

Coventry and Warwickshire Partnership NHS Trust

RYG

# Community health services for children, young people and families

## Quality Report

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# Summary of findings

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RYGCR	Wayside House		
RYGEF	The Birches		

This report describes our judgement of the quality of care provided within this core service by Coventry and Warwickshire Partnership NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Coventry and Warwickshire Partnership NHS Trust and these are brought together to inform our overall judgement of Coventry and Warwickshire Partnership NHS Trust

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

### Overall rating for this core service

GOOD

Overall, we rated the service as good with the service being outstanding for caring and good in the other four areas.

- A caring and effective multidisciplinary and multiagency service was provided for children, young people and their families (CYPF) who required assessment, support and intervention to ensure their wellbeing and development.
- A highly skilled and empathetic workforce using an integrated “one stop” holistic approach across community settings provided services in a confidential and supportive environment.
- Evidenced based practice was evident and there was a strong ethos of audit and research to support the “best practice” of children young people and patients.
- The service had achieved accreditation for the UNICEF Baby Friendly Initiative Stage 3.
- Staff had appropriate skills, knowledge and experience to deliver effective care and treatment, with appraisal rates exceeding 90%.
- Children were truly respected and valued as individuals, encouraged to care for themselves self-care, and were supported to achieve their full potential within the limitations of their clinical condition.
- Children were active partners with the planning of their care whenever possible. Parents were closely involved throughout the assessment, planning and delivery of their child’s care and were kept informed of changes and developments by members of the multidisciplinary team.
- Feedback from parents who used the service and stakeholders were continually positive about the way staff treated people. Parents said “staff went the extra mile” and the care they received exceeded their expectations.
- The service was generally meeting most national performance measures regarding timely access to care and treatment.

- Services were well-led and staff were aware of the wider vision of the trust and service strategy and felt supported in their roles.
- The Integrated Sexual Health Service (ISHS) provided caring and effective multidisciplinary and multiagency sexual health service-to-service users who required a full range of sexual health services.
- Feedback from service users was very positive about the way ISHS staff treated people. Services were well-led at local level.

However, we found that:

- In the integrated sexual health service levels of staff requiring Level 3 safeguarding training were lower than expected in light of the CQC safeguarding review (2015).
- The clinical procedure for the insertion of contraceptive devices did not include inserting the devices in a patient’s home. This was raised with the service lead at the time of the inspection. The relevant patient group directives and risk assessments were in place to mitigate the level of risk.
- The policy for ordering, storing and handling of vaccines (NHS England 2015) was observed but there was no policy for the administration of the vaccine. Information was recorded on the PGD about administration of the vaccine but did not cover the entire process.
- CYPF had a mixture of paper and electronic care records. Copies of each were kept in the child or young person’s home and a copy was stored at the Paybody Building, the organisational hub for children, young people and family services. We noted there were delays with updating some care records in CYPF, which could affect the continuity of care for children and young people. Plans were in place to address this.
- There were difficulties with connectivity in relation to the use of laptops in some areas of the CYPF service.
- There was a high level of demand for the CYPF service, which was affecting waiting times in therapy and autism services.

# Summary of findings

- Staff raised concerns about the staffing levels in the children's continuing care service, the learning disabilities respite service for children and young people, and the looked-after children service. There were difficulties recruiting specialist children's nurses and there were 28 vacancies across the service. The service had taken action to mitigate the risks to children and young people.
- There was a shortage of consultants in ISHS due to retirements and staff sickness. The service had taken actions to mitigate the risks to patients. For example, the use of locum medical staff and the reconfiguration of clinical and support roles in sexual health teams.
- Withdrawal of the trainee doctor's deanery contract occurred in July 2015. ISHS and Health Education England (HEE) were addressing the issues with plans to reintroduce trainee doctors in August 2016.
- There were clear governance frameworks in place and the outcomes of audits and governance meetings were shared with staff. However, not all risks in the service had been addressed in a timely manner.

# Summary of findings

## Background to the service

### Information about the service

Integrated Children and Family Services were part of the Operations Services Directorate for Coventry and Warwickshire Partnership NHS Trust delivered community services to children and young people and their families (CYPF) in Coventry. There was a broad range of universal, targeted and specialist health services, delivered by nurses, therapists, doctors and support workers.

The children, young people and family services provided care and support to children and young people 0-19 years with complex health and support needs. Care teams for pre-school and school age children deployed nurses with specialist skills in epilepsy, specialist respiratory, specialist palliative care, therapists, play therapist, specialist school nurses and support workers in the children's continuing care team.

Services included: community paediatrics, children's community nursing community children's nurse service, children's continuing care, health visiting family nurse partnership, immunisation and vaccination services, physiotherapy, occupational therapy, speech and language therapy service, the children's neurodevelopment service and the looked after children service and the children's learning disability service.

Community paediatrics provided multidisciplinary services to CYPF who required assessment, support and intervention to ensure their wellbeing and development. The service provided expertise in the diagnosis and management of developmental disorders and neurodisability, autistic spectrum disorders, dyspraxia, epilepsy and feeding problems. Services were coordinated from a central "hub" in the Paybody Building in central Coventry and were provided in the City of Coventry Health Centre, community settings, and outreach clinics and in children and young people's homes. A respite service for children with learning disabilities was provided at the Birches in Coventry.

The service had close links with education and held clinics in each of the four special education schools in

their area. Adopted or fostered children, or children with special educational needs, were able to access specialist advice and assessment services from Coventry County Council.

Children and young people with a moderate to severe learning disability were able to access Child and Adolescent Mental Health Services (CAMHS). This was in community and respite settings. Children and young people with a learning disability and additional health needs (complex physical health needs or mental health/behavioural needs) were able to receive respite care.

We spoke with 50 CYPF staff, which included nurses, doctors, therapists, teachers, care support staff, administrative staff and service managers. We also spoke with 10 parents and observed clinics for children and young people and support group meetings.

The Integrated Sexual Health Service (ISHS) was part of the Operations Services Directorate for Coventry and Warwickshire Partnership Trust. The service offered a fully integrated model of sexual health services, which included sexual health screening and management, contraception, outreach and community services.

The ISHS offered interventions to patients to assist in protecting them from acquiring sexually transmitted infections and Human Immunodeficiency Virus. The integrated model included the sub-contracting of GP and pharmacy partners to deliver emergency contraception, Chlamydia screening programmes and long acting reversible contraception.

The main "hub" of the ISHS was based within the City of Coventry Health Centre. Outreach services for young and vulnerable people were available in community settings and provided services around sexual health and contraception interventions, screening, health promotion, advice, condom distribution and training.

We spoke with 19 staff in the ISHS, which included nurses, doctors, care support staff, administrative staff and service managers. We spoke with five patients and observed outpatient clinics.

# Summary of findings

## Our inspection team

Our inspection team was led by:

**Chair:** Paul Jenkins, Chief Executive, Tavistock and Portman NHS Foundation Trust

**Team Leader:** Julie Meikle, Head of Hospital Inspection (mental health) CQC

The CYPF and ISHS inspection team included one CQC inspector and five special advisers who were had extensive knowledge of children's community services

including school nursing, safeguarding, looked after children and sexual health services. There was also an expert by experience who had used a range of health care services.

The team would like to thank all those who met and spoke to the team during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

## Why we carried out this inspection

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

## How we carried out this inspection

We visited six community children's sites including special education schools, respite care and mainstream schools, observing clinics including baby clinics and specialist feeding groups. We undertook visits in children's homes and we visited the ISHS outpatient services.

We spoke with 50 staff in the CYPF services and 19 staff in the ISHS. Staff spoken to included nurses, allied health professional, support staff, doctors, administrative staff, practitioners and managers.

During our inspection, we spoke with 10 parents in the CYPF service and five patients in the ISHS.

We looks at 14 sets of records in the CYPF service and six sets of records in the ISHS which included care plans, risk assessments and service specific documents.

We looked at records and the trust's performance data.

To get to the heart of people who use services' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 12 to 15 April 2016. During the visit, we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service.



# Summary of findings

## What people who use the provider say

During the inspection, we talked to 50 staff in the CYPF service and 19 staff in the ISHS. All the responses we received (about both services) were complementary and praised the staff for going the “extra mile” and respecting them as individuals.

Parents told us about the “child centred” approach to care and how staff did everything they possibly could to meet the needs of children and young people.

Staff in the ISHS were praised for their non-judgemental approach to patients who told us it was a “privilege” to receive services from the ISHS. Example of comments included:

- “truly respected and valued and encouraged to self-care”
- “my privacy and dignity was always respected”
- “staff will always find a creative solution to problems”
- “staff are brilliant and believe that what they do is more than “just” a job”

## Good practice

Feedback from parents and families who used the CYPF services was constantly positive about the way staff treated children and young people. Staff were highly motivated and went the “extra mile” when offering kind compassionate child centred care.

Nurses and support workers in children’s continuing care, special education schools and community children’s nurse worked together to provide children and their families with care and support that exceeded expectations in the home and school environment. This had had a significant impact on the quality and length of children’s lives, extending it in one case by over nine months.

There was a strong focus on and innovative approach to providing integrated pathways of care, particularly for children and young people with complex health needs. For example, development of autism assessment and treatment services.

Staff were proud to work in the children, young people and family services and spoke highly of the multi-disciplinary culture. There was a strong collaboration and support between all groups of staff and a shared focus on improving quality of care and children’s and young people’s experiences.

## Areas for improvement

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

#### Action the trust should take to improve:

- To review safeguarding level 3 staff training requirements in the integrated sexual health service levels.
- To review the clinical procedure for the insertion of contraceptive devices to include inserting the devices in a patient’s home.
- To review the policy for ordering, storing and handling of vaccines (NHS England 2015) was observed to ensure there is a policy for the administration of the vaccine.
- To ensure all patient records in the CYPF were kept updated in a timely manner.
- To review the connectivity in relation to the use of laptops in the CYPF service.
- To review processes in place to manage the high level of demand for the therapy and autism services.
- To continue to work towards meeting the requirements of the ISHS and Health Education England (HEE) action plan to facilitate reintroduction of trainee doctors in the service.
- To ensure all risks in the service have been assessed and addressed in a timely manner.

# Summary of findings

Action the provider **COULD** take to improve

# Coventry and Warwickshire Partnership NHS Trust

## Community health services for children, young people and families

### Detailed findings from this inspection

Good



## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

Overall, we rated the services for children and young people including integrated sexual health as good for safety because:

- Services were safe. We observed staff in clinics and community services complied with best practice regarding infection prevention and control practices. The majority of staff had received safeguarding training at Level 2 or Level 3 and knew how to report the signs and symptoms of potential abuse.
- Staff were aware of the relevant policies for lone working and the trust had made every attempt to maintain the safety of staff who were working alone in community settings.
- Nurses, doctors and support staff reported incidents using the trust incident policy and learning from incidents had taken place.
- There were difficulties recruiting specialist children's nurses and there were 28 vacancies across the CYPF service. Whilst staff raised concerns about staffing levels in the services for children's continuing care, learning difficulties respite and looked after children's service we noted the trust had taken actions to mitigate the risks. For example, the use of agency staff and the reconfiguration of clinical and support roles in care teams. Risks were entered onto the risk register.
- There was a shortage of consultants due to retirements and staff sickness. However, the service directorate had taken actions to mitigate the risks to patients. For example, the use of locum medical staff and the reconfiguration of clinical and support roles in sexual health teams.

However, we found that:

# Are services safe?

- In the integrated sexual health service levels of staff requiring Level 3 safeguarding training appeared to be lower than expected in light of the CQC safeguarding review (2015).
- The clinical procedure for the insertion of contraceptive devices did not include inserting the devices in a patient's home. This was raised with the service lead at the time of the inspection. The relevant patient group directives and risk assessments were in place to mitigate the level of risk.

## Detailed findings

### Safety performance

- Services produced a monthly dashboard across a range of indicators. For example, numbers of referrals, visits and treatments undertaken by nurses, health visitors and support staff, sickness rates, incidents and complaints.
- The results of the dashboards were discussed at team meetings. This demonstrated that clinical and service leads were monitoring and reviewing the provision of services in the directorate.

### Incident reporting, learning and improvement

- Staff understood their responsibilities to raise concerns, record and report safety incidents, concerns and near misses, nurses, doctors and support staff used an online reporting tool to record these". All staff groups had received training in the incident reporting system and knew how to report an incident. Community children's nurses said, "We receive feedback from incidents, often within 24 hours so we always feel involved in the incident reporting process".
- Service line managers and clinical leads identified trends and share learning across service teams. Incident reports were reviewed monthly. For example, an incident in the community children's nursing service identified a need to ensure the clinical competence and safe practice amongst children's community nurses. An action plan (February 2016) was in place to ensure training and clinical competency assessments were undertaken.
- A "buddying system" was in place in the ISHS to encourage incident reporting and learning. For example, an increase in incident reporting identified laboratory samples was not being labelled correctly. This was addressed by the clinical lead at monthly quality and

safety meetings. Incident reporting was an agenda item at every quality and safety meeting in CYPF services and ISHS. This demonstrated that nurses, doctors and support staff understood their responsibilities to raise concerns, ensure lessons were learnt, and appropriate actions taken to promote patient safety.

### Duty of Candour

- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a regulation which was introduced in November 2014. This Regulation requires the trust to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm which falls into defined thresholds. Nurses and doctors were able to tell us about the Duty of Candour regulation and that organisations should act in an open and transparent way in relation to care and treatment provided to service users.
- Nurses and doctors described how complaints and concerns managed which assured us they were implementing the principles of the Duty of Candour. Families, children and young people were kept informed about how their concerns and complaints were being managed and outcomes were shared.

### Safeguarding

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Staff understood their responsibilities and adhered to safeguarding policies and procedures. We noted where recommendations had been implemented and monitoring and auditing processes in place. For example, triggers for young people at risk and improved tracking of vulnerable young people. Action plans were monitored through the Safeguarding and Operational meeting and we saw evidence of this in the meeting minutes for July and October 2015.
- Referrals to children's social care teams were made in accordance with processes set out by the local authority and social care boundaries. The process differed in each location and while the trust encouraged staff to share details of the referrals with the safeguarding team this was not always completed. Where referrals were received by staff they were logged. 109 referrals (children) were made across the trust (December 2014 to November 2015) of which 22 referrals were made by

## Are services safe?

the CYPF service and four by the ISHS. An increase in referrals from the trust due to changing trends in safeguarding demands in Coventry. For example, asylum seekers, female genital mutilation and refugees. This was reflected in an increase in referrals from CYPF and ISHS.

- A review of health services for Children Looked After and Safeguarding in Coventry took place in May 2015. An action plan was monitored through the safeguarding and operational meeting and we saw evidence of this in the July 2015 minutes. We saw the actions within the action plan were on track. For example, the recruitment of looked after children nurses.
- The majority (90%) of nursing and support staff had attended safeguarding training for children at Level 2 and Level 3. Nurses and doctors, therapists and support staff were able to demonstrate they knew and understood the risks of potential abuse to children, and would report concerns to their line manager. However, we observed the levels of staff in the sexual health service requiring training in Level 3 safeguarding (1) appeared to be lower than expected in light of the CQC safeguarding review (2015).
- Supervision arrangements were in place from line managers and safeguarding leads. A nurse said, "It is so helpful to be able to share any concerns about the children and young people we are supporting and I know I can talk to my supervisor at any time".

### Medicines

- There were arrangements in place for managing medicines and medical gases to keep people safe. This included obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal. General medicines management policies were in place and staff were able to access them electronically.
- There were clear ratification processes through the trust's drugs and therapeutic group who oversaw the management of designated nurse prescribers. Documentation was in place for nurses able to supply and administer specified medicines (PGD's). A register of staff who worked to PGD's and their training competencies was in place.
- In the sexual health service, nurse prescribers were required to fit long acting contraceptive devices in line with a PGD. However, the clinical procedure (2015) did not refer to the insertion of contraceptive devices in the

homes of young people. There was a generic risk assessment (11 April 11 2016) for the procedure supported by specific risk assessment proformas for staff and young people in the home. This was raised at the time of the inspection with the service lead. The relevant patient group directives and risk assessments were in place to mitigate the level of risk.

- Medicines management in respite care for children and young people with learning disabilities (The Birches) were managed safely. For example, medicines were stored safely and securely in a locked trolley and cupboard, medicines requiring additional controls or cool storage were managed safely and appropriate monitoring systems were in place. Medicines were administered safely and the reconciliation of medicines was undertaken in line with standard operating procedures.
- Specialist school nurses supported children and young people in special education schools with administration of their medicines. Each child had a care plan and their medicines were stored in a locked cupboard. The specialist school nurse administered children's medicines. This ensured medications were administered safely and were in line with the child's clinical condition.
- We observed an immunisation and vaccination session in a local school. The session was well organised and calm and centred on the needs of the children and young people. For example, consent from each parent was gained in advance and we observed appropriate checking of stored vaccines and the monitoring of vaccine temperature charts. One child was returned to the immunisation clinic by a teacher as they were experiencing a slight tingling of the lips but had no other symptoms. The nurse took the child to a separate area of the clinic for observation. No adverse reactions were observed by the time we left.
- The policy for ordering, storing and handling of vaccines (NHS England 2015) was observed but there was no policy for the administration of the vaccine. Information was recorded on the PGD about administration of the vaccine but did not cover the entire process.

### Environment and equipment

- The children's continuing care and the children's community nursing teams provided equipment appropriate to the clinical condition of the child or young person. For example, ventilators, suction and

## Are services safe?

oxygen. Equipment was listed and there was evidence of where equipment was placed and when it had been tested and, maintained. All equipment had been portable appliance tested in 2015.

- We observed resuscitation equipment was in place in special education schools and clinics. For example, defibrillators, oxygen and suction equipment was maintained and clean. Safety testing had been undertaken in 2015. Therapy services for pre-school and school age children managed the equipment requirements through a centralised database. This enabled therapy staff to ensure equipment usage was monitored, maintained and deemed fit for purpose.

### Quality of records

- We reviewed care records in special education schools, health visiting, the sexual health service, children's continuing care and the children's community nursing services and in children's homes. Notes were stored securely. For example, in locked cabinets in a locked room or out of site behind reception areas in outpatient clinics and were not left unattended.
- A combination of electronic and paper-based records were in place. Each professional had recorded their entries appropriately: documentation was accurate and complete and notes were easy to navigate. Entries were dated and timed but some signatures were not printed under the signature and were difficult to read. Audits of records were undertaken in children and young people's services and relevant action plans to improve records were in place when required.

### Cleanliness, infection control and hygiene

- There were systems in place to reduce the risk and spread of infection. Nursing and support staff were able to tell us about infection control policies and guidelines. We saw evidence of good hand washing and use of gel techniques when caring for children in their homes.
- Infection control support was available from the trust infection control team who had links with the services to ensure infection control practices were safe. There were no reports of MRSA and *Clostridium difficile* related infections.
- Staff were able to show us how they accessed electronic trust policies. Hand hygiene audits in January and February 2016 for CYPF service were reported at 100%, which was above the trust threshold of 95%. Cleanliness audits for the same period were reported at 99%, and

the trust threshold was 95%. This demonstrated that children and young people were cared for in environments that protected them from poor hygiene and the potential risk of infection.

### Mandatory training

- Most nursing and support staff were meeting their mandatory training requirements. For example manual handling, fire, infection control and safeguarding. Attendance was between 90% and 92%. Service line managers were able to access the trust's electronic training database to enable monitoring of staff compliance. Where staff had not completed their training, we saw they were either booked onto a training course or were on maternity leave. Staff in the immunisation and vaccination team had completed their mandatory training requirements prior to joining the trust in September 2015.

### Assessing and responding to patient risk

- Comprehensive risk assessments were carried out for children and young people who used services and risk management plans developed in line with national guidance. Risks were managed positively when supporting children and young people in their homes.
- Two registered children's nurses provided on call arrangements in the children's community nursing service. This enabled children and young people with complex care needs whose condition changed or deteriorated to continue to be cared for in their own home. This ensured that children and young people who had a rapidly deteriorating condition including palliative care needs, could access urgent medical attention whenever it was required.
- We reviewed the care of a child with a deteriorating clinical condition who was supported at home by the children's community nursing and, children's continuing care and palliative care services for children and young people.
- The critical nature of the child's condition required constant on call arrangements to be in place. Each of the care services was accessible to the child's family 24 hours a day. The children's continuing care nurses provided the second on call to the community children's nurse children's community nursing team to ensure a consistent service to the child and their family and workload was managed proactively across both



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services. This demonstrated services were responding appropriately to the deteriorating health of the child and were working together to provide consistent support.

### Staffing levels and caseload

- The manager with overall responsibility for children's continuing care, specialist children's nurses and children's community nurses reviewed nursing establishments monthly. 150 children were on the pre-school caseload, 400 children and young people on the school age caseload and nine children and young people in the children's continuing care service. Nurses said caseloads were manageable and children and young people were receiving appropriate care and support that met their needs. There was no recognised dependency tool in place.
- The nurse manager said the recruitment of specialist children's nurses was a challenge for the trust. There were currently 28 nursing vacancies across the CYPF service. This was a national and local issue due to limited numbers of children's nurses in training. Risks to the service were mitigated through support, mentoring and leadership development to attract new talent into teams. Care packages for children and young people were reviewed using skills sets within teams. For example, support workers and play specialists were being used to creating flexible packages of care.
- Support workers in the children's continuing care team told us there was sufficient staff to care for children and young people on their current caseload. However, they raised concerns around the difficulties of recruiting and retaining sufficient Level 3 and Level 4 support workers. A support worker said "It is hard to retain staff (support workers) as the work is very demanding as you are caring for children's continuing care who are dependent and have complex health needs". The manager had recorded the risks on the CYPF risk register and we saw evidence of this. Agency staff (known to the team) were supporting vacancies. This demonstrated that staff that were known to them which ensured continuity of care for children's continuing care. Agency staff induction processes were in place.
- The lead nurse for (community children's nurse) reviewed caseloads weekly to ensure children received safe care and treatment at all times. There were six band 6 nurses and one band 5 nurse in the team who each held a caseload of 25-30 children. The RCN (2013) recommendation was for one nurse to 70 patients. The nursing establishment was within the national recommendations.
- The home manager of a seven bedded respite centre (The Birches) for children and young people with a learning disability and complex health care needs raised concerns around the difficulties of retaining support staff. A support worker said, "Staff had been promoted and have left the service creating staff shortages. There is lots of weekend and shift work and challenging families are proving hard to recruit around". Risks to the service were being mitigated by the use of contracted agency to provide continuity of care to children and young people.
- Allied health professionals were experiencing increases in the levels of activity and acuity across children and young people services. A service review was ongoing with commissioners). However, the service manager raised concerns around risks to staff due to the length of time the review had taken and the ability of staff to remain resilient at times of constant change.
- There were five whole time equivalent (WTE) vacancies across therapy services. A recruitment drive was in place and retention of therapists was good. Staff leaving the service had been mainly through retirements. There were sufficient staff to manage current caseloads but acuity and service demands were continuing to rise resulting in further pressures being placed on staff and the service.
- A shortage of medical staff in the ISHS was due to consultant retirements, sickness and the loss of doctors in training through suspension of the deanery contract in July 2015. There was a consultant establishment of 3.6 WTE with 2.0 WTE consultants in post. A locum consultant (1.0 WTE) was in post who was known to the service, and extra clinics were undertaken by the substantive consultants. The service manager had upskilled clinical staff (nurses and support workers) to ensure patients' needs were being met. The service had mitigated the risks to patients. Medical staff told us there had been no impact on the service and we saw no evidence of this shortage impacting on the care and treatment of patients.
- There were insufficient nurses in the looked after children's team to undertake timely reviews. This was made worse by the loss of the school nursing service to another provider in 2016, which had planned to involve

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school nurses in the reviews of looked after children. Recruitment of nurses for looked after children was ongoing and medical staff in the looked after children team were undertaking the reviews.

### **Managing anticipated risks**

- Senior managers had contingency plans in place to manage seasonal fluctuations and adverse weather conditions. For example, staff not able to travel to their normal workplace were re-directed to work in an area closer to their home.
- The service leads maintained contact lists of nurses and support staff and lone working arrangements were in place.



# Are services effective?

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

## Summary

Overall, we rated the children and young people and family service and the integrated sexual health service as good for effectiveness because:

- Parents told us the service they received from children young people and family services had enabled their children to live full and active lives within the constraints of their clinical condition.
- Parents told us how “effective” the care strategies put in place for their child to promote positive outcomes for children.
- Evidenced based practice was evident and there was a strong ethos of audit and research to support the “best practice” of children young people and patients.
- The service had achieved accreditation for the UNICEF Baby Friendly Initiative Stage 3.
- Staff had appropriate skills, knowledge and experience to deliver effective care and treatment, with appraisal rates exceeding 90%.
- Multidisciplinary and multi-agency working featured strongly across all services.
- Immediate clinical interventions enabled children and young people and their families to access the appropriate guidance and support to enable better management of their clinical condition.
- Consent procedures and practice ensured children and young people's rights were protected.
- The ISHS offered a fully integrated model of sexual health services. The model was dependent on effective multiprofessional and interagency working to deliver sexual health screening and management, contraception, outreach and community services.

However, we found that:

- CYPF had a mixture of paper and electronic care records. Copies of each were kept in the child or young person's home and a copy was stored at the Paybody Building, the organisational hub for children, young people and family services. We noted there were delays with updating some care records in CYPF, which could affect the continuity of care for children and young people. Plans were in place to address this.

- There were difficulties with connectivity in relation to the use of laptops in some areas of the CYPF service. This was particularly an issue for the health visitor service. Plans were in place to resolve this concern.

## Detailed findings

### Evidence based care and treatment

- Evidenced based guidance, standards and best practice guidance were used to deliver effective care and treatment to children and young people and sexual health patients. Needs assessments and care planning arrangements supported good outcomes and a good quality of life.
- Relevant National Institute for Health and Care Excellence (NICE) guidance were in place. For example, development of autistic spectrum disorder dimensions linked to associated care pathways by the children and young people neurodevelopment team. Diagnosis and management of the Human Immunodeficiency Virus (HIV) supported the delivery of integrated holistic sexual health services.
- Children's community nursing, children's continuing care and sexual health services used NICE guidance to develop training competencies. Guidance informed policies for the care of children and young people with epilepsy, respiratory conditions, care of children requiring specialist palliative care, patients with HIV, sexual health and contraception.
- Policies, procedures and guidelines were available to nurses, doctors and support staff who were able to access them when necessary on the trust policy database. For example,
- ISHS had care pathways in place to support patients in sexual health services, drugs and alcohol, life style risks, domestic violence and sexual assault.
- CYPF service had care pathways to support the healthy child, new birth assessments, six to eight week assessments and readiness for school.

### Pain relief

## Are services effective?

- Pain relief was managed using a pain control tool to help children and young people (where possible) to be involved in the management of their pain.
- Where children and young people required treatments, which could be, potentially painful an assessment of their pain score was undertaken and the children's community nursing and children's continuing care nurses community children's nurse prior to treatment, administered analgesia as required.

### Technology and telemedicine

- There were difficulties with connectivity in relation to the use of laptops in some areas of the CYPF service. This was particularly an issue for the health visitor service. Information and technology (IT) services were addressing the issues. However, staff reported there were long waits to get issues resolved.
- There were issues in the children's learning disabilities team, as electronic systems did not allow the scanning of documents. We were told the roll out of the electronic case management system in 2016 would address the issues.
- Telemedicine was not in place to enhance the delivery of effective care and treatment for children and young people.

### Patient outcomes

- The children young people and families' service delivered NHS England's Healthy Child programme (HCP), which provided families with a programme of screening, immunisation and health and development reviews, supplemented with advice about health, well-being and parenting.
- Health visitors provided a service for families with children under five years old based on the HCP for early life stages. This included carrying out a universal programme of health and development reviews and identifying those families requiring specific, additional support and intervention.
- Performance measures for the HCP showed that most babies and children received regular development checks. Each locality monitored when these checks were completed and results showed an improving trend in each locality. Health visitors carried out six to eight week checks, one-year reviews and two year reviews. The percentage of timeliness of these checks was

monitored, and they were used to assess breast feeding prevalence. The target for new birth visits within 14 days was 85%. The health visiting service consistently exceeded the target in 2015.

- Health visitors from the CYPF service participated in Acting Early (a national study from 2013 to 2015) to develop integrated care teams around mothers and children from 0-5 years. The aim of the study was to maximise early child development, nutrition and readiness for school. This was achieved through improved integrated team working, improved handover between health visitors and midwives and earlier health interventions for children and families.
- Key outcomes of the study were: improved continuity of care for families as named professionals were identified, improved handovers between health visitors and midwives, parents more knowledgeable about the future needs of their child, where to access support and improved signposting and referrals, for example, to breast feeding support groups. Following the successful outcome of the pilot study, the health visitor's service planned to implement the approach across Coventry.
- The service had achieved accreditation for the UNICEF Baby Friendly Initiative Stage 3 through the work of the health visitor's team in CYPF services. Accreditation required 80% of standards to be met and these were: Support for pregnant women, continued breast feeding, informed decisions by mothers concerning other food for babies and supporting mothers to develop close and loving relationships with their child.
- The service supported clinicians in the ISHS around the funding provision for service users with HIV requiring specialist drug regimens. This was in line with NICE guidance to improve the outcomes for patients with HIV.
- Clinical staff participated actively in clinical audit. In the ISHS audits of Trichomonas Vaginalis (TV) infection and Neisseria Gonorrhoea Diagnosis had been undertaken between May 2014 and October 2015. A trust wide audit of Autistic Spectrum Disorder (ASD) identified waits of 68 and 76 weeks against the local commissioning target for the period April to September 2015 in the CYPF service. This was reported externally as waiting times were longer than the average for the service.

### Competent staff

## Are services effective?

- Experienced nurses encouraged and developed less experienced nurses and support workers in their roles. A children's community nurse said, "My team leader is very supportive and has helped me to develop my knowledge and skills in palliative care and I now feel confident to manage the administration of medicines (via an infusion pump) in a child's home". Robust induction processes were in place across the service.
- Nurses and support workers in the ISHS told us they were proud of the service offered to patients. Student nurses on placements reported they were valued as team members in the ISHS.
- The children's continuing care service had a team of experienced, skilled support workers who provided specialist care to children and young people with complex health needs in the community. Practice educators in the CYPF service trained staff in a competency based vocational training programme at Level 3 or Level 4 relevant to their role. This demonstrated that staff caring for children had the right qualifications, skills, knowledge, and experience to undertake their roles.
- A clear framework was in place to manage and support staff across the CYPF service and the ISHS. Annual appraisal rates for CYPF service was 93% and in the ISHS 90%. Clinical supervision and one to one meetings were in place. This demonstrated that nurses, therapists and support staff were supported, performance was monitored and assessed and staff were able to access appropriate training to enable them to deliver effective care and treatment to children and young people and patients.
- We observed good working relationships with health care professionals, for example, speech and language therapists, physiotherapists and occupational therapists, specialist nurses and paediatricians and clinical psychologists.
- We observed a child with a long-term condition who had a personal carer from the children's community care team. This was to enable a child to attend a special education school. There was a multidisciplinary team around the child: named nurse from children's continuing care, learning mentor, dietician, and social worker, family and school representative. The child's care plan was developed by the children's continuing care and shared with the specialist school nurse and the school. The specialist school nurse told us the arrangement was working well for the child and was a good example of "co-working".
- The ISHS offered a fully integrated model of sexual health services. The model was dependent on effective multiprofessional and interagency working to deliver sexual health screening and management, contraception, outreach and community services. The model had enabled designated GPs and pharmacy partners to deliver services directly to patients in line with agreed pathways.
- The ISHS service manager had developed a locum support pack for the pharmacists involved in the emergency contraception initiative. This ensured that pharmacy staff were aware of how the ISHS operated and knew whom to contact.

### Multi-disciplinary working and coordinated care pathways

- Parents told us nurses, doctors, and other health care professionals worked together to provide coordinated care and support services for children and young people. They told us health professionals knew their child or young person and care, information, and support was coordinated around the child and their family.
- Referrals for children and young people with a suspected diagnosis of autistic spectrum disorders were mainly received from schools. 70% of children and young people who were diagnosed with autistic spectrum disorders were school age with 30% being pre-school age. A holistic assessment approach was in place involving members of the multidisciplinary team: clinical psychologist/specialist nurse, occupational therapist, physiotherapy, speech and language therapist and a play specialist.
- Immediate clinical interventions enabled children and young people and their families to access the appropriate guidance and support to enable better management of their clinical condition.

## Are services effective?

- Transition arrangements for young people moving into adult or third sector services were in place and this also formed part of the strategy development for children and young people planned for April 2016. Nurses, doctors and therapists worked closely with young people and their families to ensure they were listened to and involved in transition arrangements. The service planned to work with adult colleagues from CAMHS who were recognised nationally for the effective management of transition from child to adult mental health services. The minutes of the Young People's Development Group in January 2016 reported the transition policy was out of date and would be reviewed in line with NICE guidance and presented to the group in due course.

### Access to information

- CYPF had a mixture of paper and electronic care records. Copies of each were kept in the child or young person's home and a copy was stored at the Paybody Building, the organisational hub for children, young people and family services.
- We noted there were delays with updating some care records, which could affect the continuity of care for children and young people. This would be resolved with the roll out of the electronic records management system during 2016.

### Consent

- We observed nurses doctors and support staff in the CYPF service obtaining consent (verbal or implied) whenever it was possible to do so. Where it was impossible to gain consent from a child due to their age or clinical condition, consent was sought from the parent in line with legislation and guidance including the Mental Capacity Act (2005) and the Children's Acts (1989 and 2004).
- Children and young people under 16 were able to give valid consent if they had been deemed competent and were involved in the consent process (Gillick competence). When seeking consent we observed the community children's nurse and support staff in the children's continuing care spending time with each child or young person and using terminology they could understand when explaining what they were going to do.
- When young people aged 16 and over lacked the mental capacity to make a decision, "best interest" decisions were made in accordance with legislation. Young people were supported to make decisions and follow up clinics were held at times to suit them and protected their confidentiality.



# Are services caring?

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

## Summary

Overall, we rated the children's and young people's service as outstanding for caring because:

- In the CYPF service, we observed staff that were extremely kind and compassionate and ensured privacy and dignity needs were met for children and their families at all times.
- Children were active partners with the planning of their care whenever possible. Parents were closely involved throughout the assessment, planning and delivery of their child's care and were kept informed of changes and developments by members of the multidisciplinary team.
- Parents told us they would never be able to care for their child or young person without the support and dedicated care from the CYPF service.
- The children's continuing care, community children's nurse, health visitors, specialist school nurses, respite services for people with a learning disability, neurodevelopmental service therapists and paediatricians were identified as being creative and innovative in finding solutions to the complex care and to support needs of children and young people in a holistic way.
- Children were truly respected and valued as individuals and encouraged to self-care to achieve their full potential within the limitations of their clinical condition.
- Feedback from children who used the service, parents and stakeholders was continually positive about the way staff treated people.
- Parents said staff did everything they possibly could to support the child and the family, which exceeded their expectations.
- Parents told us staff went the "extra mile" and gave examples of how staff had actively supported their child and the family throughout the care episode.
- The integrated sexual health service provided a caring service to patients who attended the clinics. Patient's privacy, dignity and confidentiality were respected at all times.

- Patients were very positive about their experience at the clinic and described staff as friendly, warm, welcoming and professional.
- ISHS staff understood the care and treatment opportunities available to patients and supported their privacy, dignity and confidentiality at all times.

## Detailed findings

### Compassionate care

- Parents spoke in glowing terms about the CYPF service. A parent said about the children's continuing care team, "The staff are brilliant and believe what they do is much more than "just" a job. They really care and I know my child is safe with them. I am attending a GP appointment today and know I can trust them to care for my child. My child really likes his carers and is always happy to see them."
- A parent involved with the paediatrician and specialist school nurse said, "They are always kind and caring and ensure that I am involved in decisions. The doctor and nurse work well together and this really is an excellent service that works for me and my son."
- We observed a paediatrician meeting with a parent who wished to raise concerns about their child without the child being present. The paediatrician was friendly and engaged well with the parent. They asked them questions about their child's care in a way that was easy for the parent to understand. The paediatrician posed scenarios around the child's care to enable the parent to understand how they could be applied in the home. The parent appeared to find the meeting helpful and acknowledged they had been given helpful coping strategies for their child.
- A parent told us the occupational therapist had helped their child to understand their own care needs and helped them to manage the changes in their clinical condition. The parent said the care was "outstanding" and had made a real difference to the child's quality of life.
- The children's continuing care team were supporting a child in a special education school through the provision of a carer. The child's clinical condition had become increasingly complex and the school were unable to provide the level of supervision required to





## Are services caring?

maintain the child's presence at school. The child's care plan was developed by the children's continuing care team and given to the school and the specialist nurse. The specialist school nurse supported the band 4 carer at the school. The child was more settled since the children's continuing care team was involved in their care. The carer was able to identify from the child's body language if they were becoming anxious or distressed and needed to be calmed to prevent them from having a potential seizure. The child had experienced fewer seizures since the involvement of the children's continuing care team in their care.

- We visited a very dependent child at home who was receiving palliative care support from the specialist palliative care team, the children's continuing care team and the community children's nurse team. The parent said, "I brought my child home to die nine months ago and because of the amazing care and support from everyone in the CYPF service my child is still alive and I have a family life at home". The child had previously experienced numerous admissions to hospital. Since the care arrangements were put in place the child had only required two nights in hospital. This demonstrated that care and support provided to the child and the family were enabling the child to fulfil their potential within the limitations of their clinical condition.
- Patient's comments about the ISHS were positive about the service they received during our inspection. Specific comments included "the staff were friendly and welcoming and put me at my ease," "I was anxious about coming here but the nurse was very kind and professional." "The doctor (HIV consultant) was very supportive and listened to me and I felt very privileged to be here."
- We spoke to a patient who had attended the trusts sexual health services since 1997. The patient said "I have always felt cared for and supported and had been treated with respect and my dignity has always been protected. Over the years my treatment has changed and this has always been explained to me and I have always been involved in my own care."
- Reception staff were polite and respectful of patient confidentiality when patients were registering for a sexual health clinic. Reception staff used a laminated sheet with the reason for the patient's clinic attendance recorded on it. Patients were able to point to the reason

for their clinic attendance. This demonstrated that staff were respectful of patient's needs in regards to their privacy and dignity needs and were maintaining patient confidentiality.

- The Friends and Family (FFT) test was reporting green on the trust dashboard for the CYPF service and the ISHS for February 2016 and had consistently performed well over previous months. This meant that parents and families were positive about the service.
- The ISHS had maintained "Your Welcome" accreditation against the quality criteria for how young people found health services (DH 2011).
- We also saw "thank you" cards in clinics from parents and children expressing thanks for the care provided. This demonstrated the services provided to children, young people and their families were meeting their care and support needs and were delivered to a high standard.

### Understanding and involvement of patients and those close to them

- Staff actively sought the full understanding and involvement from children and their carers in all aspects of the care and treatment provided.
- We spoke to a young person who was attending the neurodevelopmental service. They said, "The doctor and nurse have really helped me as I was struggling with my autism. They involved me in the management of my medication and gave me advice around food and nutrition. I have joined an eating group at and this has been really helpful as I am now eating much better."
- We spoke to a young person involved with the looked after children service. They said, "I am very happy and always get involved in the meetings about my care and I am always listened to. I have also been seeing a looked after children mentor, which has been brilliant and has really helped me. I can honestly say I have everything I need."
- A parent involved with the service for children with a learning disability said, "It took rather a long time to get all the right services set up for my child (in 2015), but this year everything has been much better. I am always listened to and involved in my child's plan of care. If I have questions I always get an answer and I know who to call if I have a problem."
- We observed children and young people involved in a specialist-eating group. The doctor leading the group promoted a supportive and proactive environment for



## Are services caring?

the children and young people and used humour appropriately. Group members were of varying ages, which was not conducive to the best outcomes for each children and young people. The doctor spoke to the mother of one young person and agreed there would be a more appropriate approach for the management of their child's eating difficulties in the future.

- A parent involved with the physiotherapy service told us "I am very happy with the service my child receives and I was involved in the planning of their therapy sessions. I am included in the sessions if my child becomes distressed (has ASD) which is reassuring for me and my child."
- Patients attending the HIV service told us doctors and nurses communicated really well with them and involved them in their treatment plans. A patient said, "The doctor explained my blood results to me and answered all my concerns".
- Other comments from the HIV service included, "The service is very good." Another patient with HIV, who had children, told us the doctor (HIV consultant) was arranging for the other children to undergo HIV screening checks, which was a big relief to the patient.

### Emotional support

- A parent told us about the emotional support they received following the diagnosis of their child with autistic spectrum disorders. They said, "The staff have been fantastic and my child adores the staff, particularly the occupational therapist. They have given me emotional support and I do not know how I would have coped with everything if the doctor and nurse had not

been so supportive. As my child's clinical condition can deteriorate very quickly, I have been taught how to administer emergency medication which has helped to relieve a lot of my stress".

- A mother with a three-week-old baby said, "I have received two visits from the health visitor and she has been "brilliant". I was given lots of reassurance and asked how I was coping emotionally. The health visitor made sure I had the correct telephone numbers to call if I had urgent concerns."
- The parent of a child receiving palliative care in the home told us how the play specialist in the community children's nurse team had supported their other children. The play specialist had met regularly with the children and explored their anxieties and concerns around the clinical condition of their sibling. The children had been supported through play therapy and attended holiday clubs during school holidays. This demonstrated that the CYPF service was able to provide emotional support to the families of children with complex clinical conditions.
- We observed a patient in the ISHS being given the results of their blood tests. This was undertaken with kindness and sympathy and the patient was given a clear explanation of what would happen next. They were booked to attend a clinic in a weeks' time and were given written information about their clinical condition. They were well supported throughout the process by the doctor who answered any questions they had and had addressed their immediate concerns.
- Staff showed a good understanding of the emotional needs of their patients and were able to tell us how children and their families could be signposted to other support services when required.

# Are services responsive to people's needs?

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

## Summary

Overall, we rated the service as good for responsiveness because:

- Services were generally planned and delivered to meet the needs of individual patients and that of the local community. Effective relationships had been established with commissioners to ensure services reflected the needs of the community.
- A highly responsive service was provided to patients, children young people and their families who required specialist intervention and support in their outpatient, home or appropriate community setting.
- We saw where holistic services (for example; health visitors, community children's nurses, children's continuing care teams, sexual health services, autism, looked after children the family health partnership) were meeting the specific needs of patients, children, young people and their families.
- The health visitor service had undergone a radical service redesign to meet the needs of children and families. Health visitor caseloads had become geographically based and Coventry specific. This was to enable caseloads to be more equitable and meet the needs of children in the most deprived areas of Coventry.
- The service was generally meeting most national performance measures regarding timely access to care and treatment.
- Despite there was a shortage of nurses in the looked after children's service, the service was meeting all its performance indicators and referral to treatment targets.
- Trends and themes from complaints and concerns were discussed at speciality and care group level. Good practice advice and required learning was identified and actions taken. Information and learning was disseminated to staff.
- We saw evidence of increasing demand and acuity in the therapy services leading to pressures on staff, which sometimes had an impact on waiting times. A service review was in place to respond to these pressures and waiting times had improved in the last two months.

- Children and young people experienced some delays in accessing the autistic spectrum disorders' pathway. However, appropriate systems were in place to enable children and young people to access treatment and support prior to a formal diagnosis.

## Detailed findings

### Planning and delivering services which meet people's needs

- Services were generally planned and delivered to meet the needs of individual patients and that of the local community. Effective relationships had been established with commissioners to ensure services reflected the needs of the community.
- The neurodevelopmental service enabled children and young people to receive treatment and support for autism. A clinical pathway for autism was continually reviewed in partnership with education and therapy services. There was a 20-month delay in waiting times from referral to assessment. The families of children and young people being able to access a telephone help line provided by the neurodevelopmental service mitigated this. Families were able to access guidance, treatment protocols, training and ongoing support prior to a formal assessment of their child being undertaken.
- The health visitor service had undergone a radical service redesign to meet the needs of children and families. Health visitor caseloads had become geographically based and Coventry specific. This was to enable caseloads to be more equitable and meet the needs of children in the most deprived areas of Coventry. The health visitor service asked parents what they wanted from the service. Parents said: a community that supports children and families, services that give babies and children a healthy start, to know their health visitor and get a quick response and expert advice when it was required, and to know the right people over a longer term when things were difficult.
- The Family Nurse Partnership (FNP) in Coventry provided a high level of support and advice to young first time parents, throughout pregnancy and up until their child reached two years of age. Specialist nurses delivered individual care, guidance and support to first



# Are services responsive to people's needs?

time parents in their home as soon as the pregnancy was confirmed. The service augmented other services provided by health care professionals, such as health visitors, GPs and midwives.

- The FNP had capacity for 175 cases and was commissioned from the trust and Coventry City Council. The FNP service supported families with a wide range of issues: prison visits in conjunction with the probation service, single parent families (particularly fathers) engagement with new mothers under 19 years of age, engagement with GPs around health concerns and safeguarding. Access to the FNP was either by self-referral, community midwife or a health professional who had obtained consent.
- The looked after children's service was provided in collaboration with the children and young people who were "looked after" and aged 0-19. Clinicians supported the looked after children by carrying out statutory medicals (including those for adoption purposes) and reviews as required. The looked after children service had been reconfigured to provide a universal service. Looked after children's services covered the city of Coventry and a 20 miles radius of the city. There were 601 looked after children and young people in Coventry and 192 looked after children and young people 20 miles outside of Coventry. Discussions were ongoing with commissioners as to how to services could be provided for out of city children and young people.
- Referrals were through a single point of entry hub and were reviewed daily. The service was responsive and reviews were completed within 14 days. Although there was, a shortage of looked after children nurses to undertake assessments the service was meeting its performance indicators and referral to treatment targets. A paediatrician completed the high-risk reviews for children 0-5 years, which were triaged and based on the level of risk and medical need of the child.
- The ISHS provided patients with a booked appointment and drop in service and fast track screening / peace of mind screen for patients with no symptoms, Monday to Friday. A booked appointment and drop in for contraception and a fast screening system for patients with no symptoms and sexual health advice was available on Saturdays. Patients were able to seek guidance for treatment and support for contraception

and treatment for all sexual health problems including sexually transmitted infections (STI's). An online confidential booking service was available for patients who need an urgent appointment.

- A selection of tools and resources including free Chlamydia test kits were available to patients accessing the ISHS website.
- There was evidence of strong partnership working across services. For example, working with Coventry and Warwickshire Mind to strengthen and integrate mental health services for children and young people in the trust. A pilot support group (in Leamington Spa) was in place to support young people with autistic spectrum disorders between 16 and 18 years of age throughout Coventry and Warwickshire. The group aimed to offer young people the opportunity to build a sense of community and develop friendships with similar young people.

## Equality and diversity

- There was access to translation and interpretation services usually via the telephone. Staff said the system worked well.
- We saw leaflets were printed in English but staff stated they were available in different formats or languages and had a contact number for the Equality and Diversity Department.
- Staff demonstrated a thorough understanding of the cultural and diversity needs of the local community.

## Meeting the needs of people in vulnerable circumstances

- The service for children with a learning disability was available to children and young people aged 0-19 years, where universal services were unable to meet the child's needs. The service was part of CAMHS. There was an open referral process in place for parents and health professionals.
- Services for children with a learning disability were bespoke and liaised with other services as required. For example, CAMHS and specialist school nurses in special education schools. The service was meeting the 14-day referral to treatment target.
- Trust wide mandatory reporting arrangements were in place for Female Genital Mutilation and we saw evidence of this in the health visitor service.
- The ISHS offered outreach sessions in areas of high deprivation to vulnerable people in Coventry. Protocols

# Are services responsive to people's needs?

were in place in sexual health services to manage vulnerable people. For example, sex workers and those at risk of sexual exploitation: sexual violence and domestic abuse, and those who misused drugs and alcohol.

## Access to the right care at the right time

- The service was generally meeting most national performance measures regarding timely access to care and treatment.
- The ISHS offered all patients (100%) an appointment at the genito-urinary (GUM) clinic within 48 hours. This was in line with the national target for referral to treatment. The ISHS performed above the national target of 90% at 99.79% for patients seen in the genitourinary medicine clinic within 48 hours. This demonstrated that patients were receiving a responsive service from the ISHS.
- Health visitors were achieving 95% of new birth visits within 14 days. This exceeded the national target of 85%. Pre-school checks (height and weight) achieved 98%, exceeding the national target of 85%. This demonstrated the responsiveness of the health visitor service. Health visitors told us “how proud” they were to have achieved full accreditation for the UNICEF Baby Friendly Initiative and the benefits it had brought for mothers and babies in the Coventry area. For example, all health visitors and nursery nurses had received training and been assessed as competent in the UNICEF baby friendly standards.
- Therapy services for pre-school and school age children in the CYPF were participating in a series of service

reviews in partnership with Coventry Clinical Commissioning Group. This was because of the increase in activity and acuity over the last two years, which had resulted in services being reconfigured. Therapist's said, “We have reviewed existing practices and proformas to avoid duplication of services and aim to provide a “one stop shop” approach to therapy services for children and young people”. The directorate dashboard (February 2016) reported a compliance rate of 58.4% for combined therapies meeting the 18 week referral to treatment time. This was an improving position as the service had reported 54.1% in January 2016.

## Learning from complaints and concerns

- The level of complaints was low. There had been one complaint in the CYPF service and two complaints in the ISHS in the 12 months prior to October 2015.
- People who used the service told us they knew how to make a complaint or raise concerns and were encouraged to do so by staff in the children young people and family services and in the integrated sexual health service. Information about how to make a complaint was freely available.
- We saw in the quality and safety minutes for January 2016 (CYPF) and for July to October 2015 (ISHS) how complaints were responded to and the actions taken to improve the quality of care. The learning from concerns and complaints were shared with staff at team meetings.

# Are services well-led?

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

Overall, we rated the service as being good for well-led because:

- Service line managers and clinical leads provided clear and visible leadership and a service strategy was in development.
- There were effective systems in place to ensure nurses and support staff were trained, supported, appraised, and were able to give feedback to their clinical leads and line managers.
- Nurses, doctors, health care professionals, and support workers were supported by the wider organisation and were aware of the wider vision of the trust.
- Staff were engaged in the service, which responded to feedback to develop services with the focus on safety and quality of care and treatment.
- There were innovative developments, which had achieved national and regional recognition.

However, we found that:

- The Deanery contract for trainee doctors in the ISHS was withdrawn in 2015. There were issues around clinical leadership, patient safety and educational supervision. The issues were being addressed in line with the agreed action plan overseen by Health Education England (HEE) and it was anticipated that trainees would be reintroduced in August 2016.
- There were clear governance frameworks in place and the outcomes of audits and governance meetings were shared with staff. However, not all risks in the service had been addressed in a timely manner.

## Detailed findings

### Service vision and strategy

- Service line managers for CYPF services told us about the development of the care and support strategy for children and young people. Workshops with staff, service users and their families, stakeholders and commissioners were ongoing and we saw evidence of this. Their aim was to provide excellent community services supported by specialist outpatient services based around the individual needs of children and young people in Coventry and Warwickshire.

- Staff showed an awareness and full commitment to the development of this strategy.
- We saw the trust values displayed in a number of areas we visited. Nurses, doctors and support staff knew about the values and some were able to tell us about them in detail.
- Staff said they knew about the trust's vision for the future from trust newsletters and recent strategy documents.
- Clinical leads told about the "Time to shine" excellence awards and gave examples of where staff were nominated and had won awards in 2015.

### Governance, risk management and quality measurement

- There was a clear structure for clinical governance in the service. This demonstrated how the CYPF service and the ISHS reported into the service line reporting structure and how assurance was made through the various committees into the trust board. Services were part of the Operations Services Directorate. Senior staff attended monthly governance meetings for their service and we saw evidence of this in the quality and safety meetings for the periods July to October 2015 and January to March 2016.
- The minutes identified where incidents, accidents and near misses had been reported and investigated using the trust incident reporting system. Senior staff told us they reviewed risk registers monthly which identified organisational risks and the actions agreed to mitigate them. For example, staff shortages and capacity and access issues for patients and children and young people. Risks were appropriately recorded on the risk register and these were reviewed regularly.
- However, the service had not always taken timely action to address gaps in some clinical procedures, for example, the clinical procedure for the insertion of contraceptive devices did not include inserting the devices in a patient's home. Also, there was no policy for the administration of vaccines in place. This meant that there was not always effective oversight and management of all risks throughout the service.

# Are services well-led?

- We spoke with nurses, doctors and health care professionals who were involved in local and national audits. We found staff to be engaged in the audit process and were able to show us examples of where audits had improved and informed practice. For example, a review of medicines management process in the community children's nurse service had resulted in a more streamlined and safer approach for the administration of medicines to children and young people.

## Leadership of this service

- Children young people and family services had a strong leadership team who worked cohesively together and were highly visible. They demonstrated a child-centred approach to the management of children and young people and fostered a strong team spirit amongst staff.
- Nurses, health care professionals and support staff were all aware of who their immediate managers were. Clinical leads and service line managers were described as being supportive, approachable and visible and we saw evidence of this during our inspection.
- Staff said the chief executive; chairman and lead nurse were approachable and visible around the trust and were known by staff.
- Health Education England (HEE) withdrew the Deanery contract for trainee doctors in the ISHS in July 2015. There were issues around clinical leadership, patient safety and educational supervision. An action plan was put in place and overseen by Health Education England. A follow-up visit took place in December 2015.
- Significant progress had been made in the ISHS since the previous visit. However, there were concerns regarding the relationship between consultants in sexual health services which were still to be resolved. A further follow up meeting was planned with Health Education England in May 2016. In the follow-up letter (December 2015) it was reported that if all issues were resolved, there was a possibility trainees could be reintroduced from August 2016.

## Culture within this service

- We saw friendly and open engagement between all groups of staff. Nurses, doctors, health care professions and support workers we spoke with were proud of the

care and service they provided to patients and children and young people. Service leads were clear that staff placed patients, children and young people at the heart of everything they did.

- The culture encouraged the reporting of incidents concerns and complaints to clinical and service leads. A nurse said, "Staff work hard to ensure we give the best care and support we possibly can to the children and young people and their families and we place the child at the heart of everything we do."
- Staff talked positively about a "no blame" culture in the directorate. We were given many examples of where staff had raised issues and concerns and how they had been acted upon in an appropriate and timely manner by clinical leads and line managers.
- Nurses, doctors and support staff told us they were proud to work in the trust and believed the care and support they gave to patients and families was of a high standard.

## Public engagement

- The service line manager with responsibility for patient experience in CYPF services told us about opportunities to engage with children and young people across Coventry and Warwickshire. For example, involvement in staff recruitment interviews, dedicated newsletters and websites for specialist services. A patient assembly had been established to engage parents / carers to enable the service to understand their experiences of the service and to inform service developments and standards for the future.
- On line resources were available for young people and parents accessing the ISHS. For example, "Besavvy" which provide information on relationships and sexual advice. The resource was provided by Coventry City Council and included information relating to a wide range of subjects, a directory of services in the Coventry area and resources for sexual health professionals.
- A young person's engagement worker (across all young people's related services) was appointed to improve the service user engagement agenda. For example, input into secondary school assemblies to engage young people in the mental health agenda.

## Staff engagement

- Nurses, doctors, support staff and health care professionals told us they were encouraged to share



## Are services well-led?

ideas about service improvements and spoke positively about how they were actively involved in service planning. For example, a clinical resource and training room to reduce the time taken to train staff and carers.

- The trust undertook a staff engagement review in 2015. The aim of the review was to identify the themes arising from the staff feedback mechanisms in the trust. For example, the Friends and Family test (FFT) about staffing, “Big Conversations” (discussions with large staff groups), coffee with an executive director, Equal Active Partners (enabling staff to make improvements through their teams) and electronic feedback mechanisms.
- Actions were identified and an implementation plan was agreed. For example, the FFT showed that “There was too much change in the organisation and the communication around staff involvement was lacking”. In response to this, the service engaged with staff so they were now more actively involved in the change process and the service was working more closely with staff that were going through significant change. Following the Big Conversations feedback “A sharing good practice” event was planned for 2016 with trust wide teams and a car parking working group had been established.

### **Innovation, improvement and sustainability**

- Nurses, doctors, support staff and health care professionals told us they were encouraged to share ideas about service improvements and spoke positively about how they were actively involved in service planning. For example, the Equal Active Partners initiative had enabled 100 teams to make improvements in their own areas.
- Services were innovative and focused upon quality and safety improvements. For example, training staff at a local baby hospice. This had enabled families to access respite care that would otherwise not have been available to them.

- Appointing staff into rotational posts who worked between the children and young people’s team and the complex physical health teams to provide a more flexible workforce.
- Offering specialist-nursing support to a child 24 hours a day, seven days a week for nine months. The service would generally sustain this level of support from a few days up to a maximum period of nine weeks. This had required the flexibility of a palliative care clinician to work at weekends and evenings.
- Another example of innovation was identifying alternative drop off points within the community for specimen collection. This alleviated the need for clinicians to travel to the main hospital to deliver specimens for testing and reduce travel time. This had freed up clinical time which had enabled a greater number of patients to have the option of a home visit after school.
- The ISHS had led a successful “Go Red” campaign to raise awareness of HIV across Coventry. Local football and rugby teams and social media were involved. The ISHS team were visited by the chief executive and chairman and praised for their innovative approach to increasing awareness around HIV.
- The neurodevelopmental team were developing an innovative approach to the management of children and young people with a possible diagnosis of autistic spectrum disorder. Nurses and doctors talked with confidence about the developments and how the approach would enable children and young people to achieve a better diagnosis and treatment for their clinical condition. An adult pathway for 0-25 years had also been developed by the neurodevelopmental team.

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.

This section is primarily information for the provider

## Enforcement actions

### 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.