediatric audiology diagnostic clinic; audiology team clinics; paediatric audiology clinic tier 2; and a weekly paediatric audiology joint hearing aid clinic.
- The HVS led drop in clinics in local children's centres. Clinics were available at various times in the week to promote choice and enable parents' attendance. The clinics ran along-side children's centre groups led by community nursery nurses and children's centre staff. The HVS provided support for families with issues such as sleep, children's behaviour, weaning and children's nutrition, and immunisations.
- The acting lead nurse told us 1 Ledbury Road was due to close in March 2016 and this had met opposition from some parents of children and young people who used the service. The manager told us there were weekly consultations with families on how to best meet children's needs. The manager told us the decision to close the respite centre was due to a more individualised model of respite care with increased levels of integrated working being introduced by the local authority. The trust informed us 1 Ledbury Road services were commissioned by the CCG. In February 2014 the CCG approached the trust asking that they continue to provide the service. A contractual agreement was in place with the trust and CCG for 2015/16. The statutory duty was with the local authority to provide services. It was agreed at that time by all three

organisations that the unit would remain open until end of March 2016 providing that staffing levels remained safe for the children accessing the service. The trust were working with the CCG and local authority to ensure children had new respite stay offers prior to any full service closure. Once the commissioners confirmed requirements, closure timescales plans would be made to meet the requirements. Meanwhile as children moved to new placements the service was being scaled down accordingly.

Equality and diversity

- Staff we spoke with told us that children and young people's cultural and religious needs were assessed as an aspect of their' initial assessments. The children and young people's records we viewed at 1 Ledbury Road included specific information on cultural or religious dietary preferences, ensuring that food and drink met their religious or cultural needs.
- The trust patient experience team could provide information documents in other languages, large print, Braille and audio format upon request. Staff told us that where the service did not have high demand for information in other languages; patients could request information and receive it quickly from the patient experience team.
- Staff told us people who did not use English had access to a face to face interpreting service. Staff showed us a referral form that staff would send to the patient advice liaison service (PALS).
- Children and family services band 7 unit meeting for 11 August 2015 recorded that an equality and diversity leaflet was to be attached to staff payslips to prompt staff awareness and keep it on staff' agendas.

Meeting the needs of people in vulnerable circumstances

- Ross Road CDC's primary aim was to ensure a quality service was delivered to families with children suffering from a wide variety of developmental disorders and disabilities. The centre took a lead role in the assessment, diagnosis and management of these conditions. Staff at the centre told us they provided information and advice to colleagues in education in relation to children with special educational needs arising from medical conditions.

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- The trust had a named doctor for safeguarding children. This ensured a quality service for children in need of protection. The trust also had a medical advisor for adoption and fostering.
- CCYPS staff worked alongside other health and social care providers to provide care to children and families requiring complex packages of care; as well as supporting children with life-limiting conditions.
- Health visitors told us they could do listening visits with parents who were considered vulnerable. For example, due to mental health, domestic abuse, or learning disability. Health visitors said they would prioritise a parent who was considered vulnerable and would if referring a child where the parent was considered vulnerable; ask for them to be prioritised by other services. Health visitors added that they would refer any child who was vulnerable to the Ross Road CDC for assessment.
- The trust had complaints handling policies and procedures in place. All complaints to the service were recorded. Information on the trust's complaints policy and procedures was available on the trust's internet website.
- Community nursing services had seven complaints in the previous 12 months. Complaints were monitored by the patient experience team to identify any themes. The team had not identified any themes in regards to complaints in the previous 12 months. Actions taken to address complaints were recorded on the complaints log.
- Information for children, young people and families about services included information about how to raise concerns or complaints and information about the PALS. Most parents we spoke with were aware of the complaints procedure. Staff we spoke with told us they would direct a young person or parent to PALS if they wished to make a complaint.
- Staff we spoke with were aware of the trust's complaints policy and of their responsibilities within the complaints process. Formal complainants were directed to the trust's patient experience team; informal complaints were logged with the patient experience team. Staff were aware of complaints patients had raised about their service area and of what was done to resolve the complaint.
- Managers told us action to be undertaken following the investigation of a complaint was identified and discussed with the child, young person and parents. Line managers fed back learning from complaint investigations at team meetings. We viewed the integrated family health services complaints log and saw that action plans in response to complaints were in place, and the completion of actions was monitored.
- We observed that pictures and messages received from children were displayed in the community locations we visited. We reviewed some of the children and young people's comments and found them to be consistently positive.

Access to the right care at the right time

- We viewed the Ross Road CDC outpatients' diagnostics waiting times' weekly data collection tool. We saw that 19 children had waits over six weeks in August 2015 and four children or young people had waited over six weeks for urodynamic pressures and flows appointments. The forecast for September 2015 was that six children or young people would have waits over six weeks.
- Data provided by the trust showed that the average waiting time from referral to an initial outpatient appointment in community paediatrics varied across the region. The shortest wait was two days for an audiology appointment, with the longest wait being 18 weeks for a child in care appointment. OT appointments average waiting times were 13 days in Ledbury, rising to 6 weeks in Kington. The average waiting time for a SLT appointment was 76 days in other locations. This meant the trust was meeting the national 18 week referral to treatment time for outpatient community appointments.

Learning from complaints and concerns

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.

The leadership, governance and culture of community children and young people's services promoted the delivery of child-centred care. The trust had a clear statement of vision and values, driven by quality and safety. It had been translated into the integrated family health service's (IFHS) mission statement was "to provide high quality, safe, effective, responsive services through individualised holistic care in appropriate and safe environments for women, children and families." The vision, values and strategy had been developed through a structured planning process with regular engagement from staff.

Strategic objectives were supported by measurable outcomes, which were cascaded throughout the organization via governance meetings and newsletters. The IFHS community children and young people's service was undergoing a significant reorganisation of services. Managers and team leaders demonstrated a clear understanding of their role and position in the trust. However, we found that some staff were unclear about the long term strategy for health visiting and school nursing services.

The trust board and other levels of governance within community children and families services functioned effectively and interacted with other services appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out, understood and effective.

Service vision and strategy

- The trust was England's first integrated provider of acute, community and adult social care services bringing together Hereford Hospitals NHS Trust, NHS Herefordshire's Provider Services and Herefordshire Council's adult social care services (under a section 75 arrangement). The section 75 arrangement with Herefordshire Council ended in September 2013 and the trust no longer provided adult social care. The key principles of the trust were to improve the health and wellbeing of the people they serve.

- The integrated family health service's mission statement was "to provide high quality, safe, effective, responsive services through individualised holistic care in appropriate and safe environments for women, children and families. The service aimed to achieve this through effective partnership working between hospital and community services provided by compassionate caring, competent and confident staff." The trust had a flowchart to demonstrate how practice fed in to the integrated family health services values.
- The vision of the CCYPS was to provide integrated care in order to deliver a standard of care people would want for themselves and their families and friends. The acting lead nurse told us community services had adapted the trust's values to produce a local set of values and staff had been involved in developing these values.
- The SNS and HVS was underpinned by public health principles with an emphasis on preventative interventions to promote child health and well-being as well as tackling inequalities.
- School nursing staff expressed anxiety about the future direction of school nursing services as the SNS contract was due to expire in April 2016 and it was likely the SNS would be tendered. Health visiting staff told us that the service was being transferred to the management of the local authority in 2016.
- Senior managers we spoke with told us community services were aligned to the Healthwatch Herefordshire strategy.
- The IFHS was undergoing a significant reorganisation of services. Managers and team leaders demonstrated a clear understanding of their role and position in the trust. However, we found that some staff were unclear about the long term strategy for health visiting and school nursing services.

Governance, risk management and quality measurement

- The acting business manager told us service unit meetings fed into monthly governance meetings. Any member of staff could present information to the

Are services well-led?

governance meetings. The acting service manager also told us the service had direct access to the board by presenting performance information at bi-monthly board performance meetings.

- IFHSs had a risk register to identify risks in service provision across the division. Risks identified for community children and young people's services included: A lack of continence provision within SNS and HVS to carry out new continence assessments and re-assessments, due to no specialist training and limited capacity. In addition to this there had been a £48k overspend on continence products, with no budget as the service was not commissioned to provide the service. This had been mitigated by appropriately trained practitioners being recruited and two nursery nurses completing assessments in the interim, as well as the submission of a business case for continence products being submitted to the CCG: Inability to meet SNS specification due to a percentage of staff sickness and poor retention and recruitment, this had been mitigated by two HVS staff back filling whilst the SNS service recruited new staff.
- CCYPS had clear governance structures in place. We viewed flowcharts for children's and young people's services. These demonstrated how frontline staff team meetings fed into the divisional structure and the frequency of governance meetings. For example, weekly HVS allocation meetings fed into monthly team leader meetings, these fed into service unit meetings chaired by the service unit manager, these fed into a monthly meeting with the service unit director.
- Both the HVS and SNS had dashboards in place to monitor service performance. For example, the SNS service dashboard recorded when referrals had been referred to the service and whether the referral had been actioned. Between July 2014 and June 2015 the school nursing service had received 206 referrals of which 141 had been actioned and 55 had been signposted to other services or provided with information.
- We viewed the trust's risk management and risk assurance procedure. This had been ratified and implemented in September 2015 and was due for review in September 2018. The procedure gave specific guidance for staff to monitor risks at a local level, as well as identifying how service risks would be monitored up to board level.

Leadership of this service

- Staff knew who the chief executive officer (CEO) was and felt they were approachable. Staff and managers we spoke with told us there was clear leadership at executive level. Managers told us they had attended staff briefings with the CEO. Senior managers told us they had a meeting with the CEO in regards to the commissioning of adaptations and equipment to the local authority.
- Local team leadership was effective and staff said their direct line managers were supportive. The senior management team for community children and young people's services provided visible leadership. Staff we spoke with told us the service unit manager and service unit director were approachable and they knew how to access them if required.
- Staff across the community children and young people's service told us their line managers were supportive and accessible.
- Community nursery nurses we spoke with told us they felt comfortable in their role and well supported in their development.
- The service unit manager told us staff and managers across the trust did not have a "silo" approach and worked co-operatively.

Culture within this service

- Staff across CCYPS services were supportive of each other within and across teams. Staff said they were proud to work for their team and enjoyed their role. Staff told us they were able to put forward ideas and discuss them as a team. Staff said the trust's CCYPS services were good to work for, with an open, children and family focused culture.
- Most staff were receptive to the EIS agenda. However, staff across the children and young people's service expressed anxiety about the changes to community services. Some staff at the SNS said they did not feel they had been fully consulted or involved in the decision making process. However, managers we spoke with told us staff were informed of any proposals or changes at the earliest opportunity. Managers said the trust could not provide staff with information until the contracting process had been completed.

Are services well-led?

- Staff generally reported a positive culture in community children and young people's services, although we encountered exceptions in some locations, where staff felt uncertain about the possibility of working for other providers.
- Staff at 1 Ledbury Road told us morale was low due to services being scaled down in preparation for the closure of the service in March 2016.

Public engagement

- Health visitors had an antenatal promotion guide in conjunction with the South London and Maudsley Hospital. This was a way of linking the partners of pregnant women with the health visiting service.
- Community children and young people's services engaged with the public through the NHS FFT. We viewed the FFT results for community children and young people's services and found services consistently achieved 100% in regards to people who used the service being extremely likely to recommend services to others.
- Health visitors were working with a father's group in Kington with one of the trust's healthy lifestyle worker's.
- Community services had arranged a 'girls night out' pyjama party as a method of engaging girls and young women in sexual health clinics.
- The trust had introduced a 'young ambassadors' project. Managers told us the project invited young people who use services to voice their views to help improve services for young people in the county. Managers told us young people have been involved in interviewing new staff in both the HVS and SNS.

Staff engagement

- Staff told us they received a weekly newsletters 'Trust Talk' via email. Other regular staff communication and engagement forums included an email 'Team Brief' and "ask Richard", where staff could send questions directly to the CEO.

Innovation, improvement and sustainability

- Community children and young people's services had submitted a proposal for a group project incorporating local health visiting teams, children's centres, the local community and various members of the multi-agency team. The aims of the project were to: provide support and information to families on how to achieve healthy lifestyles; promote and support and encourage sensible weight management; enhance families ability to cook healthy nutritious meals; increase families social networks and therefore their social capital, leading to increased self-esteem and self-confidence; enhance links within the community by incorporating volunteers from within the community to help within practicalities of running groups on a regular basis; encourage links to other services within the community that promoted lifestyle change, such as local gyms and swimming pools.
- A member of the Leominster SNS team had won a prize from a national professional journal for producing a domestic abuse peer support programme.