HCRG Care Services Ltd

Lancashire Childrens 0-19 Service

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated it as good because:

Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. Staff controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.

Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.

The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

Although the service had enough staff to care for children and young people and keep them safe, caseloads were high.

Staff did not complete all statutory visits required in the health child programme within the allocated timescales. Under this programme staff are required to carry out mandatory visits at key points in a child's life. For example, the compliance levels for the 2-2.5 year visit was at 55% and the new born visit compliance was 31% within 14 days, however, the service had agreed with the commissioners extend this target by an extra 7 days to achieve this contact and this enabled staff to see 97% of new births in the 21 days. The service had implemented a range of measure to mitigate the impact of not carrying out these visits in the required timescales and had plans in place to work towards carrying out the mandated visits within the required timescales.

Not everyone who used the service knew how to complain. However, everyone we spoke to told us they felt they could complain if they needed to and that it would be taken seriously.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	This was the first inspection of this service. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Lancashire Childrens 0-19 Service

The Lancashire 0-19 service is run by HCRG Care Services Ltd. The service provides advice, information and support to children and young people aged 0-19 and their families. The service covers Central, East and North Lancashire and operates out of three hubs based in Preston, Lancaster and Burnley. Each hub works with 20 spoke sites based across Lancashire.

The service is an integrated public health nursing service commissioned to deliver the Healthy Child Programme. The service offers 0–5-year-old health visiting, 5-19 years school nursing, transitional support for special educational needs and disabilities for those up to the age of 25. It also offers specialist infant feeding provision and specialist perinatal mental health support.

The service has a registered manager in place and is registered for the treatment of disease, disorder or injury.

This is the first time we have inspected this service.

How we carried out this inspection

During the inspection visit, the inspection team:

- visited 2 locations
- spoke with 4 managers for the service
- spoke with 16 other members of staff including, school nurses, health visitors, support workers and administrative staff
- observed 5 home visits
- spoke with 5 service users
- observed the running of 2 baby clinics
- looked at 12 care and treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

Summary of this inspection

The service had trained parents within the local community to deliver the Empowering Parents, Empowering Communities course to other parents. This involved providing volunteer parents with training, support and supervision to enable them to deliver a parenting course to other parents in the local community. Some of the parents who had completed the course then became volunteers themselves.

The service trained all its health visitors to deliver the Maternal Early Childhood Sustained Home Visiting programme. This enabled health visitors to provide intensive individualised programmes of support to families with more complex needs.

Areas for improvement

Action the service MUST take to improve:

The service must take action to ensure there are enough staff to carry out mandated visits that are required under the Healthy Child Programme within the required timescales. Reg 18(1)

Action the service SHOULD take to improve:

The service should ensure that it continues to work towards reducing staff caseloads.

The service should ensure all those who use its services know how to raise complaint about the service.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Requires Improvement	Good	Good	Good	Good
Overall	Good	Requires Improvement	Good	Good	Good	Good

Community health services for children, young people and families

Good

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

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

Good

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. Overall compliance figures were at 95%. The mandatory training was comprehensive and met the needs of staff, children, young people and families.

All staff completed training on recognising and responding to children and young people with mental health needs, learning disabilities and autism.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All clinical staff had completed safeguarding training at level 3 which was appropriate to their roles and in line with the intercollegiate guidance. This training included recognising child sexual exploitation, female genital mutilation and prevent and radicalisation. Staff had access to a safeguarding lead who had received level 5 safeguarding training and had regular safeguarding supervision.

Staff could give examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act.

Community health services for children, young people and families

Good

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff regularly attended a variety of safeguarding meetings including team around the family and child protection meetings.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service made regular safeguarding referrals and had established a good link with the local safeguarding team. All safeguarding referrals were quality checked by the service's safeguarding team.

The service had a separate safeguarding team. The safeguarding team had 10 specialist safeguarding nurses, 3 in central locality, 4 in east and 3 in north. 1 band 8A staff, 3 band 7 staff and a skill mix of band 5 and 6 staff were aligned to the specialist looked after children services. The team operated a safeguarding duty rota to process any safeguarding concerns that came into the service and provide support to staff with safeguarding queries. The team had identified 3 priorities which were neglect, exploitation and domestic abuse. Managers had strategic plans in place to address these priorities.

The service provided virtual Team Around the Family meetings which meant staff continued to support vulnerable families throughout the Covid 19 pandemic. This has continued following the pandemic because it has enabled the team to offer support to more families.

The service also had a looked after children team. The service provided a named health professional for all looked after children. This team carried out health assessments reviews for all looked after children placed within Lancashire.

Cleanliness, infection control and hygiene

Staff controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

Sites were clean and had suitable furnishings which were clean and well-maintained. The sites we attended were staff hubs and staff did not see clients at these premises. Staff either saw clients in their homes or at community venues.

Staff followed infection control principles including the use of personal protective equipment. Staff cleaned equipment after patient contact. Staff completed infection, prevention and control training and the service had appropriate infection, prevention and control policies and procedures in place.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance.

Staff carried out safety checks of the environment that they were using. The service did not see children, young people and families on its own premises and either used community venues or saw people in their own home. Staff had access to guidance regarding infection control, fire safety and security and completed a checklist to ensure venues were safe prior to starting sessions.

The service had enough suitable equipment to help them to safely care for children and young people. We found that not all staff scales had been calibrated, however the service had a process in place for calibrating equipment and had spare calibrated scales for staff who may need them.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

Staff used nationally recognised tools to identify children or young people at risk of deterioration and escalated them appropriately. Staff carried out risk assessments at each contact. Risk assessment tools included safeguarding screening, home assessments, safer sleeping assessments and risk assessments for looked after children. We saw evidence of continuous risk assessment in children, young people and families' records.

Staff knew about and dealt with any specific risk issues. For example, staff carried out sleep assessments to assess baby and children's sleeping environment and gave advice on the risks of smoking, substance use, and how to store medication safely. Staff also assessed the emotional and mental health of young people and supported them with concerns such as self-harm, anxiety and low mood. Staff mitigated risk by liaising with other professionals including safeguarding teams and Child and Adolescent Mental Health Services and made referrals where appropriate.

Staff shared key information to keep children, young people and their families safe when handing over their care to others.

Nurse staffing

The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

Although the service had enough nursing and support staff to keep children and young people safe vacancies were high. The service had 48.1 vacant positions. This included 21.5 health visitors, 5.4 school nurses and 16.7 staff nurses. The service had 27.11 staff who had been recruited and were going through the onboarding process.

Staff caseloads were high and varied between teams. The highest average caseload for a health visiting team was 640 and the lowest was 408. A number of staff had been recruited with the aim of reducing average caseloads. Caseloads were split into active caseloads where staff were actively carrying out contacts and non-active caseloads where staff continued to have a child and family on their caseload because the child was under 5 but were not carrying out contacts. This enabled managers to understand and manage staff workload more effectively.

Managers accurately calculated and reviewed the number of staff needed for each shift, in accordance with national guidance. Managers used a capacity and demand tool which took into account staff training and travel time when calculating staffing requirements. Managers had implemented a range of options to address recruitment challenges including apprenticeships, relocation packages and using different disciplines to bridge recruitment gaps. The service had employed midwives to support antenatal visits and band 5 staff nurses to support the team.

The overall turnover rate for the service was 9%. Turnover rates varied between the different hubs. The key reasons for staff turnover were retirement and career change.

Total sickness rates were 7.6% with short-term sickness at 2.98% and long-term sickness at 4.6%.

The service had 8 agency staff at the time of our inspection. Managers had increased their use of bank staff by recruiting a number of staff who had retired from the service. This meant bank staff were familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service. Managers considered where best to use agency nurses in order to support the team appropriately.

Records

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

Patient notes were comprehensive, and all staff could access them easily. We reviewed 12 records. Records were individualised and most contained appropriate risk assessments and care plans. We found 1 record where the action plan lacked detail. Staff used the red book kept by families to record children's developmental information.

Staff added an alert to the system where there were concerns that children, young people or families were vulnerable. Records clearly identified families who were involved in child protection processes. Staff documented health assessments in records and recorded and monitored any follow up actions required.

Records were stored securely. Each staff had their own laptop and all staff had received training in data protection. Staff received information governance updates to ensure they were managing information securely. Health visitors also had access to the midwifery records to enable them to see the birthing records.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents including serious incidents and near misses in line with provider policy. All staff had access to an online incident management system and knew what to report.

Staff understood the duty of candour. They were open and transparent, and gave children, young people and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning was shared with staff in team meetings and through Situation Background Assessment Recommendation meetings and by sharing information through emails. Staff met to discuss the feedback and look at improvements to children and young

people's care. We reviewed an incident where a situation, background assessment recommendation meeting had taken place and found that a number of actions had been implemented. Managers had implemented a process to ensure school nurses and health visitors met prior to and post safeguarding meetings to discuss shared cases and agree shared action plans. Managers had also amended the safeguarding supervision standard operating procedure to ensure that joint supervision between school nurses, health visitors and specialist safeguarding nurses took place and sent out a 7-minute briefing on capturing the voice of the child at critical moments.

The service had updated its procedure for investigating incidents. Managers investigated incidents as soon as possible after they occurred instead of waiting for the outcome of the wider incident review. This enabled managers to identify learning sooner and implement required changes in a quicker timescale. Learning from investigations were discussed at the harm free care panel and the service had a specific meeting to monitor actions and to ensure changes were embedded in practice.

Managers monitored incidents in the quality clinical governance meetings and identified and reviewed any trends that occurred. Incident management was audited to ensure that incidents had been managed appropriately and according to policy.

Managers debriefed and supported staff after any serious incident.

Managers took action in response to patient safety alerts within the deadline and monitored changes. Safety alerts were shared with quality leads and reviewed monthly at the national quality performance group.

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

Requires Improvement

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people in their care.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had systems in place for reviewing national guidance such as National Institute for Health and Care Excellence and had a working group that reviewed different areas of the guidance.

Nutrition and hydration

Staff ensured children, young people and their families had advice regarding food and drink to meet their needs and improve their health. The service made adjustments for children, young people and their families' religious, cultural and other needs.

Staff supported children, young people and families with nutritional advice including eating healthy during pregnancy, infant feeding, healthy eating and healthy growth. The service had a specialist infant feeding team which included lactation consultants and infant feeding champions. The service had commissioned a specific service to provide breast feeding support that families could access 24 hours a day.

Community health services for children, young people and families

Good

Staff used a nationally recognised screening tools to monitor children's health and development. Staff checked babies' weight at appointments and school nurses carried out the national childhood measurement programme which is a national programme to assess overweight and obesity levels in children within primary schools.

The service had achieved gold standard accreditation by the UNICEF baby friendly initiative. This involved the service implementing a set of standards to support families with feeding and developing close relationships with their babies.

Staff referred children for specialist support from staff such as dietitians and speech and language therapist where required.

Children, young people and families' outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people. The service had been accredited under relevant clinical accreditation schemes.

The service participated in relevant national clinical audits. The service participated in the Healthy Child Programme which is a national programme requiring families to be contacted at key points during a child's life. School nursing staff also completed the National Child Measurement Programme. The service did not complete all the 5 mandatory contacts within the required by the Healthy Child Programme within the required timescales. The ante natal visit compliance was 60% for quarter one and 63% for quarter 2 of 2022/23. The new born visit compliance was 31% within 14 days, however, the service had agreed with the commissioners extend this target by an extra 7 days to achieve this contact and this enabled staff to see 97% of new births in the 21 days. The service was working towards seeing all new-born babies within 14 days. The 6-8 weeks visit compliance was 83% in quarter one and 79% in quarter 2. The 12 month visit compliance was 61% at 12 months and rose to 91% by 15 months in both quarter 1 and quarter 2. The 2-2.5-year visit compliance was 56% in quarter 1 and 54% in Quarter 2.

Managers had taken action to mitigate the impact of these visits not being completed within the required timescales. For example, children and families with more complex needs were prioritised, staff in other disciplines, such as midwives and band 5 staff nurses had been employed to support the team and free up time for health visitors to carry out the contacts and the service used bank and agency staff when necessary. Staff also operated a duty rota which meant that families who had concerns or needed extra support could access this through the single point of contact for the service.

The service trained staff to deliver the Maternal Early Childhood Sustained Home-visiting programme. This programme offered a series of structured home visits to mothers and their babies and provided an opportunity for staff to work intensively with families with more complex needs.

Managers and staff collected data and used the results to improve outcomes for children and young people and their families. For example, the service carried out a mother breast and bottle feeding interview report which involved contacting 66 parents and exploring their experience and understanding of infant feeding. This resulted in an action plan to improve support and information on a range of infant feeding issues. Staff also collected data on maternal mental health using Patient Reported Experience Measures questionnaires.

Community health services for children, young people and families

Good

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time and used information from the audits to improve care and treatment. Audits included safeguarding audits and record keeping audits which were carried out once a year. Managers shared and made sure staff understood information from the audits.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. The service provided a wide range of online and face to face training. These included creative training opportunities such as learning about domestic abuse with a theatre company, apprenticeships and leadership training.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. Staff received monthly supervisions and one to ones and staff carried out peer reviews to help with reflection and learning. Supervision compliance was at 96% in central and east localities and 82% in the north locality.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings were comprehensive, and the minutes were shared amongst staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The service offered apprenticeships and provided staff with opportunities for career development.

Staff had the opportunity to discuss training needs with their line manager during supervision and appraisals and were supported to develop their skills and knowledge. Staff had access to a range of training that was in addition to mandatory training to help them develop their knowledge and skills including coaching courses, bereavement care and drug and alcohol awareness.

Managers made sure staff received any specialist training for their role, including nurses' development, clinical leadership courses and specialist community public health nurses' courses.

Managers identified poor staff performance promptly and supported staff to improve.

Managers recruited, trained and supported volunteers to support children, young people and their families in the service. The service offered a community-based programme called Empowering Parent Empowering Communities. This involved training local parents to run parenting groups supporting families within their local communities.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

Community health services for children, young people and families

Good

Staff held regular and effective multidisciplinary meetings to discuss children, young people and families' needs and improve their care. Staff worked collaboratively with a range of partners which included maternity services, GPs, child and adolescent mental health services and children's social care. Staff regularly attended child safeguarding and team around the family meetings and took the lead for these meetings where appropriate.

Staff referred children and young people for mental health assessments when they showed signs of mental ill health, depression. Staff were working in collaboration with mental health colleagues. For example, the service had an initiative where staff offered appointments to parents for a weigh in for their babies and arranged for them to have an appointment to discuss their emotional health and wellbeing with a mental health professional at the same venue.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Staff shared a range of information with families and young people at contacts, this including information on healthy eating, teeth cleaning, safer sleeping, smoking and substance use. Staff supported and encouraged parents to access information online and the service promoted its website which contained a range of useful information that young people and families could access. Staff also provided virtual clinics which parents could access online.

School nursing had been remodeled and had been split into 2 parts. One part focused on supporting children within the safeguarding system. This enabled the other part to focus on public health delivery in schools.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Staff received training on the Fraser guidelines and the Gillick competency which helped staff to assess young people's ability to understand and make decisions about information that was given to them.

Staff made sure children, young people and their families consented to treatment based on all the information available. Staff clearly recorded consent in children and young people and their families' records. If consent was withdrawn a rationale for this was recorded.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Community health services for children, young people and families

Good

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

Good

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way. We observed positive and supportive interactions between staff and children, young people and their families. Staff communicated effectively with young people during school nurse sessions.

Children, young people and their families said staff treated them well and with kindness.

Staff followed policy to keep care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs. Staff understood the different cultural backgrounds of the children, young people and families they worked with. All staff received mandatory cultural awareness training. Staff used translation services when required and provided families information in their own language.

Emotional support

Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. The families we spoke with all provided positive feedback about the emotional support they had received from staff.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on them, and their families, wellbeing. We observed staff support children, young people and families with compassion and understanding. Staff provided assurances, information and a clear plan when families needed ongoing support.

Understanding and involvement of children, young people and families and those close to them

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Community health services for children, young people and families

Good

Staff made sure children, young people and their families understood their care and treatment. All children, young people and families we spoke with told us they were given information in a way they could understand. We observed staff providing information to children, young people and families clearly and checking they understood the information shared with them.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary.

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

Staff supported children, young people and their families to make informed decisions about their care. Children, young people and families gave positive feedback about the service.

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

Good

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the local population. Managers adapted services during the COVID-19 pandemic.

Facilities and premises were appropriate for the services being delivered. Staff used child friendly premises located within the local community. School nurses had bases within schools where they could see children and young people. Staff did not wear uniforms when working because it was recognised that this could be a barrier to working with children and young people.

Managers monitored and took action to minimise missed appointments. Managers ensured that children, young people and their families who did not attend appointments were contacted. There was a procedure in place for contacting those who missed appointments and for rebooking appointments.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

Staff made sure children and young people living with mental health problems, learning disabilities and long-term conditions received the necessary care to meet all their needs. For example, staff supported families who had concerns that their children may be on the autistic spectrum and made referrals when appropriate.

Community health services for children, young people and families

Good

Staff used transition plans to support young people moving on to adult services.

Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss.

The service had information leaflets available in languages spoken by the children, young people, their families and local community.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed. We observed sessions where staff used translators. Managers told us that staff were encouraged to used translators rather than family members. The service had several staff who could speak other languages and these staff supported families where appropriate.

We were also told about an example where a health visitor was supported to complete Makaton training to help communicate with some of the children on her caseload.

Access and flow

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

Managers monitored waiting times. Children, young people and their families could not always access services when needed because not all children, young people and families received treatment within agreed timeframes and national targets. However, the service operated a single point of access and a duty rota which meant that staff could respond quickly to children, young people and families who contacted them with concerns or needing extra support.

There was a waiting list for children who had not had their 2-2.5-year contact and managers monitored this and prioritised families who were on universal plus and universal plus plus pathways. These were families with more complex needs. The service liaised with other professionals in contact with children, young people and families such as midwives and GPs to help identify those who needed more support. Children, young people and families could access the service through the single point of access and there were duty staff each day who provided support to anyone who needed extra advice or support. The service had no other waiting lists.

Staff supported children, young people and their families when they were referred or transferred between services. For example, the service provided transitional support for children with special education needs and disabilities.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

Not all children, young people and their families knew how to complain or raise concerns. Some families told us they had not received information on how to complain but all families we spoke to told us they would feel comfortable raising a complaint if they needed to. Information about how to complain was displayed on the service's website.

Community health services for children, young people and families

Good

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint. Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service.

The service had received 9 complaints in the last 12 months. We reviewed one complaint. This was reviewed thoroughly in line with the complaints policy. Changes to procedures in the service were made following the complaint.

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

Good

Our rating of well-led CHOOSE A PHRASE. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children, young people and families and staff. They supported staff to develop their skills and take on more senior roles.

Managers understood the needs of the service and developed systems for managing some of challenges faced by the service. Staff told us they felt supported by managers. Senior managers were visible in the service and staff told us that managers were approachable. Managers had a clinical background and staff felt that most managers understood the challenges of the job.

Managers regularly interacted with staff and sought their views. For example, managers offered monthly informal meetings where 2 members of the senior team went into the hubs and spoke to staff about anything they wished to talk about.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The services values were Care, Think, Do. Teams had objectives which were based on the service's values and staff told us they felt involved in the development of the service. Appraisals were linked to service values. The service had a 5-year plan and shared this through vision events. Staff told us they felt involved in the running of the service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of children, young people and families receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children, young people and their families and staff could raise concerns without fear.

Community health services for children, young people and families

Good

Staff told us they felt valued in by managers and in their teams. Morale varied between teams; some staff told us that the workload was having a negative effect on team morale. Staff felt they could raise concerns and that these would be listened to. Managers carried out regular surveys to gather information about how staff were coping. The service offered wellness Wednesdays sessions to staff.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was a clear management structure in place. Managers had well defined areas of responsibility and provided effective support to staff. The service held monthly quality clinical governance meetings. These fed into team leader meetings and information and learning from these meetings were shared with staff at team meetings.

The service monitored its key performance indicators and plans were in place to mitigate risk where these were not achieved. The service had a dashboard in place to support them to review mandated key performance indicators.

Managers understood the key issues faced by the service and had implemented plans to address these. This included recruitment plans to help ease caseloads and plans to improve compliance with key mandated contacts.

The service worked closely with partner agencies including multi agency safeguarding hubs, schools and child and adolescent mental health services. The service had referral systems, regular meetings and information sharing protocols in place facilitate effective collaborative working.

The service had a range of policies and procedures that staff could access on the local intranet.

Staff attended regular team meetings where managers shared key information and learning. Staff also received regular supervision including safeguarding supervision and yearly appraisals.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Managers identified key risks for the service, and these were recorded on the organisations risk register. Risks were monitored and actions were taken to reduce the risks. All staff could raise a risk to be considered for the risk register. The service also had an internal data management system to help them identify risks.

The organisation monitored incidents involving risk such as incidents of violence and aggression towards staff and identified and shared lessons learned from these incidents. The service had guidance and procedures to support staff when they were lone working.

The service had a business continuity plan in place which contained information about what to do in the event of a disruption to services, this contained clear guidance about what to do in an emergency.

Community health services for children, young people and families

Good

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Managers had access to a range of data which supported them to make decisions about the services. They could access a quality dashboard which contained a range of information including key performance indicators, serious incidents, complaints and feedback from friends and family tests. Managers discussed information in meetings and made improvements where required.

Engagement

Leaders and staff actively and openly engaged with children, young people, families, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children, young people and families.

The service awarded a kindness award each year to a school nurse for working above and beyond and to a young person for kindness and making a different. This was done in collaboration with local schools.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Managers encouraged and supported staff to get involved in quality improvement projects. Managers supported staff to become involved in the Nightingale challenge programme which aimed to grow nurse leaders of the future. This involved staff identifying and carrying out an innovative quality improvement project. For example, 1 member of staff developed improved resources for identifying drinking with year 9 pupils.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff were not completing the mandatory visits that are required under the Healthy Child Programme within the required timescales.