

Harrogate and District NHS Foundation Trust

RCD

Community health services for children, young people and families

Quality Report

Lancaster Park Road
Harrogate
North Yorkshire
HG2 7SX
Tel: 01423 885959
Website: www.hdft.nhs.uk

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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)
RCD01	Harrogate District Hospital		HG2 7SX

This report describes our judgement of the quality of care provided within this core service by Harrogate and District NHS Foundation 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 Harrogate and District NHS Foundation Trust and these are brought together to inform our overall judgement of Harrogate and District NHS Foundation 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, we rated the service as good.

The service reported incidents and there were examples in some areas of community children's services where feedback from reporting was provided. There were changes in practice as a result of lessons learnt from incidents, for example in information governance. However, this was not consistent across all community services for children.

There was a robust framework for safeguarding supervision across all the services which provided care to children in the community. However, not all staff disciplines were meeting the trust target for safeguarding level three training.

There were areas of infection control and prevention where the service was not adhering to trust policy.

Staff received mandatory training and they also had the opportunities to access additional training to support their work with children.

The service was rolling out a programme of electronic record keeping. This provided staff with up to date information about children, including safeguarding concerns. It allowed staff to share information with other practitioners in a timely way. The electronic system for patient records allowed the service to monitor targets and for teams to report issues when commissioned targets and patient outcomes were not being met.

There was a children's strategy and there were staff representatives at Trust Board level to promote the voice of children in the service they provide, but there was not a designated non-executive director for children and young people on the board. Children at the centre of care was seen throughout the service.

There were clear lines of reporting from frontline practitioners to the trust Board, through governance meetings and structures.

Staff told us they felt the trust had invested in community services and they felt valued as a service

Summary of findings

Background to the service

Information about the service

Harrogate and District NHS Foundation Trust provided services to families and children, up to the age of 19 years old, across North Yorkshire. The services provided were health visiting, school nursing, children's community nursing, looked after children team, safeguarding team, community paediatrician, and children's therapy services.

Children and young people under the age of 20 years made up 21.7% of the population of North Yorkshire, and 6.7% of school children were from a minority ethnic group. The health and wellbeing of children in North Yorkshire was generally better than the England average. The level of child poverty was better than the England average with 11% of children aged under 16 years living in poverty. There were also fewer homeless families than the England average.

Smoking in pregnancy is known to increase the risk of a baby having a low birthweight. The percentage of women smoking in pregnancy was 12.9%, which was higher than the England average. The percentage of babies born with a low birthweight was similar to the England average.

Services provided and coordinated care and treatment for children and young people with long-term conditions, disabilities, multiple or complex needs and children and families in vulnerable circumstances. The services were provided to people in their own homes, in schools, in children's centres and in community clinics across the district.

The trust provided children and young people's services from 48 sites.

Our inspection team

Our inspection team was led by:

Chair: Elaine Jeffers, Independent Chair

Head of Inspection: Julie Walton, Care Quality Commission

Team Leaders: Karen Knapton, Inspection Manager, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Health visitors and school nurses.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services 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 held about the service and asked other organisations to share what they knew. We analysed both trust-wide and service specific information provided by the organisation and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive and well led. We carried out an announced visit from 2nd to 5th February 2016

Summary of findings

We observed how people were being cared for and talked with patients and family members who shared their views and experiences of the care they had received. We

reviewed care and treatment records of children and young people who used the services. We visited services based at 14 localities across the district of Harrogate and York.

What people who use the provider say

Parents and carers were positive about the care they received from the community children's services. They talked about kind and supportive staff, who were approachable and knowledgeable.

The CQC comments card feedback from people was very positive.

We were only able to speak with one older child who used the services as the inspection took place during school hours.

Areas for improvement

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

Action the trust **MUST** take to improve

- The trust must ensure that all staff access the appropriate level of safeguarding training.

Action the trust should take to improve

- The trust should ensure that infection prevention and control procedures are followed for toys in use at community clinics.

Harrogate and District NHS Foundation 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

Summary

We rated the safe domain as good because:

- There was a robust framework for safeguarding supervision in place.
- Health visitors and school nurses were achieving the training target for Level 3 safeguarding children training.
- Mandatory training levels across the community children's services were achieving the trust target.

However:

- Not all staff disciplines were meeting the trust target for safeguarding level three training.
- Not all areas across the service were incident reporting and receiving feedback back, to promote a culture of learning lessons from incidents.
- There were areas of infection control and prevention policy that were not adhered to.

Detailed findings

Safety performance

- There had been no never events reported in children's community services. Never events are serious, largely preventable patient safety incidents that should not occur if available preventative measures were implemented.
- The trust was not involved in any ongoing serious case reviews. Serious case reviews are multi agency investigations which occur when a child has suffered serious harm or death. They provide lessons to be learned for services involved in promoting the health and wellbeing of children.

Incident reporting, learning and improvement

- All incidents were reported through a trust wide electronic reporting system. This allowed for management overview of incident reporting and an ability to analyse any emerging themes or trends.

Are services safe?

- 52 incidents were reported between September 2014 and November 2015 for community children's services. 47 of these incidents were classified as resulting in 'no harm' and the remaining five were reported as 'low harm'.
- There were two main themes from the incidents reported; these were IT issues and information governance. The IT system was currently being rolled out across the teams and the service had introduced champions to support staff with the new way of record keeping.
- When we spoke to staff from different disciplines about incident reporting. We were told they knew how to use the incident reporting system, but many could not tell us when they had reported an incident, or about feedback received to learn lessons. However, staff working in the therapy services could provide us with examples of reporting incidents and evidence of learning. They had received feedback from the reporting and had changed practice in information governance.
- Staff were aware of their responsibilities under the Duty of Candour, which was introduced as a statutory requirement for NHS trusts in November 2014.

Safeguarding

- The trust had an up to date safeguarding policy approved by the Safeguarding Children Governance Group and Quality and Governance Group in June 2015, however there were no guidelines for staff if a non-independently mobile child presented with a bruise. The trust did not have a policy to provide guidance to staff on this issue.
- According to data provided by the trust, there was an incident reported in March 2015 where the correct procedure was not followed for a non-independently mobile child with bruising.
- During our inspection, we observed a similar incident where it wasn't clear safeguarding procedures were being followed. We raised this with the safeguarding team at the time of inspection. The trust gave assurance following this, that the matter was being dealt with appropriately.
- Following the inspection we were provided with further information which provided assurance that safeguarding procedures were being followed.
- The trust target for safeguarding training was 75-95%. Data provided by the trust showed training rates for Level 3 were 62% across the trust. However, health visitors and school nurses had achieved 86% compliance. The safeguarding children annual report published in July 2015, acknowledged that improving participation in Level 3 training as an action point for improvement. During the inspection, the safeguarding team told us they had made changes to the training programme to improve uptake of training by staff. They were developing e-learning packages to improve the access to training.
- The safeguarding team consisted of 2.5 whole time equivalent named nurses and three whole time equivalent specialist nurses for safeguarding, two members of staff were based in Harrogate and two based in Thirsk. This allowed the team to provide support across the county.
- The team were responsible for providing safeguarding training, monitoring and supporting supervision. The team were also available to provide advice on safeguarding issues. The named nurses took responsibility for attending multi-disciplinary meetings with the local safeguarding children's board, for example, vulnerable, exploited, missing, trafficked (VEMT) meetings and domestic violence safety meetings (MARAC).
- The team also supported a paediatric liaison nurse. Their role was to provide communication between acute services, such as the emergency department, and the community staff working with children and families. This was to enable staff to share and act on safeguarding information. This work was recognised locally with an award from the trust.
- Health visitors and school nurses received quarterly group safeguarding supervision, meeting the standard required by the National Health Visitor Service Specification 2014/5 (NHS England, 2014) and the Maximising the School Nursing Team Contribution to the Public Health of School-aged Children, (DH 2014).
- Therapy services staff received the same level of safeguarding supervision.
- The model of safeguarding supervision was based on Morrison 4x4x4, a recognised framework for supervision, and supervision notes were documented in patient records.
- Staff were also required to undertake supervision when a child on their caseload became looked after.

Are services safe?

- Safeguarding children governance group meeting minutes demonstrated issues raised and identified areas for action and responsibilities for those actions. No timescales were included for the actions to be undertaken.
- The service worked in partnership with North Yorkshire Local Safeguarding Children's Board to disseminate information from lessons learnt reviews.
- During 2015, the safeguarding team carried out seven audits. We did not receive information about the outcomes and actions following the audits.
- Staff told us they had received safeguarding Level 3 training, which is mandatory for staff working with children. They had knowledge of female genital mutilation and child sexual exploitation, which was included in their training.
- The trust staffed or operated its community services from buildings across the county; these included NHS premises and third party premises, such as schools, GP surgeries and children's centres.
- Staff offices at the locations we visited were secured by locks or keypad entry systems to doors for security.
- We visited nine locations where children and their families accessed services. These locations had good access for patients with disabilities, children in pushchairs, and were clean and well presented.
- Both child development centres were child friendly, and provided bright and stimulating décor. These centres also provided a sensory room for children with learning disabilities.
- Age appropriate toys were available in all areas.
- All the electrical equipment we observed had been portable appliance tested, for safety. Staff knew how to report faulty equipment.
- Health visitors had their own infant weighing scales, which they took to clinics and on home visits. These were calibrated every six months and we saw in date test stickers on equipment.
- Staff working in the therapy service told us they had access to the equipment they needed, but not as quickly as they would like. We were told there could be delays of up to six weeks for obtaining equipment for children. Access to equipment in children's therapy services was on the trust risk register. There were actions in place to develop a catalogue of equipment and to build a stock of children's equipment for improved access.

Medicines

- The trust had a system and standard operating procedure to manage the cold chain to ensure the safe storage and transportation of vaccines to schools. The trust had recently introduced the use of thermometers for the medical bags used for transporting vaccines, to ensure the vaccines remained within the correct temperature range.
- We observed the system for checking fridge temperatures. Maximum and minimum fridge temperatures were recorded to ensure vaccines were stored in a safe environment.
- Patient group directives (PGD) were used by health care staff to enable them to give medication and immunisations without a prescription. We were provided with a sample of electronic copies, which were up to date and signed by staff.
- Health visitors were independent prescribers and able to prescribe from a predetermined and approved list of medicines. Prescribers had recently undertaken a prescribing update from the University of Hull in December 2015. We did not see evidence that nurse prescribing was audited by practitioners.
- The non-medical prescribing policy was updated in November 2015. The policy states that staff must undertake continuing professional development in prescribing and regular audit of their prescribing practice.

Environment and equipment

Quality of records

- The trust was rolling out a programme of electronic record keeping across children's community services. Health visitors and school nurses were using the electronic system. Therapy services were using paper based record keeping.
- We looked at ten patient records across health visiting, school nursing and children's therapy services, these included electronic and paper records.
- All the records we saw included appropriate risk assessments and evidence of individualised care planning. The records were legible; they had been dated and signed.
- Record keeping audits had been completed across a range of the services and we saw action plans.

Are services safe?

- Safeguarding flags and indicators of increased levels of care were evident on the electronic records. However these were not clear on the paper records in therapy services. The risk of delayed reporting and recording of children with safeguarding concerns was on the trust risk register, due to lack of administrative staff. The trust reported there to be no actual delays.

Cleanliness, infection control and hygiene

- There were up to date infection control policies on the intranet for staff to access.
- We observed staff using alcohol based hand gel when they visited patient's homes, and all the staff adhered to bare below the elbow guidance.
- We observed staff cleaning weighing equipment before and after use.
- In one of the clinic areas we visited there was no hand washing facilities and the waste bins for nappies were not covered.
- Toys were physically clean and well maintained, however, there were soft toys available for children to play with in communal areas. This was against trust policy, which stated that any soft toys should be for individual child's use. When we asked about cleaning schedules, staff did not have a cleaning schedule or a mechanism for deep cleaning toys on a monthly basis, as required by the trust's play equipment policy.
- The trust target for infection prevention and control training was 75-95% and staff were achieving a 85% training rate.

Mandatory training

- There was a programme of mandatory and statutory training available for all staff, which covered areas such as moving and handling, safeguarding, information governance and infection control.
- The trust target for mandatory training was 75-95%. Staff working in children's services were achieving a training rate of 83%.

Assessing and responding to patient risk

- Staff used a range of risk assessment tools to assess and manage individual risks. For example, maternal mood assessment, safety assessments and moving and handling. We saw evidence of consistent risk assessment in the records we looked at.

- Community children's nurses and the specialist school nurses supported schools in the assessment and care of children with complex needs.
- Staff also undertook a home safety risk assessment for families who had not been seen by the service before.

Staffing levels and caseload

- Health visitor caseloads in February 2015 averaged at 316 families across the county. Lord Laming (2009) recommended that caseloads should not exceed 300 families. The caseloads were corporate, meaning teams worked together to ensure there was equity in workloads.
- Health visiting staff reported a positive impact of the 'Health Visitor – Call to Action' in that they had seen staff increases in their teams across the county. However, there were ten whole time equivalent vacancies reported for health visiting in the data provided by the trust. Following inspection this data was amended to 2.78 whole time equivalent vacancies in health visiting.
- The school nurse vacancy rate was 4.4 whole time equivalent and specialist children's services vacancy rate was 4.13 whole time equivalent.
- The community paediatric service was staffed by paediatricians from the acute service, in the Harrogate area. Community paediatric services across other areas of the county were supported by other NHS trusts. We were told by the LAC team that this had a negative impact on meeting targets for assessments.
- Community children's nurses had a caseload of 56 children, and specialist school nurses working in special schools provided care to 229 children.

Managing anticipated risks

- There was a major incident plan which provided guidance for community services. The trust also had a winter resilience policy, which included the response to severe weather to ensure risks to patients were minimised and the recovery actions to ensure patients clinical needs were met.
- The trust had a policy to protect staff who may be lone workers. Staff were aware of the policy and of their own local team arrangements for lone working. Staff used electronic diaries which allowed colleagues to see where staff were working. However, not all staff would ensure that they had spoken with a colleague to inform them they had completed work for the day. They would

Are services safe?

telephone the office and leave a message which may not be accessed until the following day. This could lead to a member of staff being at risk during lone working.

Are services effective?

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

Summary

We rated the effective domain for the service as good because:

- We saw up to date policies on the trust intranet. Staff could access the pathways of care required to deliver the healthy child programmes 0-5 and 5-19 years.
- The 0-5 years' service were using a research based tool for developmental assessments.
- There was a culture of good multi-disciplinary working across the children's services.

However:

- Staff appraisal rates were low.
- The service had not yet implemented the UNICEF baby friendly initiative and breast feeding rates were below the England average at six weeks.

Detailed findings

Evidence based care and treatment

- We saw up to date policies on the trust intranet. Staff could access the pathways of care required to deliver the healthy child programmes 0-5 and 5-19 years.
- Staff in the children's community teams and specialist school nursing teams could not direct us to policies and pathways linked to their work.
- Health visitors were delivering the Healthy Child Programme (0-5) to families on their caseload. This was an evidence based programme focussed on a universal preventative service. It provided families with screening, health and development reviews, supplemented with advice about health, wellbeing and parenting.
- The development reviews for 2-2.5 year olds were undertaken using the Ages and Stages Questionnaire (ASQ-3). This was a research based developmental screening tool which assessed children's physical and emotional development to identify any delays in a child's development.
- School nurses were undertaking the health assessments and reviews as defined by the Healthy Child Programme (5-19), and commissioned by the local authority.

Nutrition and hydration

- The community children's service had not yet achieved UNICEF Baby Friendly accreditation. The UNICEF Baby Friendly Initiative is a global accreditation programme developed by UNICEF and the World Health Organisation. It was designed to support breast feeding and promote parent/infant relationships. The trust told us they were planning to implement this initiative in partnership with North Yorkshire county Council.
- We saw staff providing information to parents about feeding that was in line with national guidelines.
- School nurses carried out the national child measurement programme across the district. Children in North Yorkshire have better than average levels of obesity, with 8% of children aged 4-5 years and 15.7% of children aged 10-11 years, classified as obese.

Patient outcomes

- We saw evidence that patient needs were assessed before care and treatment started and there was evidence of care planning. This meant that children and young people received the care and treatment they needed.
- Health visitor key performance indicators were based on commissioners' requirements and were quantitative, relating to waiting times and patient contacts. The data was collected from the electronic record system to indicate when contacts had been undertaken. This was represented as a 'dashboard' for staff to monitor their performance as a team, in undertaken the patient contacts.
- According to the dashboard data for 2015/16, 94% of families received new birth visits from health visitors, of which 78% occurred within 14 days of birth. 82% of those children had received a six to eight week home visit by the age of eight weeks.
- 73% of children received their nine to 12 month contact by twelve months old and 74% of two year olds had received their contact by the time they were two and a half years old
- There was no data available to compare these statistics against the England average.
- The 6-8 week breastfeeding prevalence rate was 34% in the same time period, which was worse than the

Are services effective?

England average of 47.2%. Scarborough had the worst breast feeding rates, as low as 22%, in one area. However, when we visited Scarborough we observed a community support group to promote breast feeding, which was delivered by a health visitor with a specialist interest in breast feeding.

- According to NHS England data, in 2015 children receiving three doses of DTPv vaccine by the age of two years was worse than the England average.

Competent staff

- The percentage of non-medical staff working in children's services who had an appraisal between April 2015 and November 2015 was 43% according to data provided by the trust.
- Children's community services had a preceptorship programme for newly qualified health visitors; this provided the staff with support and a framework to develop competencies.
- Staff had opportunities to undertake additional, nationally recognised, training to support their roles. For example, the Scotland sleep programme, motivational interviewing, baby friendly initiative training and Solihull training.

Multi-disciplinary working and coordinated care pathways

- Staff told us of good working relationships with other professionals. Multi-disciplinary staff often shared office bases and communicated frequently.
- The looked after children team, had developed good working relationships with social services, community paediatricians, therapy services, health visitors and school nurses to ensure looked after children were prioritised.
- We observed staff working collaboratively with other agencies to meet the needs of children and families, for example, children's centres and schools.

Referral, transfer, discharge and transition

- Children and young people were referred by their health visitors and school nurses for assessment and treatment to the specialist services. Speech and language therapy services accepted referrals from others, such as referrals from teachers or parents and other health care professionals.

- There was a referral pathway between midwives and health visitors, and between health visitors and school nurses.
- School nurses used a pathway for school children transferring to high school, to assess children's needs for emotional support during the transition.
- The therapy teams and specialist school nurses aimed to get young people self-sufficient and ready for transition to adult services. Transition pathways began at age 13/14 years and involved social care, health and education services.
- Specialist school nurses had developed a health passport, to be used when the young person was making the transition to adult services. It outlined the young person's needs and preferences. These were a combination of written and video documents dependent on the young person's abilities and capacity.

Access to information

- Health visiting teams provided a named link to GP surgeries. However, the frequency of meetings to share information about vulnerable families with GP's was variable across the county.
- Community services were rolling out a programme of electronic record keeping and also the use of mobile technology. This enabled staff to have access to patient records in a timely manner. Staff could have direct access to records and undertake record keeping in patients homes, whilst also having up to date information on safeguarding alerts.
- The intranet was accessible to all staff.

Consent

- We were told children and young people were involved and supported by staff in making decisions about their health care and treatment.
- School nursing staff demonstrated good knowledge of relevant legislation about consent, for example applying Gillick competencies and Fraser guidelines.
- We saw evidence on patient electronic records where capacity to consent had been assessed and documented.

Are services caring?

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

Summary

We rated the caring domain for the service as good because:

- Parents and carers were positive about the care they received from the community children's services.
- People told us they were treated with compassion, dignity and respect. They were provided with information about their child's care, in a way they could understand, and were given the opportunity to contribute to their care plan and treatment.

Detailed findings

Compassionate care

- Staff were passionate about their roles and were dedicated to making sure children had the best care possible.
- We observed staff delivering care to children and their families in clinic settings and in their own homes. We saw staff treat children and families with dignity and respect at all times. They were sensitive to the children's needs, demonstrating kindness and compassion. We observed good relationships between the staff, children and their carers.
- Feedback from parents was consistently positive. They told us staff were caring, accessible and knowledgeable. Friends and Family Test data for the therapy services between October 2015 and December 2015 showed that 100% of the 20 patients who responded, would recommend children's services. We saw evidence of 'you said, we did' feedback to families using therapy services.
- Examples of comments made by families included: 'Very good and everything was dealt with in an approachable way' and 'always available, friendly, very keen to help'.
- Of the 77 CQC comment cards completed by children and families, all had positive comments about the service they used.
- We were only able to speak with one older child who used the services as the inspection took place during school hours. They said that the area they had to go to for treatment was aimed too much at younger children and that they would like to see some equipment or changes to the environment for older children.

Understanding and involvement of patients and those close to them

- We saw staff interact with children in a way that was appropriate to the child's age and level of understanding.
- Staff undertook holistic assessments and care planning which considered children's physical, social and emotional wellbeing.
- We saw friends and family test response cards that were specifically for children to complete. We saw feedback from these at the Northallerton child development centre on display for children and families to see.
- Parents told us that they felt involved in the discussions about care and treatment plans, they felt confident to ask questions about care and treatment and make decisions based on the information they received.
- We attended a home visit to a family. The practitioner developed a good rapport with the family and provided appropriate, evidence based responses to questions. We observed a discussion between the parent and the practitioner about the care plan and level of support to be provided.
- We attended a speech and language therapy drop-in session. We observed the assessment of a young child and their parents. The family did not speak English as their first language. The speech and language therapist was patient, gave clear explanations to the mother, and checked her understanding. The therapist explained strategies that could be used at home to help with the child's progress. The therapist gave plenty of time for the parents to ask questions.
- We received direct feedback from parents when we attended a baby clinic. All of the comments were positive about the care received.

Emotional support

- Children and families were provided with emotional support from the services. The staff had the ability to refer children to children and adolescent mental health services (CAMHS) if more specialised support was required.

Are services caring?

- Parents told us staff communicated effectively with them, addressing their concerns in a timely way. A parent of a baby told us they 'got the emotional support that they needed'.
- We saw how staff provided information to families about other services which could offer emotional support, for example, services at children's centres and voluntary organisations.

Are services responsive to people's needs?

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

Summary

We rated the responsive domain for the service as good because:

- Community services for children were provided in a range of venues to promote accessibility.
- Staff responded to the needs of young people and families who were vulnerable, by providing tailored services and gaining specialist knowledge.
- Waiting times for children to receive specialist developmental assessments was within national target.

However:

- Children were waiting an average of 41 weeks for autistic spectrum disorder assessments. Funding had been acquired to reduce this waiting time.

Detailed findings

Planning and delivering services which meet people's needs

- The health visiting service and school nursing service delivered the healthy child programme.
- The health visiting service was due to be re-tendered by the local commissioners for the North Yorkshire services. The trust was encouraging staff to contribute to the tender process to ensure the focus was on the needs of the community they worked within.
- The services provided care in patients' homes, as well as in local clinics, children centres, GP practices and schools, that were accessible to patients, and covered a large geographical area, across North Yorkshire.
- The trust had obtained funding from the commissioners to reduce their waiting list for children requiring an assessment for autism. The assessments could also be provided by a private company to reduce the waiting times for children.

Equality and diversity

- All services' staff we spoke to were aware of the diverse needs of the population and planned for interpreter services where needed. Access to interpreter services

was available both as a telephone service and face to face. Where possible the need for an interpreter was identified before the first appointment so that suitable arrangements could be made.

- Staff were aware of the cultural diversity of the community they worked in. There were areas in the county which had a transient community, where families frequently moved in and out of the area. Staff demonstrated knowledge of the transfer in policy to ensure families received care at the right time, for example families in the armed forces.
- Staff reported they had access to equipment to meet patient's needs, though there were long waiting times for equipment for the occupational therapy and physiotherapy teams.
- The specialist school nursing team worked across special school and in patient's homes depending on where best met the families' needs. Staff told us they worked closely with the learning disability teams.
- Staff told us they had good working relationships with social care disability teams when they were caring for children whose parents had a learning disability.

Meeting the needs of people in vulnerable circumstances

- The trust's looked children after team consisted of a full time named nurse and three part time looked after children health advisors. They worked closely with local authority social care teams to ensure children and young people in care had initial and annual health reviews.
- The looked after children quarterly report, published in January 2016, demonstrated that the number of looked after children receiving a health review by 20 working days in York in December 2015 was 100%. However, for looked after children living in North Yorkshire, only 13% had received their assessment within this timescale. The issue was placed on the risk register, and was attributed to staff sickness. At the time of inspection, we were told that there was no longer issues with staff sickness in the team.
- Staff could tell us about child sexual exploitation. Only the looked after children team had experience of working with victims.

Are services responsive to people's needs?

- Young people with multiple vulnerabilities aged from 11-25 years old could access the 'No Wrong Door' project. Young people could access the right services at the right time and in the right place to meet their needs, through one key worker.
- There were no specialist nurses; however there were some practitioners who developed areas of interest. For example, working with travellers, domestic abuse, working with young mothers.
- We were told of groups that had been set up for people in vulnerable circumstances, i.e.: people at risk of mental health issues, young mothers and LGBT groups. The aim of the groups was to empower vulnerable people and promote mental wellbeing. Practitioners referred clients directly to the groups.

Access to the right care at the right time

- Children had access to community paediatricians following referral from GP's.
- Following initial assessment by a paediatrician, those children who needed assessment for autistic spectrum disorder were referred to one of the two child development units.
- As at September 2015, Harrogate child development unit had 64 children waiting for assessment. The average wait was 27 weeks and the longest wait for an

appointment was 32 weeks. At Northallerton child development unit there were 78 children waiting for an assessment. The average wait was 41 weeks and the longest wait for an appointment was 46 weeks. Actions had taken place to secure further funding from commissioners to reduce the waiting times.

- The learning disabilities team had a caseload of 40 children, with 33 children on the waiting list.
- Therapy teams waiting lists, as at October 2015, were a maximum wait of eight weeks. For children requiring early development assessments, at twelve weeks corrected age, there was no wait to be assessed.

Learning from complaints and concerns

- We asked families if they knew how to make a complaint. They told us they were not sure of the process of making a complaint, but they would be happy raising their concerns to the staff visiting them.
- We did not see any posters or leaflets, with information about how to make a complaint in areas used by children and families.
- The trust had received one complaint between September 2014 and September 2015. This was related to communication in the 0-5 years' service and was responded to within 28 days.

Are services well-led?

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

Summary

We rated the well-led domain for the service as good because:

- The trust had a vision and strategy which staff knew about.
- There were clear lines of responsibility and reporting to Board level.
- Risk registers were reviewed regular and identified actions to mitigate the risks.
- There were professional leads across the service to develop the community children's service in-line with national guidance.

However:

- There was limited evidence of auditing care outcomes in children's community services.

Detailed findings

Service vision and strategy

- The vision of the service was articulated by staff we spoke with. They were aware of the values of the trust.
- The trust was expanding services from April 2016 into the Middlesbrough area. Staff were aware of the increasing boundaries of service delivery and there were positive views from managers to support the new staff coming into the trust.
- The trust had a strategy for children and families. The strategy was to develop a service which worked in collaboration with North Yorkshire County Council. Their aim was to increase productivity and quality of services across the county, with children, families and staff at the heart of everything they do.
- The chief nurse acted as children's representative on the Trust Board but there was not a non-executive as recommended by the National Service Framework for Children (2004).

Governance, risk management and quality measurement

- The trust had a risk register for each service within children's community provision, i.e. 0-5 service, 5-19

service, specialist children's community nursing, children's therapy services, safeguarding. Each risk was graded and reviewed. There were clear mitigating actions and controls for each risk.

- There were regular clinical governance meetings and health child team meetings. Issues from the meetings were passed to Board level by the business support managers.
- The service had developed a dashboard which was shared with teams across the county. The dashboard represented service delivery targets. It informed teams of areas in which they were doing well and areas they needed to improve to meet targets for care.
- The safeguarding team was involved in a rolling programme of auditing. No outcomes or action plans were received from these.

Leadership of this service

- There was a professional lead for both health visitors and school nurses. Their role was to look at improving practice and the needs of the service, for example, developing pathways of care, within the healthy child meetings. Different staff representatives attended the meetings to cascade information to the rest of the workforce.
- Staff were encouraged to be involved in working parties to share good practice across the county, for example, an electronic records working group.
- Staff told us they felt that communication was good between staff and the management team,
- Staff told us there was good local management and leadership. Team working was good and this was encouraged by their managers.

Culture within this service

- Staff told us they enjoyed working in the community. Morale was good and staff were positive and enthusiastic about their jobs.
- Staff felt the trust had invested in community services and they felt valued as a service.
- Staff of all grades told us they would like more opportunities for professional development.

Are services well-led?

Public and staff engagement

- We were told that children had been given the opportunity to contribute ideas for décor at Northallerton Child Development Centre.
- The looked after children team had worked with the Youth Council to develop a health passport.
- Staff were encouraged to be involved in the process for tendering the health visiting service, for it to remain with the trust. Staff were aware of this and some staff attended meetings.

Innovation, improvement and sustainability

- An autism diagnostic service had been introduced in line with NICE guidelines. This supported a multi-disciplinary approach to ADOS assessment (Autism Diagnostic Observation Schedule).
- The service worked in collaboration with South Tees who provided CAMHS telephone support for staff. This allowed staff to receive timely advice and information to support children with mental health needs.
- The service had developed a service dedicated to young people with multiple vulnerabilities, called 'No Wrong Door'. Young people could access the right care through one key worker.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met: not all staff had received the required mandatory safeguarding training.</p> <p>The trust must:</p> <p>Ensure all staff have completed the relevant safeguarding training in community services for children and young people. Reg 18(2)(a)</p>