Hounslow and Richmond Community Healthcare NHS Trust

RY9

Community health services for children, young people and families

Quality Report

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Date of inspection visit: 1-4 March 2016
Date of publication: 06/09/2016

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)
RY9X1	Thames House	Community health services for children, young people and families	TW11 8HU

This report describes our judgement of the quality of care provided within this core service by Hounslow and Richmond Community Healthcare 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 Hounslow and Richmond Community Healthcare NHS Trust and these are brought together to inform our overall judgement of Hounslow and Richmond Community Healthcare 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

Contents

Summary of findings

Overall summary

We found that services for children and young people at Hounslow and Richmond Community Healthcare NHS Trust were effective, caring, responsive and well-led.

We rated the children and young people (CYP) service as good for safety. This was because:

- There were comprehensive processes and training for child safeguarding.
- Incidents were reported and investigated appropriately. Learning from incidents was disseminated.
- All of the locations we visited were clean and tidy and staff complied with infection prevention and control processes.
- There were effective risk management systems in place, including a robust lone working process for staff.

However,

- There were significant staffing shortages, high turnover of staff, and heavy and unsustainable caseloads for practitioners. This was across all universal and specialist services.
- Staff could not immediately access service user records outside of their specific location and service line which presented risks in ensuring all information was immediately available to practitioners.

We rated the CYP service as 'good' for effectiveness. This was because:

- Universal and specialist services were based on evidence and good practice and delivered in line with national guidance. There was good provision of evidence-based advice and guidance to service users.
- There was a comprehensive local audit programme. The trust engaged with local and regional panels, peer review and was involved in regional research projects.
- There was effective internal and external multidisciplinary working. This was facilitated by co-location of services and partnership working with other service providers.
- There was good inter-agency partnership working with local authorities and other safeguarding partners.
- Consent processes and documentation were robust and applied consistently.
- The trust assessed they effectiveness of different services using nationally recognised outcome measures.
- There were good learning and development opportunities for staff including well-structured preceptorships and support for professional development and revalidation.
- The trust applied robust competency frameworks and comprehensive supervision structures for staff.

We rated the CYP service as 'good' for caring. This was because:

- Staff across the CYP service were courteous and professional. We saw staff communicating with service users in a polite and caring way.
- Service users told us health visitors and therapists had a caring approach. Parents of children using services were universally positive and highlighted the encouragement and support of health visitors in clinics and home visits.
- Service users were treated with dignity and in an age appropriate way.
- Friends and Family Test results and other evaluations were consistently very good across universal and specialist CYP services with a good response rate.
- Some universal services were delivered in noisy and busy children's centres. This did not always allow for adequate privacy or dignity, particularly when needing to communicate with service users confidentially.

We rated the CYP service as 'good' for its responsiveness to service users' needs. This was because:

- Services were planned and delivered in line with local needs. The trust worked with commissioning bodies to target local provision of services.
- There was good access to multiple CYP services, facilitated by the co-location of services in one location.
- Service users had good access to provision across different locations.
- There were varied appointment times to suit different service users.
- Clinics and therapy sessions were held in child friendly environments.

Summary of findings

- Staff communicated with children and young people in an age appropriate way and involved them as decision makers in their care.
- There was good understanding of the different cultural needs and backgrounds of service users. The diverse local community was reflected in the diversity of trust staff. Many staff members spoke community languages and were allocated caseloads accordingly.
- There was good access to translation services, with good provision of patient literature in community languages.
- Service users were able to self-refer for some services, such as speech and language therapy.
- There were some reported challenges with wait times for referrals to therapy services, such as SALT and social communication pathways. Service leaders were aware of these delays and had put in place resources to reduce wait times.
- Some CYP services were only delivered to service users in one borough, for example, Family Nurse Partnership was provided to Hounslow residents only and not those in Richmond. There were some problems with continued access to services if a service user relocated between boroughs.

We rated the service as 'good' for well-led. This was because:

- Staff told us that service leaders were very supportive, accessible and approachable.
- The staff we met reflected the trust values and vision. Staff felt autonomous, empowered and trusted to make decisions.
- There was effective representation of children and young people matters such as safeguarding at the trust board.
- There were effective processes for involving service users and the public in the development of services and resources.
- There was effective dissemination of governance and performance information.
- There was no clear, documented vision for the CYP service as a whole and operational staff were not clear about the strategic direction of the CYP service. Although there was a five year plan, local challenges within the health economy were impacting on the trust's ability to maintain and develop the CYP service.
- Although Hounslow Primary Care Trust (PCT) and Richmond PCT merged to become HRCH in April 2011, the CYP service still presented as two very separate entities: as Hounslow and Richmond. There were limited opportunities for staff interaction and sharing resources across the two boroughs.
- Some staff felt that change management was not handled very well within the trust, with limited opportunities for dialogue or involvement in decision making, for example: relocation of services and redeployment of staff.

Summary of findings

Background to the service

Hounslow and Richmond Community Healthcare NHS Trust provides community healthcare services to a diverse population of over 500,000 people in the London boroughs of Hounslow and Richmond upon Thames in South West London. The trust is one of the smallest in England and employs just over 1,000 staff.

Services for children and young people are managed by one directorate in the trust and separated into three divisions: children's specialist services, universal children's services and audiology. The trust's universal provision includes child development, health visiting, children's community nursing, looked after children, family nurse partnership and immunisation. Specialist services include audiology, paediatric physiotherapy, speech and language therapy, occupational therapy, contraception and sexual health and continuing care.

Our inspection team

Our inspection team was led by:

Chair: Professor Iqbal Singh

Team Leader: Nick Mulholland, CQC

The team included CQC inspectors and a number of specialists: including health visitors, a community nurse, a community paediatric physiotherapist, a pharmacist and a safeguarding expert.

Why we carried out this inspection

We inspected this provider as part of our comprehensive community health services inspection programme.

How we carried out this inspection

We inspected a selection of the trust's services across Hounslow and Richmond. During our inspection we visited the trust's health centres at Heart of Hounslow, Ham Clinic, Teddington Health and Social Care centre and Whitton Corner. We also attended home visits and clinics in local children's centres. We spoke with 30 service users and their family members. We observed care and treatment and looked at 15 care records. We also spoke with more than 60 staff members, including health visitors, community children's nurses, consultant community paediatricians, physiotherapists, other allied health professionals, administrators and senior management staff. In addition, we reviewed national data and performance information about the trust.

The CQC held a number of focus groups and drop-in sessions where staff from across the trust could speak with inspectors and share their experiences of working at the trust. We also received information from members of the public who contacted us to tell us about their experiences both prior to and during the inspection and looked at patient feedback about the service over the past year.

What people who use the provider say

- We reviewed feedback and comments from the trust's Friends and Family Test and NHS Choices results. We

Summary of findings

also spoke with service users and their relatives in clinics, therapy session and home visits. We took into account feedback provided by patients both before and after the inspection.
- Friends and Family Test (FFT) results were consistently very good across CYP services and locations, with 93% recommendations for the three months prior to our inspection.
- The majority of service users we spoke with were very happy with the care and treatment provided by the trust. Direct comments from service users including children and their parents, which were representative of this feedback included: “Staff are very patient”, “the staff are amazing here”, “therapists are very helpful, I appreciate her work with us”, “my health visitor gives me all the information I need to know”, “I would give my health visitor 10/10”. These were common themes in all the feedback we received.
- Service users consistently told us they would recommend the service to their families and friends.

Good practice

- There were effective formalised processes for CYP staff to receive regular planned clinical and safeguarding supervision to reflect on learning. The CYP service had introduced an innovative joint supervision approach to provide externality and objectivity in supervision sessions. For example, some supervision sessions were attended by district nurses or social workers.
- The trust’s audiology service performed consistently well and this was recognised nationally with accreditation under the Royal College of Physicians’ Improving Quality in Physiological diagnostic Services (IQIPS) programme. Accreditation was granted by the United Kingdom Accreditation Service for the audiology services delivered by the trust.
- The trust’s paediatric immunisation team performed well in London-wide benchmarking analysis, and came second amongst all trusts for delivery of paediatric influenza vaccinations. The team managed to deliver a comprehensive programme of immunisations with one lead nurse, an administrator and bank practitioners. The trust was seeking to develop the service by tendering for immunisation provision in other London Boroughs.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust must reduce the staffing shortages, high turnover of staff, and heavy and unsustainable caseloads for practitioners.
- The trust must ensure that all pertinent information in service user records is immediately available to practitioners on the electronic record system, across localities (Hounslow and Richmond) and service lines (universal and specialist services).
- The trust should improve storage space for equipment across all locations that deliver CYP services.
- The trust should develop a documented vision and strategy for the CYP service as a whole and ensure that operational staff are engaged and involved in its development.
- The trust should take steps to reduce the caseload allocation for practitioners across CYP services to ensure all staff have manageable, sustainable and equitable workloads.
- The trust should review arrangements in children's centre clinics to ensure there is adequate space for all service users to speak with health visitors and other CYP staff confidentially and in private.
- The trust should provide opportunities for CYP staff interaction across Hounslow and Richmond to improve information sharing and learning across the entirety of the trust's CYP services.
- The trust should provide opportunities staff engagement and involvement in local and trust-wide decision making to improve perceptions of change management and staff dialogue, for example in the redesign and relocation of services.

Summary of findings

Action the provider COULD take to improve

- The trust could take steps to promote staff engagement with remote working and use of technology in clinics and home visits. This could include the introduction of remote working champions.

Hounslow and Richmond Community Healthcare 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

Summary

We rated the CYP service as good for safety. This was because:

- There were comprehensive processes and training for child safeguarding.
- Incidents were reported and investigated appropriately. Learning from incidents was disseminated.
- All of the locations we visited were clean and tidy and staff complied with infection prevention and control processes.
- There were effective risk management systems in place, including a robust lone working process for staff.

However,

- There were significant staffing shortages and recruitment challenges across all staff groups and localities. This was effectively managed, but with consistently high usage of bank and agency staff.
- There was high turnover of staff, particularly amongst health visitors.
- There was extensive recognition amongst all staff of heavy and unsustainable caseloads for practitioners. This was across all universal and specialist services.
- There was insufficient storage for equipment across locations.
- Staff could not immediately access service user records outside of their specific location (Hounslow or Richmond) and service line (universal or specialist service) which presented risks in ensuring all information was immediately available to practitioners.

Good

Are services safe?

Safety performance

- There was a good overall safety performance and an embedded culture of safety within the children and young people (CYP) services at Hounslow and Richmond Community Healthcare NHS Trust (the trust). The CYP service reported zero never events for the year preceding our inspection. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each never event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a never event.
- The CYP service reported two serious incidents (SIs) in the year preceding our inspection. These reports related to loss of patient identifiable data. Two unexpected infant deaths were reported as SIs separately at the Hounslow Urgent Care Centre UCC. The trust had commissioned an external review and root cause analysis of these incidents. The first incident in Janaury 2015 was investigated by Greenbrook - the organisation responsible for the UCC, with support from the trust. However questions were raised by the HRCH medical director and local commissioners about the quality and completeness of the report and the CCG requested an external review into the SI. The second SI (2015-32704) was reported in October 2015. The trust had requested an external review into this incident as it was the second SI which related to the death of a child in the same year.
- The staff we spoke with universally told us they were encouraged to submit concerns and issues to the trust's incident reporting system. They felt confident to escalate concerns and understood how and when to report incidents appropriately.

Incident reporting, learning and improvement

- The trust used an online incident reporting system. All CYP staff could access this system. Doctors, nurses and allied health professionals told us they felt able and comfortable to submit incidents to the system. Clinical service managers reviewed the incidents reported in their respective areas of responsibility, and all incident reports were sent directly to the Associate Director for Children and Young People.
- In the trust's incident reporting log for CYP we found general themes of staffing shortages, record keeping, violence and aggression towards therapists in schools, and problems with information sharing by social services.
- There were standardised processes for investigating serious incidents, including root cause analyses and debriefings. The trust's head of quality and risk provided input and guidance on investigations. Standardised action plan templates were used to record follow-up and remedial actions. When completed, reports and action plans were submitted to the trust's governance team for examination in quality and safety meetings.
- Incidents reports, risk management and action plans were discussed in weekly team meetings and formally recorded in minutes.
- We found evidence that learning from incidents was shared effectively. Staff across the CYP service told us they received feedback from reported incidents and were able to provide examples of learning and improvement from incidents. Learning from incidents included redevelopment of local guidelines to prevent incidents from happening again. Staff told us that feedback and learning was shared in team meetings.
- Community paediatricians from Hounslow and Richmond held monthly meetings to discuss incident investigations, learning from incidents and audits. Doctors from neighbouring trusts were also invited to bring externality and peer review to incident discussions.

Duty of Candour

- There was no formal duty of candour training for staff, but staff told us that it was included as part of their corporate induction when they joined the trust.
- We found senior staff within the CYP service understood their responsibilities for duty of candour, and were able to describe giving feedback in an honest and timely way when things have gone wrong.
- Some junior staff were not aware of the term duty of candour, but when questioned were fully able to articulate how they would respond should a mistake happen. They appreciated the need for openness and honesty in the investigation of incidents. Staff told us that when concerns were raised they reported them to managers in the spirit of openness.

Good

Are services safe?

- Senior staff told us the trust's incident reporting section incorporated a section on duty of candour responsibilities to confirm staff had shared information appropriately with service users and their relatives.
- Senior leaders within the CYP service told us they offered to meet with service users and families in complaint and incident investigations.
- The trust introduced a 'speaking out guardian' role the year before our inspection. Staff were aware of this role and recalled presentations on duty of candour at a trust-wide conference.

Safeguarding

- The trust had clear and comprehensive policies, processes and training for child safeguarding.
- There was good completion of mandatory level three training in child safeguarding across all CYP staff groups. Trust records indicated that 84% of CYP service frontline staff had completed this mandatory safeguarding training against a trust target of 85%. The trust provided tailored level three child safeguarding training in partnership with local authorities. This included one day courses on female genital mutilation (FGM) awareness, domestic violence, radicalisation and sexual abuse awareness. Tailored training for different staff groups was also available, such as those working with children with learning difficulties.
- There were child and adult safeguarding awareness and support posters displayed throughout the trust's heath centres and in partner children's centres. This included posters on child exploitation warning signs, FGM, domestic violence and human trafficking. The posters contained contact details for further support and were prominently displayed in public areas, but also more discreetly displayed for private review, for example in toilet facilities.
- There was thorough awareness and consideration of FGM amongst staff we spoke with. We observed routine questioning on FGM by health visitors during clinics and home visits, which was approached in a sensitive way. There was extensive training in FGM awareness, including online resources and training by local safeguarding children's boards. Staff felt confident they could recognise and deal with concerns and understood what questions to ask.
- There was very good understanding of child sexual exploitation risks, and this was particularly evident amongst the trust's looked after children staff.
- The child development team contributed to local audits and reviews of safeguarding concerns, particularly for young people who had been victims of abuse and child sexual exploitation. Audit outcomes were discussed at safeguarding sub-committee meetings with safeguarding team members (named nurses, named doctors, director of children's services) to review performance and areas for improvement.
- Staff told us that the trust's child safeguarding team was very accessible and visible and was available to support them in difficult safeguarding cases. The team helped staff with report writing for safeguarding incidents and attended child protection meetings.
- There were effective formalised processes for staff to receive regular planned supervision on safeguarding matters. This included group supervision sessions to discuss events and case studies and reflect on learning. We found that common themes were documented and shared with staff across the trust.
- Health visitors told us they had good relationships with local authority safeguarding teams and social services. They felt that this enabled a rapid and joined up response in cases where they had safeguarding concerns.

Medicines

- There were effective policies and procedures in place to manage the storage and administration of medicines at trust sites and external locations.
- Some health visitors and community children's nurses were independent prescribers. They told us that although they did not prescribe many medicines for children, they received support in this role from the trust's medicines management team.
- Staff received training in medicines management and could demonstrate competency around the safe and effective use of medicines.
- Prescription pads were securely stored in locked cabinets and the serial numbers of prescribed medicines were recorded and sent to the medicines management team for audit.
- Patient Group Directions (PGDs) were used by staff to enable them to give children immunisations and vaccinations. The PGDs used had been reviewed regularly and were up to date.

Good

Are services safe?

- There was a robust process and standard operating procedure in place to manage the immunisation cold chain to ensure vaccination vials were stored and transported at the appropriate temperature.
- We found that lessons had been learnt about past medicines related incidents, however the sharing of this learning was not disseminated across the whole trust, for example from Hounslow to Richmond based team and vice versa.
- Staff in the trust's contraception and sexual health services reported that they did not have regular pharmacy inspections. We reviewed their medicines management systems, which were robust, but it is usual for pharmacy to audit these arrangements on a regular basis as part of good governance, as per all services which store, administer and dispense medicines.

Environment and equipment

- We visited a number of the trust's health centres. The centres were modern, bright and welcoming spaces for service users and their families. For example, the Ham Clinic waiting area was very friendly child friendly with bright colours, painted murals and staff photos on walls.
- Each of the locations we visited had accessible facilities.
- Each of the locations we visited had information boards and stands for service user information leaflets.
- Children's centres were secure with locked entrance doors. Receptionists controlled entry and exit to the centres and entrances were monitored by CCTV.
- Some of the trust's universal services were delivered children's centres which were managed by local authorities. The waiting area in the Lampton Centre was not ideal. It was noisy and busy, with limited seating for parents and children. During our visit many parents had to stand for a prolonged period. Additionally, the waiting area was located very close to the clinic area which did not allow for adequate privacy or dignity, particularly when needing to communicate with service users confidentially.
- There were well equipped sensory rooms available for occupational therapy sessions.
- We observed, and staff told us about equipment storage problems at some sites. For example, at Heart of Hounslow physiotherapists had limited space for storage and had to store large therapy equipment on top of cupboards. This was a safety risk which was recorded in the service risk register.
- Physiotherapists in Hounslow told us that they did not have an adequately sized space for group sessions.
- Physiotherapists had access to gym and rehabilitation equipment such as treadmills, parallel bars, exercise balls and mats. However, some physiotherapists told us they were frustrated because they needed more gym equipment for rehabilitation work with service users.
- Toys and children's books were available in waiting areas at health and children's centres. Some children's centres had outdoor play areas. However, the environment and selection of toys for assessment at the Norman Jackson Children's Centre needed improvement as some toys were not age appropriate. We recognise that this was a local authority centre and the trust was not responsible for purchasing toys and equipment.
- Clinical and electrical equipment was serviced annually by an external contractor.
- The equipment we checked, such as scales, was calibrated appropriately. There were set days throughout the year for each service to check and calibrate equipment.
- There were first aid boxes and fire extinguishers in each of the locations we visited.

Quality of records

- The CYP service used the trust's electronic record system (ERS) to input and access service user records. The trust introduced a new ERS shortly before our inspection. The system was available to all staff including doctors, health visitors, community nurses and therapists. All professionals in the care of a service user recorded information from clinics, home visits and therapy sessions in chronical order in the notes section. This included history, consent and referrals. This meant recording errors from illegible writing were virtually eliminated. Records were consistent with NMC guidelines for record keeping.
- We observed health visitors and allied health professionals using the ERS and saw they were adept at using the system. However, some staff reported challenges with the new system, for example they could not upload or scan documents onto the system. This was recorded on the service risk register. Staff told us the trust was receptive to their concerns and actively working to fix the issues (see Access to information section for further detail).

Good

Are services safe?

- Staff told us some services used standardised assessment notes which were copyrighted and could not be copied onto service user records on the ERS. The staff instead wrote a summary of the assessment, which was time consuming and duplicating effort.
- We accessed the electronic record system with the assistance of Admin Hub administrators and healthcare practitioners. We reviewed 15 patient records and found notes were completed in a logical and comprehensive way. The notes provided a detailed description of care plans, observations, attendances, action plans and service user progress. Care plans included all identified care needs.
- Local GP practices were able to access service user information on the ERS, which facilitated timely information sharing.
- The ERS required password access to ensure security. Staff members had unique accounts to ensure professional accountability. Admin Hub staff used secure system access with key card and password to access records.
- The ERS flagged service users who were at risk, such as safeguarding concerns. The system also provided an alert for patients with learning disabilities or allergies so all staff were aware of a service user's specific needs.
- Staff were alerted to incomplete record sections by ERS system prompts.
- We observed health visitors record information in 'My Child's Health Record' red books which parents kept. All content was legible and dated. Health visitors explained that information in the red book was recorded in duplicate and notes were uploaded to the ERS and shared with other health care providers such as GPs.
- At the time of our inspection the CYP service Admin Hub was converting previous paper records onto the ERS and archiving documents no longer needed. All paper records were stored securely in locked filing cabinets. Paper records were stored in an orderly fashion and were well maintained.
- Information governance was part of the mandatory training programme staff were required to complete. The trust target was 95% of staff having completed the training. Across all CYP service lines 95.4% of staff had completed training.

Cleanliness, infection control and hygiene

- All of the locations we visited were visibly clean. The children's and health centres we visited were clean, tidy, well organised and clutter-free. All floors in corridors were clean. There was no evidence of dust. Infection prevention and control was generally well managed.
- We observed clinicians and health professionals cleaning their hands and following hand hygiene procedures appropriately, before and after contact with service users.
- The trust's health centres had easily accessible handwashing gel facilities located at the main entrance and throughout public and clinical areas. We did not see handwashing gel facilities in local authority managed children's centres, but health visitors and other staff using these centres had dispensers of cleaning gel which we saw them use in between all contacts with service users.
- We observed health visitors and therapists clean equipment before and after it was used. For example, we saw health visitors use disinfectant wipes on scales and mats.
- The equipment we reviewed was visibly clean, for example gym equipment in therapy rooms. However, equipment was not labelled as clean and ready for use across all clinical areas.
- The toilet facilities we inspected across sites were clean and tidy.

Mandatory training

- The trust target for staff completion of mandatory and statutory training was 85%. At the time of our inspection, compliance with mandatory training for all CYP lines was 90% across all staff groups.
- The mandatory and statutory training programme covered equality and diversity, health and safety, basic life support, infection control, information governance, adult and child safeguarding, fire safety, manual handling and conflict resolution. The trust used a mix of practical and online training modules.
- Service managers we spoke with demonstrated the systems they used locally to monitor their staff attendance at mandatory training to ensure it was completed, or refreshed. However, they told us the online system was not always up-to-date which resulted

in discrepancies in the training record. Senior managers reviewed mandatory training compliance at monthly meetings, which was included as a standing agenda item.
- CYP staff reported easy to book training via the trust ERS, which stored personnel and training records of each member of staff. There was good availability of mandatory training courses and staff told us that they rarely had to wait long periods to access a training module.
- Newly appointed staff were required to complete a corporate induction and subsequent local induction.

Assessing and responding to patient risk

- We saw health visitors record the observations of infant development parameters such as height, weight, communication and motor skills. These were recorded in the baby record book and on the ERS. Infants were assessed for actual and potential risks related to their health and well-being and we saw evidence of these in notes.
- CYP staff told us they would call a doctor if they were immediately concerned about a child or young person's health or welfare.
- We observed health visitor and community children's nurses conducting risk assessments while on home visits and in clinics. They used a very family-led approach in the identification of risk and let parents and carers lead the risk assessment process. Practitioners said this enabled them to understand parents' approach to managing risk and their recognition of a healthy and safe environment.
- Practitioners and administrative staff could access and input information to the service user records for their specific location (Hounslow or Richmond) and for their particular service line (universal or specialist services). However, they did not have permission to immediately access or input service user information or records that was not directly related to their location or service. A standard operating procedure was in place for staff to gain access to required records in other services or localities, but some staff were not aware of this. The system was not set up as a complete open record across services and localities and this presented risks in ensuring all pertinent information was immediately to staff available when booking appointments, or when making clinical decisions.

Staffing levels and caseload

- We found high levels of vacancies across all universal and specialist services, apart from the audiology service. Service managers confirmed vacancy rates of 20-30%. This was particularly prevalent in health visiting across both boroughs and paediatric therapies in Hounslow. The staff shortages were effectively managed, but with consistent and sustained high usage of bank and agency staff to cover shift and service gaps. The staff we spoke with felt that the high level of vacancies did not impact on the safety of care as the service was funded to fill gaps with temporary staff. However, trust data highlighted that low staffing levels had resulted in waiting time breaches in some services such as physiotherapy.
- Senior service leaders reported that staffing and recruitment in Hounslow was particularly challenging, whereas Richmond, historically, had a more stable staff contingent. Staffing of therapy services in Richmond remained stable, but universal services were now also experiencing staffing shortages.
- Service managers told us that the trust was not able to transfer staff between boroughs to reduce vacancies or provide temporary capacity because of contractual arrangements with commissioners. This meant that staff worked for one borough only because the trust was contracted to provide a core number of staff.
- The audiology service did not have staffing or recruitment challenges. Audiology staff told us that the trust was seen as a very good service to develop a career in audiology. This meant the trust attracted and maintained necessary staffing levels.
- Service leaders were concerned that proposed changes to health visiting models nationally may impact further on staffing reductions or changes to the role and composition of health visiting teams.
- Therapy service managers told us that there were national shortages of therapy staff, which further compounded their recruitment of temporary staff.
- Trust data highlighted a 50% turnover of health visitor staff in Hounslow in 2015, but this had reduced to 31% by January 2016. Staff consistently told us that the high turnover was due to there not being enough opportunities for progression.

Good

Are services safe?

- Service leaders told us that the trust had improved its staff training offer to reduce turnover. This included a new preceptorship programme for newly qualified health visitors and training and supervision to upskill existing staff.
- There was extensive recognition amongst all the staff and managers we spoke with of heavy caseloads for staff across universal and specialist services. Staff told us that many staff were working extended hours and taking work home. They perceived the caseload allocation and high volume of service users as unsustainable over the long term. For example, nurses in the looked after children service had caseloads of one nurse per 300 children. Intercollegiate Guidance 2015 recommended one nurse per 100 children. The trust was trying to recruit an additional band 7 nurse to improve capacity.
- Staff told us consistently that caseloads for staff in Hounslow were more challenging than in Richmond because of higher levels of socio-economic deprivation and higher levels of safeguarding concerns.
- Health visitor service managers allocated caseloads on a daily basis. Health visitors told us that caseload allocation was fair and so challenging and safeguarding cases were shared equally. We were told that temporary health visitors were not usually given safeguarding caseloads and instead conducted more routine work such as new birth contacts, home visits, clinic cover and developmental review sessions.
- We found some nursery nurses were delegated health visitor level work while being supervised by health visitors. Service managers told us this was to build capacity and reduce workload pressures on health visitors.
- Staff told us that the use of temporary staff in the Hounslow speech and language therapy (SALT) impacted on continuity of care for schools. Service leaders in Hounslow had negotiated with the trust clinical governance team to maintain funding for temporary staffing.
- Community children's nurses and administrators attended daily structured handovers, where staff provided updates on whole caseloads.

Managing anticipated risks and Major incident awareness and training

- The CYP service adhered to the trust's lone working policy, which staff could access on the trust intranet. There was good awareness of lone working arrangements amongst the staff we spoke with. Health visitors, FNP nurses and children's community nurses conducting home visits used a text messaging service to inform other staff of their location. There was a buddy system and shared diary access to ensure that staff were aware of their colleagues whereabouts. The trust conducted risk assessments of service user homes and we were told that home visits were not allowed if there was an identified or known risk to staff. This information was set as an alert on the trust ERS system and care packages were re-arranged accordingly, for example, visits in children's or health centres instead of home visits.
- There was a major incident plan, policy and protocols for the trust and CYP service. The trust's business continuity team provided a weekly bulletin update to staff on local weather warnings, transport issues, public events and other sources of potential disruption to services. There were individualised business continuity plans for different CYP service lines.
- The staff we spoke with were aware of the major incident plan and where to access emergency information.
- Senior CYP leaders told us that the trust had conducted a major incident trial exercise shortly before our inspection. This involved a scenario of a fire at a local hospital to assess how the service and other partners such as ambulances and the police could be mobilised in such an event. Learning from this exercise was shared with senior staff and they were seeking to conduct a local exercise with CYP teams to support awareness of the policy.

Good

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 CYP service as 'good' for effectiveness. This was because:

- Universal and specialist services were based on evidence and good practice and delivered in line with national guidance. There was good provision of evidence-based advice and guidance to service users.
- There was a comprehensive local audit programme. The trust engaged with local and regional panels, peer review and was involved in regional research projects.
- There was effective internal and external multidisciplinary working. This was facilitated by co-location of services and partnership working with other service providers.
- There was good inter-agency partnership working with local authorities and other safeguarding partners.
- Consent processes and documentation were robust and applied consistently.
- The trust assessed the effectiveness of different services using nationally recognised outcome measures.
- There were good learning and development opportunities for staff including well-structured preceptorships and support professional development and revalidation.
- The trust applied robust competency frameworks and comprehensive supervision structures for staff.

Evidence based care and treatment

- Staff accessed policies and corporate information on the trust's intranet. There were protocols, policies and guidance for clinical care and other patient interventions on the intranet. The trust intranet was easy to navigate and find relevant policies, such as nurse prescribing protocols.
- We reviewed a sample of trust policies for CYP services and found appropriate reference to relevant National Institute for Health and Care Excellence (NICE) and Royal College guidelines.
- Newly qualified staff told us that they were involved in trust-wide policy development, for example the development of a new CYP chaperoning policy.
- Implementation of new guidelines and regulations was managed by the trust's clinical governance department. CYP service leads audited practice against new guidelines and conducted gap analyses to ensure compliance of existing local protocols and policies. This was reported at monthly administrative meetings within the child development team.
- Staff had access to a journal club where they could discuss learning from academic research, share learning and hear from external speakers.
- We observed competent, thorough and evidence based care and treatment by CYP practitioners in home visits, clinics, development reviews and therapy sessions. All of the practitioners we observed were encouraging and reassuring of service users, conducted full assessments as per guidelines and provided up to date and evidence-based advice.
- We observed health visitors and contraception and sexual health practitioners in their clinics. They gave appropriate advice and education and provided reassurance and guidance to the service user. For example, health visitors explained to new mothers the importance of play and exploration when encouraging children to try new foods.
- We observed family nurse partnership nurses conduct assessments of children and parents in their own environment. Feedback was given in accessible language and progress recorded. The FNP service used nationally recognised approaches and techniques and FNP practitioners were required to retrain annually and demonstrate competency in video format using real world examples.
- The trust's audiology service performed consistently well and was recognised nationally with accreditation under the Royal College of Physicians' Improving Quality in Physiological diagnostic Services (IQIPS) programme in January 2016. Accreditation was granted by the United Kingdom Accreditation Service for the audiology services delivered by the trust.
- There was a comprehensive clinical and performance audit programme across all service areas. This included audits for health assessments, consent, missed appointments, compliance with national guidelines,

waiting times and referrals to other services. However, staff told us that services did not conduct joined up audits across Richmond and Hounslow because they could not readily access the other location's data on the ERS. This limited opportunities for trust-wide assessment of performance and clinical outcomes.

- There were specific clinical audits in individual service lines. For example, paediatricians in the child development team completed audits of the epilepsy service and social communications pathway. Practitioners in the looked after children service conducted audits on safeguarding and health assessments for looked after children.
- Consultant paediatricians in the child development team were involved in local audits and regional research projects. They represented the trust at regional epilepsy and ADHD networks and other London-wide clinical groups. The child development team presented audits to paediatricians from other trusts at monthly peer review meetings.
- CYP staff were invited to attend the trust-wide clinical leaders' forum to present audit findings.

Technology and telemedicine

- Practitioners across universal and therapy services had access to laptops, secure mobile internet connections and mobile phones to support remote and mobile working. However, during our inspection we found that the CYP service was not making full use of the available technology and opportunities for remote working were not fully utilised.
- We found that uptake of electronic recording during clinics and home visits by health visitors was limited. We observed some health visitors did not use their laptops during clinics or home visits as they were concerned about the impact this might have on rapport with service users. Health visitors had remote access to the trust electronic record system (ERS) but told us they focused on the appointment with the service user by observing and asking questions instead of typing up notes. They felt that typing could be distracting and instead allocated time to type up written notes in records after the appointment. This could impact on capacity and efficiency. For example, the system could be used in clinics to help service users book their next appointment directly.
- Some practitioners told us that remote connections to the ERS were not always reliable and notes could not always be recorded contemporaneously because of this.
- Senior leaders within the service recognised the need for remote working champions and further training to help staff understand the time saving benefits of this technology. District nurses were promoting the use of laptops to shift perception of their use, for example encouraging staff to download their required notes for the days so they could manage without connectivity.

Patient outcomes

- The CYP service assessed patient outcomes using nationally recognised outcome measures.
- Paediatric therapies measured outcomes using goal attainment scales (GAS) and risk measures including pain, strength, balance and endurance. Physiotherapist sets individualised targets for each child, which were held jointly with parents and school staff. GAS outcome target sheets were given to school teachers and copied to head teachers and parents. Consent to share this information was sought from all parties.
- SALT, occupational and physiotherapists used the trust ERS system to record calculation scores for each service user at the start of assessment and end of term outcome data.
- Health visitors used the 'ages and stages questionnaires' evidence-based assessment tool during home visits and clinics to highlight any areas of concern about a child's development across five different areas: communication and language, fine motor skills, gross motor skills, problem-solving and personal-social development. Progress was recorded and followed up at future visits and clinics.
- The Family Nurse Partnership reviewed secondary outcome measures for service users, including: safeguarding and SALT referrals. Audits by the FNP showed that the service had an impact in reducing referrals amongst this at-risk group.

Competent staff

- There were effective induction processes for newly appointed staff. Staff completed a four day trust induction, which included completion of some mandatory training modules. Local induction included

an orientation tour of the place of work, weekly supervisor meetings and shadowing opportunities with established staff members. An induction checklist with tasks and targets was in place.

- There were good learning and development opportunities for newly qualified staff including well-structured three month preceptorships for community nurses and health visitors. Health visitors told us the trust was a supportive and developmental employer. Other newly qualified practitioners told us they planned to develop their careers at the trust because they had good learning exposure across a broad basis, for example, formal training, coaching, mentoring and shadowing other practitioners.
- Trust records indicated that the CYP service completed 95%-100% of annual appraisals and development across all services and locations. The appraisals were used to sign off competencies and identify training and development needs. The trust used learning programmes and competency documents for each service.
- The trust participated in the GMC revalidation initiative for all UK licensed doctors to demonstrate they were competent and fit to practice. At the time of our inspection all eligible doctors had completed revalidation. Doctors told us the trust provided additional support for revalidation such as interview practice.
- The trust supported professional development of medical staff. Consultant community paediatricians had annual reviews of their job plans as part of their appraisal. Job plans included two weekly allocations (eight out of 40 hours) for professional development and supporting professional activities.
- The trust applied robust competency frameworks and comprehensive supervision structures for staff. This included planned supervision sessions, with separate arrangements for clinical and safeguarding cases. Some staff groups such as health visitors and FNP nurses received one to one supervision. Other staff groups such as nursery nurses and SALT assistants had group supervision sessions.
- The CYP service had introduced an innovative joint supervision approach to provided externality and objectivity in supervision sessions. For example, some supervision sessions were attended by district nurses or social workers.
- FNP nurses had weekly supervision with their manager for one hour to discuss case management, safeguarding, emotional reflections and educational needs. We observed a supervision session which used appropriate reflective approaches and outcome decisions. The FNP nurse told us they felt supported and valued during this session.
- There was good provision of emotional support and wellbeing for staff, particularly in child safeguarding cases and end of life care for children. Health visitors and community nurses received regular debriefing around the care of dying children for staff to express their emotions and seek emotional support at a difficult time. This included MDT debriefs and face-to-face counselling.
- Community children's nurses had access to specialist training in palliative care and symptom management for children and young people, provided in partnership with other NHS trusts.
- There was a comprehensive one year training programme for FNP practitioners, based on a strict evidence-based practice programme.
- Practice development nurses and specialist health visitors provided informal training on supporting referrals to the child development team.
- All nursery nurses were trained in baby massage, with opportunities for sleep and attachment training.
- Staff at the trust were able to access a broad range of training, education and development opportunities to support their work. The trust provided funding and support for relevant development activities. This included formal undergraduate and postgraduate programmes, communication skills, hospital-based training for clinical procedures, conference attendance, leadership skills and practice teacher training.

Multi-disciplinary working and coordinated care pathways

- There was effective internal and external multidisciplinary (MDT) working and practitioners worked with other staff as a team around the child. This was facilitated by co-location of services in health centres and partnership working with other service providers. For example: the Ham Clinic was a multi-disciplinary centre with many services on site. Staff told us this enabled much closer joint working and improved access for service users with complex needs and those with challenging behaviours.

Good

Are services effective?

- There was a MDT learning disabilities and challenging behaviour team in place to provide support and guidance to health visitors and social workers working with children with complex needs.
- The trust worked closely with local GP surgeries and held monthly liaison meetings with primary care providers.
- There was good inter-agency partnership working with local authorities and other safeguarding partners. This included monthly meetings with local safeguarding boards to discuss thresholds for different cases.
- There were weekly looked after children MDT meetings to discuss cases.
- CYP practitioners were able to refer service users with autism and behavioural challenges to trust psychologists.
- The CYP service hosted a tri-monthly forum for health visitors, nursery nurses and community nurses to meet and share learning across staff groups. Previous programmes for the forum included guest speakers from charities such as NSPCC and Barnardos.
- SALT practitioners reported good access to support from the trust's feeding team and autism/social communications team. They also worked very closely with community paediatricians in the child development team, which helped ensure appropriate referrals to other therapies and devise suitable care plans.
- The SALT team had very good input to local nursery services. SALT practitioners delivered sessions in nurseries. SALT staff provided advice to nurseries so that other children not in their caseload could also benefit from good practice in speech and language development.
- Health visitors demonstrated effective MDT working with GPs (for following up checks), nurseries (to communicate with child's nursery if parents request information or if nursery staff need to review assessments), midwives, children's centres and social workers.
- The Family Nurse Partnership team worked closely with a number of other services such as GPs, midwives, and local authority social services. They also worked with external agencies, including the charitable sector. A local church provided baby equipment such as breast pumps to support new mothers. The FNP team also worked with the local multi-agency risk assessment conference, which was a police-led forum for local safeguarding awareness. They also attended monthly MDT local safeguarding children boards with social services to discuss FNP cases and thresholds for referral.

Referral, transfer, discharge and transition

- Therapies staff explained that most referral pathways started with referral by GPs or health visitors.
- The CYP service worked with the trust Urgent Care Centre and other local acute centres. The trust based a paediatric liaison health visitor at West Middlesex Hospital to risk rate identified community service users in the acute setting, and a paediatric advanced nurse practitioner to redirect children and young people who did not need to be seen by the emergency department.
- The CYP service conducted a quality improvement exercise in 2012 which identified a high number of local children and young people attending local emergency departments with asthma and breathing difficulties. The service developed an asthma team to help improve management of asthma at home and prevent admissions to hospital. Senior CYP leaders explained that commissioning arrangements were changed in 2014 and the service was discontinued, but has since been restored. The trust had managed to reappoint the same lead for the service to help re-establish this provision.

Access to information

- The trust introduced a new electronic record system (ERS) shortly before our inspection and some staff reported challenges with the new system, which had replaced a different system. Staff told us that the installation of the new system was delayed and when it was connected there were some systems that were no longer available, such as clinic rotas and staff rotas. They temporarily reverted to using paper documents which they found challenging and frustrating. This had resulted in some anxieties and concerns amongst staff about using the new system but staff told us that they were getting used to it, initial problems were being fixed and it was an improvement on the previous system.
- Although we found service user records were completed appropriately, we observed some gaps in the ERS functionality. For example, health visitors and other practitioners were unable to chart infant growth over time because the system did not incorporate weight or height charts. A practitioner reviewing the electronic

notes would have to cross-reference with the paper record in the red book to review progress. At the time of our inspection, the ERS did not enable comparison over time. Additionally, staff told us that the inclusion of risks, benefits and efficacy of clinical interventions into relevant templates would support good clinical practice and enable more effective audit and governance. The ERS allowed for free text recording of this information, but this did not facilitate effective review across multiple records. Senior staff told us that implementation of the new system was ongoing and development of the clinical application was work in progress.

Consent

- Service users told us health visitors, community nurses and therapists had explained the purpose and evidence for different clinical assessments and interventions and confirmed their consent before proceeding with any actions.
- The staff we spoke with were aware of the trust policy for consent to examination or treatment.
- The trust used a paper consent form for children and/or their parents to sign. Consent approval was recorded on service user records on the ERS.
- We reviewed the training programme and resources for Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We found that this was comprehensive and suitably detailed. Staff told us they felt secure and supported in the trust's approach to MCA and DoLS, but some staff reported delays in DoLS assessments by local authority partners which could potentially impact on the timely review of support arrangements for those service users being safeguarded.

Good

Are services caring?

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

Summary

We rated the CYP service as 'good' for caring. This was because:

- Staff across the CYP service were courteous and professional. We saw staff communicating with service users in a polite and caring way.
- Service users told us that health visitors and therapists had a caring approach. Parents of children using services were universally positive and highlighted the encouragement and support of health visitors in clinics and home visits.
- Service users were treated with dignity and in an age appropriate way.
- Friends and Family Test results and other evaluations were consistently very good across universal and specialist CYP services with a good response rate.

However:

- Some universal services were delivered in noisy and busy children's centres. This did not always allow for adequate privacy or dignity, particularly when needing to communicate with service users confidentially.

Compassionate care

- The majority of service users we spoke with were very happy with the care and treatment provided by the trust. Direct comments from service users including children and their parents, which were representative of this feedback included: "Staff are very patient", "the staff are amazing here", "therapists are very helpful, I appreciate her work with us", "my health visitor gives me all the information I need to know", "I would give my health visitor 10/10". These were common themes in all the feedback we received.
- Service users consistently told us they would recommend the service to their families and friends.
- Friends and Family Test (FFT) results were consistently very good across CYP services and locations, with 93% recommendations for the three months prior to our inspection. Service users were given feedback cards and asked for feedback on their experience of clinics and therapy sessions. Some services and locations used computer tablets to record this information. The trust's own patient surveys demonstrated 98% satisfaction with CYP services for the same period. Health visitors and CCNs used FFT cards to capture feedback while on home visits.
- We witnessed positive interactions between staff and service users, which were very caring and responsive. The staff we observed during home visits, clinics and therapy sessions created a relaxed environment with easy rapport and comfortable interactions. Health visitors praised children and babies when they cooperated with activities and assessments such as weighing and height measurement. Physiotherapists gave clear explanations to parents of evidence for therapeutic input, sensory feedback and the importance of play.
- Staff clearly explained what was going to happen during an appointment and parents were given opportunities to raise concerns or issues.
- Parents told us that health visitors and community children's nurses were reassuring and able to answer their questions. Users of the Family Nurse Partnership service told us that the service had helped to build their confidence and parenting skills.

Understanding and involvement of patients and those close to them

- We observed health visitors, community nurses and therapists working in partnership with parents and families. During home visits, health visitors created a set of actions for parents to complete by the time of their next visit, for example, to book an immunisation appointment. This was developed and agreed with each family and followed up at the next visit.
- FNP nurses facilitated links between clients by taking them out together to increase opportunities for social interaction. This included 'stay and play' sessions at children's centres. FNP nurses explained their approach to build relationships amongst clients of the FNP service to develop a peer support network. FNP nurses provided information sheets to clients and talked through the information with them, for example, advice on contraception, mood/post-natal depression,

dressing baby and keeping warm and keeping baby safe. Midwives from the Young Mothers' Antenatal Group also worked closely with the FNP to support service users.

- There was good support for parents of children with autistic spectrum disorders and social communication challenges. The trust provided access to 'early birds' and 'me too' play development and skills support therapy, parenting skills. The trust also signposted parents to independent support groups and resources. The CYP service referred families to local authority social services in cases where they required further additional support.
- The trust provided information for parents on local family support groups, such as those for families with hearing impaired children.
- The trust encouraged families to contact each other (with consent) and facilitated a buddying system for families to support each other independently of the trust.
- Staff across universal and specialist services provided informal training and advice to parents, for example, using a baby doll to demonstrate how to comfort an upset or distressed baby.
- Parent's information boards in the reception areas of local health centres provided information on weekly activities and services provided at other centres. The boards also displayed 'parents asked, we provided' notices, which showed that baby exercise sessions, first aid courses, dad's club on Saturday, and a seaside summer trip were provided in response to service user feedback.
- Information leaflets were available in health centres including advice and guidance on victim support, financial support, infectious diseases, breast feeding and baby talking tips.
- The trust provided a 'dad's club' for fathers to help them develop their parenting skills and confidence.
- We observed very clear information provision and support by health visitors during home visits. They picked up issues raised by mothers, for example, exploring MDT/midwifery support for post child birth wounds. They also provided evidence based information on breast feeding, how to avoid mastitis and how to manage breast pain. They discussed why breastfeeding was good for mother and baby.
- Health visitors gave information to parents on dental care for children and infants and advised registration with a dentist. Families were provided with toothbrushes and toothpaste for young children.
- Good verbal information backed up with written information.
- We found age appropriate books, games and toys across all of the health and community centres we visited.
- We observed age appropriate group activities for users of the Looked after Children's service.
- We found that some universal services were delivered in noisy and busy children's centres. Although health visitors ensured that their stations were located away from waiting areas, we found that the acoustics of some centres did not always allow for adequate privacy or dignity, particularly when needing to communicate with service users confidentially.

Emotional support

- We observed health visitors sensitively discuss mothers' feelings and emotional well-being during home visits. They asked about emotional support from families and if the mother needed any additional support, such as counselling.
- The trust's community children's nurses provided post-bereavement visits to families to support and comfort those who had lost a child.
- The trust worked in partnership with independent organisations and charities to provide emotional and practical support to service users. The Life Charity provided counselling services, practical support and equipment provision such as breast pumps to clients of the FNP service.

Good

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 CYP service as 'good' for its responsiveness to service users' needs. This was because:

- Services were planned and delivered in line with local needs. The trust worked with commissioning bodies to target local provision of services.
- There was good access to multiple CYP services, facilitated by the co-location of services in one location.
- Service users had good access to provision across different locations.
- There were varied appointment times to suit different service users.
- Clinics and therapy sessions were held in child friendly environments.
- Staff communicated with children and young people in an age appropriate way and involved them as decision makers in their care.
- There was good understanding of the different cultural needs and backgrounds of service users. The diverse local community was reflected in the diversity of trust staff. Many staff members spoke community languages and were allocated caseloads accordingly.
- There was good access to translation services, with good provision of patient literature in community languages.
- Service users were able to self-refer for some services, such as speech and language therapy.

However:

- There were some reported challenges with wait times for referrals to therapy services, such as SALT and social communication pathways. Service leaders were aware of these delays and had put in place resources to reduce wait times.
- Some CYP services were only delivered to service users in one borough, for example, Family Nurse Partnership was provided to Hounslow residents only and not those in Richmond. There were some problems with continued access to services if a service user relocated between boroughs.

Planning and delivering services which meet people's needs

- The trust worked collaboratively with commissioners and other NHS trusts in West London to plan and meet the needs of the local population. Senior practitioners and service managers told us they had regular communications and constructive working relationships with commissioning bodies.
- Senior clinicians in the community paediatrics team reported open dialogue and constructive working relationships with local CCGs, including representation on local CCG service specification boards and attendance at joint working conferences.
- All of the staff we spoke with recognised the different population demographics, socio-economics and healthcare needs within and across the two London Boroughs that the trust worked with. However, there was recognition that resource allocation differed between the two boroughs because of commissioning arrangements. They felt that service provision was not entirely equitable and some services were only delivered in one borough, for example, Family Nurse Partnership was only provided to residents of Hounslow. They felt that this presented risks to continuity of service should a user relocate to a different area.
- Staff also reported some tensions that resources available to one borough were not used to support services in the other. Most practitioners delivered services for one borough only and had limited interaction with their opposite number staff in the other borough, despite working for the same trust. The senior staff we spoke with explained that the trust was working to improve integration and standardise practice across localities to ensure equitable provision.
- The CYP service was working in consultation with its local clinical commissioning groups (CCG) to review and redesign universal and therapy services as part of developing a more efficient model of care. This included capacity modelling and reviewing the skill mix within each team. Teams within Richmond and Hounslow services were working with a CCG project manager to help introduce a redesigned health visiting model to meet capacity needs and budget cuts.

Good

Are services responsive to people's needs?

- Senior staff across CYP services reported challenges with local authority and commissioning partners not coordinating education and health agendas at a local level, which resulted in sometimes conflicting agendas and unplanned demands on resources and capacity.
- The trust provided a CYP epilepsy and neurodevelopment service, working in partnership with Great Ormond Street Hospital for Children NHS Foundation Trust and other NHS trusts. This included follow up support in the community. There was a specialist health visitor for epilepsy and a special interest paediatrician. The trust also worked closely with local authority child and adolescent mental health services to deliver services for looked after children, social communications and behavioural services.
- Trust staff worked closely with local authority education teams to support children and young people who may need additional educational support.
- The CYP service worked with local authority public health teams on health promotion programmes for children and young people, such as sleep, diet, weaning and dental hygiene.

Equality and diversity

- The CYP service used translation services appropriately. This included direct and telephone translation services in clinics and therapy sessions. Service user language requirements were confirmed at the time of booking by staff in the Admin Hub. Translation needs were recorded in the trust electronic records system. Some health visitors and therapy staff spoke community languages and the service worked to assign these staff to different patient groups accordingly.
- The trust provided a comprehensive range of patient information leaflets in different community languages to ensure that service users had access to appropriate written information.
- We found evidence of good cultural competence and diversity awareness by CYP staff. During baby clinics we observed health visitors ask service users about their diets and provide specific weaning advice accordingly.

Meeting the needs of people in vulnerable circumstances

- The CYP service worked in partnership with other local organisations to support the needs of people in vulnerable circumstances. This included working with local women's refuges. Refuge staff attended child in need meetings.
- Children's community nurses worked with local hospices, the trust therapies team, other CCNs (for symptom management), local hospitals and social work teams to provide support for families of children using end of life care services.
- There was a comprehensive approach to allocating health visitors to service users with specific needs, including those in vulnerable circumstances. The trust's record system included alerts for those with specific needs to ensure administrators and practitioners were aware when reviewing service user records.
- The trust provided a number of resources for autism support including: parenting classes, national autistic society leaflets, play and development support, home visits by the child development team, and school and nursery visits to assess needs. There was also an independent support programme. The trust referred families to local authority family support workers for children with especially challenging behaviour.
- The CYP service used pictorial care plans for children with learning disabilities to help communicate their care actions in an accessible way.
- SALT practitioners used computer tablets during sessions to aid communication with service users with complex communication support needs. They used software with signs and symbols to enhance the SALT practitioners' use of Makaton.
- We found that therapists used appropriate language and body gestures to assist communication with service users with learning disabilities. For example, we observed good use of praise, such as high fives, "well done" and clapping. They effectively used toys as learning resources.
- SALT practitioners working in school settings advised teachers on how to modify the classroom and teaching methods so children were able to engage in learning. The SALT service provided vocabulary and communication symbols such as the picture exchange communication system to support school wellbeing sessions on self-care skills for children with learning

disabilities. Teachers told us that the SALT service was "amazing" in helping to improve outcomes for their learners. SALT practitioners set joint outcome measures with teachers, and therapists met with teachers to agree annual targets.

- The SALT service worked with local children's centres to deliver communication groups, 'stay and play sessions' and preventative groups teaching care approaches and providing advice and support to parents.

Access to the right care at the right time

- The trust used an appointment only system for universal services such as baby clinics in response to feedback from patients and staff. Previously all clinics were walk-in and this had meant some long wait times, overcrowding and inappropriate or overly frequent visits by some service users. Service users were able to pick a suitable time and location when booking an appointment with the Admin Hub. We observed staff in the Admin Hub and saw that varied appointment times and locations were available to suit different service users. Staff reported positive feedback from service users because of the certainty of being seen and reduced waiting times.
- There were varied appointment times in audiology to enable effective baby care and maximise opportunities for interactions while they were active. The trust's audiology equipment and environment was very high standard. The audiology service met its target of 95% for providing all new born hearing assessments within 28 days.
- The trust's contraception and sexual health services provided walk-in clinics. Clinic sessions for women and men of all ages were available during evenings so service users could access provision at a convenient time. There was a dedicated evening clinic for young people under the age of 21. The service provided screening for chlamydia and gonorrhoea for women and men between the ages of 16 and 24 as part of the national Chlamydia Screening Programme.
- The trust used a text message reminder system to inform service users of their next appointment details. This had resulted in fewer missed appointments. However, the text message system was available for individual appointments only and did not extend to group sessions such as physiotherapy.
- Service users had good access to multiple CYP services, facilitated by the co-location of services within one location. For example, the trust provided baby clinics in children's centres at the same time as sessions by other providers, including breast feeding support clinics which mothers could access after the baby clinic.
- The trust provided telephone advice lines for health visiting and specialist services so that service users could access advice directly without making an appointment. A duty health visitor was available for advice and support during out of hours. The health visiting helpline was provided on weekdays during office hours. Operatives told us that they received on average 100 calls per week, with a service level agreement for a health visitor to return a call within one working day. The service was operated by the trust Admin Hub and staffed by non-medically trained operatives. Operatives were given informal training, crib sheets and supervision to provide the service. The Admin Hub redirected serious concerns to the duty health visitor.
- The trust SALT service also provided a helpline for service users, staffed by a SALT assistant to provide advice, guidance and reassurance to parents, and facilitate referrals into the service.
- Paediatricians and therapists reported long waiting lists for SALT services and the autism and social communication pathway. This had caused some anxiety amongst parents and subsequent complaints about delays in assessment. Clinicians used the Autism Diagnostic Observation Schedule (ADOS): a semi-structured assessment of communication, social interaction, and play to diagnose children with autism. Staff told us that the diagnosis pathway can take up to one year. The waiting list was recorded on the service risk register, but the service had reduced the waiting time for autism diagnosis from 12 to six months, by increasing the number of clinics from one to three clinics per month. The service had also introduced six month reviews for parents to help manage expectations and reduce potential frustrations. However, staff told us that funding was no longer available for the social communication pathway health visitor position, which had previously supported parents in managing the process and navigating parents through the care pathway.
- There was evidence of long waiting lists and waiting list breaches in paediatric therapies in Hounslow due to staffing pressures. In response service leaders had restructured therapy work streams in consultation with staff and reduced the number of sessions for each

service user. This had resulted in reduced wait times across therapy services from nine months to 36 days in occupational therapy, six months to six weeks in physiotherapy.

- At the time of our inspection, the CYP service was developing new physiotherapy pathways for different conditions/groups of children, such as toe walking, Downs Syndrome, hip surveillance.
- The trust provided breastfeeding training and there were 'breastfeeding champions' amongst health visitor staff. The trust was working towards UNICEF accreditation as a 'breastfeeding friend'.
- Health visitors worked with local maternity services to improve access to the trust's psychological services. Service users' psychological support needs were identified at antenatal visits as part of the care pathway.
- At the time of our inspection, Family Nurse Partnership practitioners told us that the service was being reviewed, with an aim to widen access to new mothers up to 24 years of age. However, practitioners told us that the service was at full capacity and could not take on new referrals with present resourcing.
- Therapy staff highlighted high levels of missed appointments in physiotherapy group sessions and hydrotherapy. Staff in other services did not highlight missed appointments as a concern.

Learning from complaints and concerns

- The trust provided feedback forms and submission boxes in health and community centres where CYP services were delivered. Information on the trust's patient advice and liaison service (PALS) and guidance on independent complaints was also displayed.
- Trust data from 2015 demonstrated that the CYP service received six formal complaints in that period. Two were upheld and one were reopened or referred to the ombudsman.
- Senior managers told us there were no particular themes from recent complaints and most complaints were about isolated concerns regarding appointment bookings, waiting times and clinical decisions.
- Senior leaders of the CYP service told us that most complaints were dealt with informally, usually as the matter arose, in discussion with service managers, practitioners and the service user. CYP managers also explained clinical processes and evidence to help service users understand clinical decisions. Service users were directed to the trust PALS should they wish to pursue a formal complaint.
- All of the staff we spoke with, including therapists, nursery nurses and health visitors aware of the complaints reporting process. The trust liaised with other local service providers in cases where a complaint involved other agencies.
- The director of CYP reviewed all formal complaints in discussion with local managers. The trust's director of governance supported the CYP team to draft formal responses which were signed off by the trust chief executive. The trust set a 25 day standard for resolution of complaints. Senior CYP leaders told us that no complaints were overdue.

Good

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 service as 'good' for well-led. This was because:

- Staff told us that service leaders were very supportive, accessible and approachable.
- The staff we met reflected the trust values and vision. Staff felt autonomous, empowered and trusted to make decisions.
- There was effective representation of children and young people matters such as safeguarding at the trust board.
- There were effective processes for involving service users and the public in the development of services and resources.
- There was effective dissemination of governance and performance information.

However:

- There was no clear, documented vision for the CYP service as a whole and operational staff were not clear about the strategic direction of the CYP service. Although there was a five year plan, local challenges within the health economy were impacting on the trust's ability to maintain and develop the CYP service.
- Although Hounslow Primary Care Trust (PCT) and Richmond PCT merged to become HRCH in April 2011, the CYP service still presented as two very separate entities: as Hounslow and Richmond. There were limited opportunities for staff interaction and sharing resources across the two boroughs.
- Some staff felt that change management was not handled very well within the trust, with limited opportunities for dialogue or involvement in decision making, for example: relocation of services and redeployment of staff.

Service vision and strategy

- We found clear strategic visions for individual CYP services such as audiology, and local service managers were able to articulate their aims for their services. However, there was no clear, documented vision for the CYP service as a whole and operational staff were not clear about the strategic direction of the CYP service. Senior staff told us that there was a five year plan, but local challenges within the health economy, such retendering and decommissioning of services, along with funding constraints and staffing shortages were impacting on the trust's ability to develop the CYP service beyond maintaining existing provision.
- The staff we met were aware of the trust's vision and strategy.
- The trust displayed 'about our service' posters throughout health centres and community locations. The posters detailed the trust's strategic objectives.

Governance, risk management and quality measurement

- Clinical governance structures were in place across the CYP service lines and staff felt they were effective. Each service held regular planned governance meetings. We reviewed the minutes of meetings and saw there was good attendance from the multidisciplinary teams. Performance indicators were reviewed on an exception basis, for example missed targets. The CYP service used 'magic moments' to report and acknowledge good practice and effective performance.
- There were appropriate forums and meetings for staff to monitor quality, review performance information and to hold service managers and leaders to account. Monthly quality board meetings were attended by senior managers, local authority commissioners, and safeguarding designated nurses.
- Most governance structures were managed on a single location basis, for example, Hounslow and Richmond services had separate local governance arrangements for universal and therapy services. There were some joint meetings and forums, but these were mostly attended by senior staff such as managers. The CYP service held a forum every two months for all staff to discuss the aims of services. Service leaders told us that the forum was very popular and feedback from staff resulted in plans for the forum to be held on a monthly basis.

Good

Are services well-led?

- There were planned team meetings, held weekly, bi-weekly or monthly depending on the service. There was routine discussion of updates, learning and any concerns. Internal minutes and action points were shared with team members.
- Services managers met every two weeks to review staff compliance issues.
- The CYP service involved service users in governance. For example, service users of the Family Nurse Partnership were invited to attend quarterly FNP board meetings to share feedback with senior staff.
- Staff understood their role and function within the CYP service and how their performance enabled the organisation to reach its objectives.
- The CYP service was represented at trust board level by the Associate Director for Children and Young People, and by a non-executive director. The CYP service reported into a number of trust-wide committees including medicines management and safeguarding.
- The CYP service reported and managed risk appropriately. Service risk registers were updated regularly with named leads for different risks and documented actions. Some staff were unclear about who was responsible for managing risk registers and deciding how and when a concern was escalated to the risk register.
- Across all services workforce vacancies and heavy caseloads were reported as a risk, with significant vacancies in health visiting and paediatric therapies in Hounslow. Staffing in Richmond was slightly more stable. The trust was managing staffing and capacity risks by routinely employing locum and agency staff, but there remained gaps in staffing in some services. Staffing concerns had been reported in local risk registers for a number of months and this was identified as one of the main ongoing risks for the CYP service as a whole. Other identified risks included waiting times for referrals, which was as a result of staffing challenges, and administration errors.
- The audiology service highlighted a significant risk to the sustainability of the service because of delayed tariff payment by other NHS trusts for 25,000 audiology screenings of new born babies. We were subsequently told by the trust's finance director that this was a risk to cash flow and not the sustainability of the service.

Leadership of this service

- Operational staff such as health visitors, community nurses and therapists told us senior leaders were visible, accessible and receptive to staff feedback and evaluation. The CYP executive team was viewed by staff as supportive and as strong champions for children's services. Service managers were seen as considerate and collegiate. However, some staff reported a transition period with a number of new leaders taking up service management posts within the organisation.
- Staff told us that the trust medical director had attended home visits with the CCN team, and the associate director for the service spent a week shadowing different services. The trust CEO had attended FNP meetings to identify learning that could be shared with other services.
- There were a number of gaps in the service leadership of paediatric therapies in Hounslow because of recruitment challenges. At the time of our inspection there were no service managers for physiotherapy, occupational therapy or SALT and all services were managed directly by the therapies lead for Hounslow. At the time of our inspection the therapy services manager in Hounslow was also on maternity leave. Acting up arrangements and locum arrangements were in place but all therapy services were managed by the specialist children's services manager. The sustainability of this arrangement was identified as a risk and the trust was investigating further restructuring.
- There were some concerns amongst staff around the availability of support and high expectations set for middle managers in the trust. Although service managers valued the autonomy they were given, they reported a need for more support because of the scope of their responsibilities and changing local priorities. There was a sense amongst staff that managers were given freedom and autonomy to deliver services up to the limit of their capacity, and "take it all on until you get it wrong". In such cases, the executive leadership team was perceived by staff as reactive to issues rather than proactive in preventing foreseen challenges.
- Staff with management responsibilities had access to leadership and management training, which was funded by the trust.

Good

Are services well-led?

Culture within this service

- We found, for the most part, an inclusive and constructive working culture within the CYP service. We found highly dedicated staff, often working in challenging circumstances. Staff we spoke with felt that the trust was a good place to work and very rewarding, but that it was very busy with high caseloads and this was accepted as the norm.
- Health visitors, community nurses and therapists reported approachable and supportive colleagues. The staff we met told us that they felt cared for, respected and listened to.
- Senior staff were proud of their teams and the support provided by staff to each other across services and locations. They reported a conscious and planned organisational culture, with effort put into making sure staff feel well supported.
- The staff we met recommended the trust as a place to work, and many staff had returned to work at the trust or commuted long distances. They highlighted the supportive environment as a reason for this.
- There were some reported problems with staff morale in the audiology service. The trust had investigated this at a listening event for staff and was putting in place remedial actions to address their concerns.
- Staff were aware of the trust's 'speak up champion' and told us that the role was heavily promoted. However most staff felt that managers listened to them and they did not need to access this support.
- Some staff told us that support structures differed between Hounslow and Richmond. The leadership within Hounslow was seen as less flexible and responsive to staff requests for support. Some staff reported a hierarchical culture where staff were referred to as bands rather than as individuals.

Public and Staff engagement

- Staff told us that there was an appetite for change and good initiatives to respond to local challenges. However the implementation of different projects, such as relocation of services, redeployment of staff and introduction of new systems required more effective management and consultation.
- There were some instances where staff engagement and change management could be improved. Some of the staff we spoke with felt that these decisions had been imposed on staff with little attempt at dialogue or shared decision making.
- A number of CYP services had relocated in the year before our inspection, including audiology and occupational therapy. Many staff felt that they were not fully consulted and felt that the moves resulted in less usable and accessible facilities for staff and service users, for example fewer public transport links and less child friendly spaces. But staff told us that their concerns had been reported up to the trust board and some action had been taken subsequently to address them.
- A number of CYP services had been decommissioned by local authorities and commissioners in the year before our inspection, including school nursing. Some of the staff we spoke with felt that support from the trust's human resources team could be improved, with more timely information on whether roles will change, re-banding, and terms and conditions. This had created some uncertainty for staff.
- Some staff reported that change processes were not in some cases given adequate time to embed or have impact before leadership roles change again and new managers change the direction again. They reported a sense of change fatigue amongst staff.
- The trust provided a number of communications in the form of regular newsletters and all staff emails which highlighted local news, organisational achievements, changes and policy updates.
- The trust sought qualitative feedback from parents using a computer tablet feedback form which they were asked to complete after a clinic or session. Staff used paper forms where computer tablets were not available. Staff told us that this had resulted in some rich information which was used to identify service improvements.
- The trust had developed a family and friends card in 2015 to seek feedback from children directly. The trust was testing this in the community children's nursing team.
- The trust facilitated parent support user groups which contributed to the development of accessible and targeted information for different services.

Good

Are services well-led?

- The audiology service regularly communicated with a patient information group called 'Hear to Inform' to share information about services and provide practical support. There were similar groups for service users with asthma and cardiovascular conditions.
- The audiology service also worked in partnership with a parent-led steering group which reviewed and contributed to the strategic aims of the service and co-designed parent information leaflets.

Innovation, improvement and sustainability

- The trust's audiology service performed consistently well and this was recognised nationally with accreditation under the Royal College of Physicians' Improving Quality in Physiological diagnostic Services (IQIPS) programme. Accreditation was granted by the United Kingdom Accreditation Service for the audiology services delivered by the trust.
- The trust's paediatric immunisation team performed well in London-wide benchmarking analysis, and came second amongst all trusts for delivery of paediatric influenza vaccinations. The team managed to deliver a comprehensive programme of immunisations with one lead nurse, an administrator and bank practitioners. The trust was seeking to develop the service by tendering for immunisation provision in other London Boroughs.
- The musculoskeletal disorders service in Hounslow was effective and efficient, providing after school clinics to support access for service users, with short wait and referral times. The trust was promoting the service amongst local GPs.
- The trust worked in partnership with local CAMHS and early years providers to develop its autistic spectrum disorder service. The trust had recruited new SALT therapists to work with this group of service users, provide training to other health practitioners and develop a 'joined up' service across providers.

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
Diagnostic and screening procedures Family planning services Nursing care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established or operated effectively to ensure the provider was able to assess, monitor and improve the quality and safety of the services provided because; 1. All pertinent information in service user records was not immediately available to practitioners on the electronic record system, across localities (Hounslow and Richmond) and service lines (universal and specialist services).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Nursing care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed which resulted in; 1. Heavy and unsustainable caseloads for practitioners. Regulation 18 (1)