Redcar & Cleveland Borough Council

Health Visiting and School Nursing Services

Inspection report

East Cleveland Family Hub
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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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Overall Summary

- The service had enough staff to care for children, young people and families to keep them safe. Staff had training in key skills, understood how to protect children, young people and their families from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children, young people and families, acted on them and kept good care records. Where they gave medicines, these were managed well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment to children, young people and families in a holistic and pragmatic way. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children, young people and their families, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided social, emotional and practical support to children and young people, and families.
- The service planned care to meet the needs of local people, took account of people's individual needs, and made it easy for people to give feedback. People could access the service in a flexible way.
- Leaders ran the service 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, young people and families. 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;

- The service had several practice guidance documents that required review. Managers had identified this, and plans were in place to ensure they were reviewed and updated where necessary.

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 	

Summary of findings

Contents

Summary of this inspection

Background to Health Visiting and School Nursing Services

Background

Redcar and Cleveland 0-19 service provides health visiting and school nursing services to children and young people from 0-19 years old across Redcar and Cleveland and up to 25 years for SEND, (young people with special educational needs and disability). Practitioners deliver care and treatment to children, young people and families in their own homes, in schools, and across a range of community places including family hubs. Health visiting and school nursing in Redcar and Cleveland is part of the local authority and sits within the children and family's directorate of the borough council. Practitioners work together in integrated teams, each led by a clinical lead. School Nursing transferred into local authority in October 2015 and Health Visiting transferred in April 2016.

The three teams are based in the following family hubs;

- East Cleveland Family Hub Saltburn
- Redcar Family Hub
- Great Eston Family Hub

Redcar and Cleveland 0-19 service registered with CQC in September 2015 and has a registered manager. This was the second inspection of this service, with the previous inspection taking place in 2017. The service was not rated in line with the methodology at that time.

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening processes

How we carried out this inspection

How we carried out the inspection

During the inspection visit, the inspection team:

- visited three locations and carried out six home visits
- spoke with the service manager who was the registered manager for the service
- spoke with 18 other members of staff including, clinical managers, health visitors, school nurses, early years practitioners and administrative staff
- spoke with 13 parents and 2 young people
- observed a safeguarding strategy meeting
- observed the running of a baby clinic
- looked at 5 care and treatment records of service users
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

Areas for improvement

SHOULDS

Core service

- The service should ensure that all policy documents are reviewed and updated in line with current best practice.

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	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good

Safe	Good
Effective	Good
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. The overall compliance rate was 85%.

The mandatory training was comprehensive and met the needs of children, young people and staff. Courses included basic life support, lone working, fire safety, equality and diversity, infection control, hand hygiene, Mental Capacity Act and safeguarding level 3. Staff also received training specific to the service which included perinatal mental health, child development training, infant feeding, various modules around safeguarding and the early help assessment.

Clinical staff completed training on recognising and responding to children and young people with mental health needs, learning disabilities and autism. Staff had good links with local services and pathways were in place.

Clinical managers monitored mandatory training within their own teams and reported this to the service manager through the performance scorecard. Managers 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 staff were trained to safeguarding level 3 and also received 4 modules per year on topics relating to safeguarding.

The safeguarding lead delivered training and supervision to all staff. A dedicated safeguarding team was part of the 0-19 service. The team had been developed in 2019 in response to identified need and comprised of a safeguarding lead and 2 specialist practitioners.

Community health services for children, young people and families

Good

The safeguarding team delivered bitesize bi-monthly training to staff which was dependant on what was found in audits or from staff feedback. Training included the domestic violence toolkit, use of professional curiosity, and trauma informed care.

Staff received notifications from the acute hospital and participated in early help huddle meetings. Staff worked closely with the children in our care and attended joint meetings.

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.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. A domestic violence toolkit had been launched in August 2022 and staff worked closely with the police to launch 'Clare's law' in the borough (Clare's Law is a domestic violence disclosure scheme which designates several ways for police officers to disclose a person's history of abusive behaviour to those who may be at risk from such behaviours).

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

The service 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.

Staff were aware of safe infection prevention and control (IPC) measures. Staff completed mandatory training and had access to polices. The service had introduced bespoke infection control measures in response to COVID-19 and staff used appropriate personal protective equipment to continue working.

The areas we visited were visibly clean and tidy. We observed staff using hand gel to clean their hands and adhering to the bare below the elbow guidance, in line with national good hygiene practice. We also observed staff practice good hand hygiene within family homes.

Staff had easy access to personal protective equipment, and we observed this being used appropriately.

In baby clinics, practitioners cleaned the equipment after every use using antibacterial cleaning wipes. Staff also used a paper roll to line the baby scales and replaced it after each use.

Practitioners used toys and games to engage and interact with children. Staff cleaned toys using antibacterial sanitary wipes, adhering to guidance outlined in the toy cleaning practitioner guide.

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. When providing care in children and young people's homes staff took precautions and actions to protect themselves and children, young people and their families.

The design of the environment followed national guidance.

Community health services for children, young people and families

Good

Staff carried out daily safety checks of specialist equipment. Risk assessments for health clinics were in place and up to date. All equipment including weighing scales height measurers electric breast pumps and baby apnoea monitors were calibrated annually. We observed staff cleaning equipment and guidance was in place.

Staff complied with health and safety regulations while in buildings and new staff were inducted into the buildings. Visitors were shown where to meet in the case of a fire alarm and posters were visible.

The service had suitable facilities to meet the needs of children and young people's families. A range of premises were used to see children, young people and their families. These included family hubs, clinics, schools and people's own homes.

Assessing and responding to patient risk

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

Staff undertook risk assessments using a recognised tool to help identify vulnerability and emerging risks. We reviewed 5 records and found that risk assessments were present and up to date.

Staff used the signs of safety framework to work with families to identify and manage risk. The signs of safety approach assisted staff to work in partnership with families, ensuring they were central to the assessment and planning process. Staff had access to templates on the system which they used to record any specific vulnerabilities and/or risks.

Staff undertook risk assessments when appropriate when visiting families. For example, if the service had received intelligence from colleagues or another agency relating to a family, which identified a cause for concern. Practitioners told us in some cases, staff would visit in pairs, or see the family in one of the hubs.

The service followed the major incident plan procedures for the borough council. During the pandemic, the service continued to carry out face-to-face visits on the most vulnerable families.

School nursing staff completed, or arranged, psychosocial assessments and risk assessments for children or young people thought to be at risk of self-harm or suicide.

Staff shared key information to keep children, young people and their families safe when handing over their care to others. Staff worked closely with the school support workers.

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 all new staff a full induction.

The service had enough staff to keep children, young and family's people safe. The service consisted of health visitors, school nurses, early years senior practitioners, school nurse assistants and administrative support staff. At the time of the inspection there were 4.7 vacancies out of 60 full time equivalents. These were health visitor vacancies and were currently out to advert with managers looking at ways that they could attract applications.

Community health services for children, young people and families

Good

Managers accurately calculated and reviewed the number of staff required for each area. Managers used a nationally recognised formula to calculate the number of staff required. The formula calculated the number of children, deprivation levels and used local intelligence to determine the staffing required for each area.

Managers regularly reviewed caseloads and staff told us these were manageable. Managers were able to adjust caseloads to account for complexity and staff had a mixture of 'universal' and 'universal plus' children. Universal plus described those children who were more vulnerable or where there were safeguarding concerns, such as a children in need, looked after children and those subject to a child protection plan.

School nurses had two secondary schools each and the primary schools were covered by the early year's practitioners.

There had been an increase in staff sickness during 2022 which related to several staff being off with long term conditions and some short term COVID-19 related sickness. All except one had now returned to work and managers had responded by strengthening leadership during this time.

Staff turnover was 13% which equated to nine staff members. From these 5 had left for careers progression, 3 had retired and 1 was a student who got a job closer to home. Most staff had worked within the service for several years.

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.

Records were comprehensive, and all staff could access them easily. Staff used an electronic records system and records were stored securely.

We looked at 5 care records and saw they were clearly set out and comprehensive and included all relevant information.

Staff were completing records within 24 hours of patient contact in line with Nursing and Midwifery Council (NMC) guidelines. The records we looked at showed practitioners had completed their notes within the required period.

When children and young people transferred to a new team, there were no delays in staff accessing their records.

Medicines

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Nurse prescribers worked within the service and prescribing activity was provided through the local authority pharmacist. Staff had access to practise guidance for ordering, storage and management of prescription pads.

Staff prescribed low levels of medications which were used as an exception usually for families who were unable to attend the community pharmacists. Staff did not deliver the immunisation programme.

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.

Community health services for children, young people and families

Good

Staff knew what incidents to report and how to report them. Staff used a paper-based recording system as the electronic incident reporting system had been lost when the service transferred into the local authority. Incidents were reported to service and clinical managers and shared with the health and safety leads within the local authority.

An incident reporting practice guidance was in place. All incidents were discussed in the weekly managers meeting to identify lessons and share learning within teams.

There had been three serious incidents in the previous year. Staff were represented at child death overview panels, serious case reviews and domestic homicide review meetings. Learning from these reviews was shared with all staff. The domestic violence toolkit had been developed in response to a serious incident. Closer links had been developed with the police and staff had policies and procedures in place to implement Clare's Law without consent if risks were considered high.

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

Managers debriefed and supported staff after any serious incident. Support had been giving to teams after each serious incident. Managers were fully aware of the impact of these incidents on teams and informal and formal support was provided.

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

Good

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 completed family health needs assessment during the first contact. Family health needs assessments had been revised to incorporate signs of wellbeing and safety and the early help assessment framework. The framework provided a standardised and coordinated approach for practitioners across agencies to ensure that people received the right support at the right time to prevent crisis.

Staff delivered the nationally recognised 4-5-6 delivery model and practitioners delivered the Healthy Child Programme. This is a Department of Health programme of early intervention and prevention for health visitor contacts with babies and children. Staff offered regular contact with every family which included a programme of screening tests, development reviews and information, guidance, and support for parents.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to a wide range of practise guidance documents and professional practise service pathways. Due to management capacity related to staff sickness some documents required review. The manager had mitigated any immediate risk by amending parts of the pathway with new evidence. Plans were in place to ensure all documents were updated.

The service had achieved Stage 3 re-accreditation for the UNICEF baby friendly initative. The infant feeding lead was working towards the UNICEF Gold Award and had completed the re-accreditation of the lactation consultant qualification.

Nutrition and hydration

An infant feeding lead supported families and a policy was in place to support staff. The service had achieved stage 3 UNICEF accreditation and infant feeding rates were closely monitored.

Families could access breastfeeding pumps and staff ensured that families received all of the equipment they needed.

Patient 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. Managers used a quality and assurance audit framework and completed audits in record keeping, safeguarding, infant feeding and monitoring the outcomes for babies born during COVID-19. Audits were used to identify areas of good practice as well as any areas for improvement. The safeguarding lead used audits to develop the training programme which was delivered as bitesize courses throughout the year.

Staff delivered the National Child Measurement Programme (NCMP). Staff visited school age children in Reception and Year 6 to record their height and weight during the first term of the new school year. This included sight and hearing tests to identify any sensory needs.

Outcomes for children and young people were positive, consistent and usually met expectations. In areas where the service was an outlier such as breastfeeding rates, there was ongoing monitoring and investigation to improve care.

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. Clinical leads were specialist community public health nurses and staff were experienced in working with families. Some staff had secured permanent roles after having a placement at the service as part of their training.

Managers gave all new staff a full induction tailored to their role before they started work. New staff members received a face to face induction within the first 6 weeks of employment which included sessions with the safeguarding lead nurse. The service had a preceptorship programme for newly qualified health visitors and school nurses and managers were in the process of introducing an apprentice scheme.

Managers supported staff to develop through yearly, constructive appraisals of their work with 89% of staff having an up to date appraisal. Staff identified training needs on personal development plans, and these were supported financially

where possible. Staff were supported to develop special interest areas. These areas included Solihull trainers, (The Solihull Approach is a team of professionals within the National Health Service in the UK who work with practitioners and parents to develop new resources to support emotional health and well-being in children, families, adults and older adults), peri natal mental health trainers, care of next infant leads and safeguarding champions.

Two clinical leads were completing Level 4 qualifications to support the service, one in trauma informed care and the second was doing a business administration qualification focusing on recruitment and retention.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. In addition, staff received case supervision from the safeguarding lead and attended mandatory group safeguarding supervision four times per year. Monthly sessions were also available for specific safeguarding case supervision.

The safeguarding team received external supervision from the wider system.

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 and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss children, young people and families to improve their care. Clinical leads held weekly allocation meetings to discuss referrals including new births or children who had transferred to the area from elsewhere in the country.

Regular meetings took place with social workers and staff told us relationships had improved since transferring into the local authority. We observed a case conference meeting while on inspection and staff regularly attended child protection meetings.

Staff had good links with local acute hospital, GP services and other health services including sexual health. Staff were aware of the local drug and alcohol service, domestic violence services and adult and child mental health services. Staff gave children, young people and families information on community groups and charities who could support them.

Information sharing protocols were in place between the service, local police and the acute hospital.

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. This included smoking cessation, physical health support and information on normal crying in babies. Staff delivered HENRY, an evidence-based programme to protect young children from the physical and emotional consequences of obesity. Practitioners followed the HENRY three core elements and provided families with information about food and activity; supported parents to develop their parenting skills and helped facilitate behaviour change.

Staff assessed each child and young person's health when they accessed the service and gave support and practical help around contraception and sexual health screening.

Staff worked closely with the Salvation Army to ensure that vulnerable families were supported at Christmas and worked closely with local food banks for those in crisis.

Community health services for children, young people and families

Good

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. School nurses worked closely with secondary school children and were regularly assessing capacity.

Staff made sure children, young people and their families consented to treatment based on all the information available. Staff respected people's right to decline the service.

When children, young people or their families could not give consent, staff made decisions in their best interest, taking into account their wishes, culture and traditions.

Staff clearly recorded consent in the children and young people's records.

Staff received and kept up to date with training in the Mental Capacity Act.

Staff gained consent from children, young people or their families for their care and treatment in line with legislation and guidance.

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 to understand what they needed. We spoke to 13 people during the inspection who all told us that they were happy with the service they received and said that staff really took the time to help them.

Staff followed policy to keep care and treatment confidential. The young people we spoke to said they felt confident discussing sensitive issues with staff.

Staff understood and respected people's individual needs and showed understanding and a non-judgmental attitude when caring for or discussing sensitive subjects. These included advice and support around mental health or sexual health. Staff had a good understanding of the demographics and of the different issues facing different people.

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 respected the views of those attending religious schools.

Community health services for children, young people and families

Good

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. Staff had a good understanding of the issues faced by new parents and had an understanding of some of the issues within the local area. All the parents who spoke to said that staff helped them and said that they were always available to help. One person said that they would not have coped without the support.

Staff supported children, young people and their families who became distressed in an open environment and helped them maintain their privacy and dignity. Staff had access to private rooms when needed.

Staff undertook training on difficult conversations and demonstrated empathy. Staff described supporting parents who had received letters about their child's weight from the early child measurement scheme. Staff were aware of the sensitivities around some subjects.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their families, wellbeing.

Understanding and involvement of patients and those close to them

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

Staff made sure children, young people and their families understood their care and treatment. The people we spoke to said staff supported them using a common sense approach. We observed staff working with all members of the family and gave examples of where practical support had been provided to improve the living conditions of some families.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary. Staff could access interpreters when necessary and would only use family members once initial assessments had been completed.

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this. Families had access to a QR code where they could give feedback on the service. The manager had plans in place to deliver small focus groups with people who had used the service to gain qualitative feedback on their experiences.

Staff had worked with Best Beginnings Research Project to develop 'The Baby Buddy' app to support expectant parents through their pregnancy and the first six months following the baby's birth. The app was designed to help parents look after a baby's mental and physical health, as well as their own.

Patients gave consistency positive feedback about the service. We spoke to 15 people using the service who all said the service had supported them and met their needs.

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

Community health services for children, young people and families

Good

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 delivered the services to meet the changing needs of the local population and used public health and demographic data to plan staffing, skills mix and delivery of the services.

Managers worked together to ensure that the service continued to meet the needs of the local population. They were regularly looking for ways to improve and respond to existing and emerging needs. The service was split into 3 teams and managers worked with staff to ensure that the teams were right in terms of staffing to support both service users and staff.

Staff supported people in a range of facilities including their own homes, family hubs, schools and community venues. Drop ins were developed in remote areas depending on need and a new drop in had opened in Guisborough to support local people.

The service had systems to care for children and young people in need of additional support, specialist intervention, and planning for transition to adult services. Staff worked closely with social workers and other public health colleagues in the local authority.

Managers monitored and took action to minimise missed appointments which were monitored through the performance scorecard. Where appointments were missed or cancelled this was flagged on the electronic system and discussed in governance meetings. Managers had identified an issue with the notifications of pregnancy where some had not been sent through to the team. Meetings were taking place with the midwifery service to ensure effective processes were in place.

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, young people and parents living with mental health problems, learning disabilities and long-term conditions received the necessary care to meet all their needs.

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 developed pathways for families who had experienced domestic abuse or female genital mutilation. Staff used specific questions to identify and assess needs.

The service had information leaflets available in languages spoken by the children, young people, their families and local community. Some staff reported that leaflets could run low as staff were encouraged to use more electronic methods.

Community health services for children, young people and families

Good

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed.

Staff could access equality and diversity leads within the local council and tools were available on the website.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

The service provided open access through a single point of contact during core hours. A duty worker was available to deal with any queries, referrals and requests for information. Information on crisis and out of hours emergencies was made available to children, young people and families.

School nurses were allocated two secondary schools each and all primary schools were supported by staff nurses and primary years senior practitioners, overseen and supported by the named school nurse. Staff delivered sessions within family hubs, the wider community and within secondary schools.

Health visitors offered all of the five mandated healthy child programme contacts. Most families received antenatal and new birth visits, and development reviews with performance consistently above 90%.

Early years senior practitioners (formerly known as nursery nurses) supported health visitors to run regular baby clinics in accessible venues such children's centres.

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.

Children, young people and their families knew how to complain or raise concerns. The service had not received any formal complaints and low-level complaints had been dealt with by local managers. We saw evidence of a complaint that had been investigated around safeguarding. The complaint had been fully investigated and managers found that staff had followed procedures and so the complaint was not upheld.

The service had received 44 compliments within the previous year.

The service clearly displayed information about how to raise a concern in family hubs and clinics.

Staff understood the policy on complaints and knew how to handle them.

Community health services for children, young people and families

Good

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

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 patients and staff. They supported staff to develop their skills and take on more senior roles.

The service manager was supported by four clinical leads. Managers had worked within the service for several years and had a good understanding of the service.

Staff said leaders were visible, approachable and led by example. Senior leaders in the council visited the service and spoke with staff. The service manager was aware of the day-to-day issues facing staff.

There was a clear management structure in place with each team member being clear about their role and what they were supposed to achieve. Managers and clinical leads supported staff to develop their skills and staff spoke highly about training and development opportunities.

Managers had responded to staff concerns about information overload and now produced a weekly newsletter to bring all relevant information into one place.

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.

All staff shared the vision and strategy which was to have 'thriving children fulfilling their dreams'. The strategy had 3 main values which were to be child centred, respectful and creative. The vision was shared across the council's public health directorate and the children's directorate and the wider health system. The service had made 8 pledges to all children which were at the heart of all their work. Staff knew and understood the health priorities for the locality

The service had strong partnerships and multi-agency working arrangements in place, which meant staff could deliver high quality care within the budget available.

Managers ensured that there was a clear focus on preventative and early help work while maintaining a strong emphasis on safeguarding. A specialist team had been created to support staff to deal with complex safeguarding concerns.

Culture

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

Staff consistently told us that they felt supported and valued. Team morale was high, and staff were proud to work for the service. Staff were highly motivated and passionate about their work.

Staff were strongly encouraged to develop their careers and were supported to develop their skills and experience. Where possible staff were supported to develop within the service.

Staff described an open culture where they could raise concerns without fear and told us that managers were approachable.

A staff recognition scheme was in place for the children's directive and sparkle moments were used to communicate good practice and success. We saw examples of team members being recognised in newsletters and meeting minutes.

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.

The service had a clear governance structure which linked to the local authority's public health and children's directorates. The service was part of 'live well South Tees' which was the health and wellbeing board for Middlesbrough and Redcar and Cleveland.

Managers discussed staffing, training, incidents, safeguarding and complaints at monthly clinical governance meetings. Quarterly performance reviews took place through the public health governance board and South Tees Clinical Governance Board. Staff worked closely with the integrated care boards and managers regularly attended safeguarding forums providing quartley reports around safeguarding.

The service worked closely with other providers who delivered services in the locality. This included the provider delivering the immunisations programme to children and young people.

Staff development days were held twice per year and staff were able to discuss concerns as well as celebrate success.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Managers used a monthly scorecard to review performance which included all of the key performance indicators across both health visiting and school nursing. Clinical leads had responsibility for their own locality and the service manager was responsible for the overall service performance information.

Staff felt included in decision making about potential efficiency savings and the impact on the quality of care. Managers involved staff in discussions around service developments and workshops were held to discuss performance and delivery.

Community health services for children, young people and families

Good

Managers had a good understanding of the risk and issues of the service. They were continually looking at recruitment and retention and had worked closely with the local authority to ensure that new staff were supported to keep previous terms and conditions.

The service had robust plans to cope to with unexpected events. During the pandemic, staff were supported to work remotely and continued to meet their service targets. Staff prioritised vulnerable families with face to face contact where significant risks had been identified and offered others remote appointments.

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 collected data through the electronic system which was easily accessible. Managers worked closely with local authority colleagues to ensure systems worked effectively. Managers had access to other local authority systems to support the work they did.

Managers submitted appropriate safeguarding and other notifications to the Care Quality Commission

Engagement

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

Staff encouraged feedback on the service through questionnaires, surveys, verbal and written feedback. The service engaged with children, young people and families through social media pages and the website. The service had recently implemented a QR code to help children, young people and families give feedback on the service. Staff could attach the QR code to any literature, letters or information which was giving out during appointments.

Staff were in the process of launching chat help to help engage with secondary school young people who may not approach the service in person.

Managers were looking to develop different ways of collecting more qualitative information from children, young people and families.

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.

Staff took part in yearly development days and were encouraged to give ideas to help improve the service. The service had been involved in various research projects including postnatal contraceptive research and a study exploring the variation in health visiting across England, since the transfer into local authorities in 2015.