Staffordshire & Stoke-on-Trent Partnership NHS Trust

R1E

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)
R1EG3	Staffordshire and Stoke-on-Trent Partnership NHS Trust - HQ	Community health services for children, young people and families	ST5 1QG

This report describes our judgement of the quality of care provided within this core service by Staffordshire and Stoke on Trent 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 Staffordshire and Stoke on Trent Partnership NHS Trust and these are brought together to inform our overall judgement of Staffordshire and Stoke on Trent Partnership NHS Trust

Summary of findings

Ratings

Overall rating for the service	Requires improvement
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

The vision and strategy for the service were not developed, leaders were unable to articulate the key elements of the strategy and how it aligns with the trust-wide vision and strategy. Risk registers did not reflect some of the key issues facing the service.

There is an increased risk that children and young people (CYP) are at risk of harm because there is limited assurance about training for staff. The trust had not met its target of 90% of all staff completing mandatory training; this included level one child protection training. The trust was unable to confirm the number of staff who were up to date with level two and level three child protection training.

The trust had also not achieved its target for staff appraisals, meaning that staff may not have their learning needs identified and/or be supported to undertake training and development.

There were no care pathways or arrangements for transition to adult services for children with complex needs and access to electronic patient information was poor, systems to manage and share patients' records were not always effective.

Children, young people and their families were treated with dignity and respect and were involved as partners in their care. Information about care and treatment was delivered in a way that children understood and so could make informed choices. Care and treatment followed evidence based practice and outcomes for patients, where available were good. We saw effective multi-disciplinary working and good arrangements around consent.

Incidents were reported and investigated and there was evidence that learning from incidents took place. The trust had met the 2015 trajectory target in response to the National Health Visitor Implementation Plan.

CYP services were planned and delivered in a way that met the needs of the local population. Services were flexible and the needs of different people were taken into account. We found a positive, patient-focused culture, leaders were supportive and staff felt valued.

Summary of findings

Background to the service

Staffordshire and Stoke-on-Trent Partnership Trust provided children's community services across the geographical boundaries of Staffordshire County Council and Stoke-on-Trent City Council. They serve a diverse population of 1.1 million people, covering a wide geographical area stretching from the Staffordshire Moorlands, which borders the Peak District in the North to the conurbation of the Black Country in the South.

Services included:

- Community children's nursing service
- Health visiting service
- School nursing incorporating the school immunisation team
- Family Nurse Partnership
- Children's occupational therapy
- Children's physiotherapy
- Children's speech and language therapy
- Children's dietetics service
- Breastfeeding support service

Our inspection team

Our inspection team was led by:

Chair: Professor Iqbal Singh OBE FRCP, consultant in medicine for the elderly, East Lancashire Hospitals NHS Trust.

Head of Hospital Inspections: Tim Cooper, Care Quality Commission

The team included CQC inspectors and a variety of specialists, including:

Head of quality; deputy director of nursing; consultant nurse; clinical quality manager, community matrons; nurse team managers; senior community nurses; occupational therapists; physiotherapists; community children's nurses; school nurses; health visitors; palliative care consultant; palliative care nurse; sexual health nurses and specialist dental advisors.

The team also included other experts called Experts by Experience as members of the inspection team. These were people who had experience as patients or users of some of the types of services provided by the trust.

Why we carried out this inspection

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

How we carried out this inspection

We inspected this service in November 2015 as part of the comprehensive inspection programme.

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

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

Summary of findings

- Is it well-led?

Before visiting, we reviewed a range of information we hold about the service provider and asked other organisations to share what they knew. We carried out an announced visit from 3 to 6 November 2015.

We did not hold a public listening event prior to this inspection as we were looking to assess changes and progress over a very defined period of time, however we did contact Staffordshire Healthwatch and Stoke Healthwatch to seek the views that they had recently formed on the trust. Additionally, a number of people contacted CQC directly to share their views and opinions of services.

We met with the trust executive team both collectively and on an individual basis, we also met with service managers and leaders and clinical staff of all grades.

Prior to the visit we held seven focus groups with a range of staff across Staffordshire who worked within the service. 120 staff attended those meetings and shared their views.

During the inspection we visited a variety of services at clinics, schools, children's centres and home visits. We conducted interviews with community children's nurses, physiotherapists, occupational therapists, speech and language therapists, health visitors, Family Nurse Partnership staff, managers and service leads. We spoke with 49 staff, 26 parents and children and reviewed 13 individual care plans for children.

What people who use the provider say

Parents and carers of children and young people across all community CYP services we talked to spoke very highly of the service they had received. We were told staff were very kind and caring and staff were always eager to help.

One parent from the children's nursing service told us, "I know I can always call when I need her, she always helped me sort things out."

Good practice

The school nursing service had developed an innovative method of gaining feedback about their service from students.

Nine students across two schools had been designated 'school health champions'. Their role was to gain feedback from other students about how to improve the school nursing service and also to support students within their schools by signposting young people to the school nursing services.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

- Undertake a full analysis of staff requiring safeguarding training for children above level 1 reflecting the requirements of the Royal College of Paediatrics and Child Health "Safeguarding Children and Young people: roles and competences for health care staff", Intercollegiate Document.
- Ensure that staff are up to date with their mandatory training requirements and that compliance is monitored on a regular basis to ensure compliance is maintained.
- Ensure that there is a medicines policy developed specifically for children to ensure medicines are prescribed, managed and administered in a safe way.

Summary of findings

- Ensure that staff have regular access to appraisals in order for them to develop their skills and competency.
- Ensure that there is a clear vision and strategy for CYP services linked to the trust strategy and it is shared and understood by all staff in the service
- Ensure care pathways or arrangements for transition to adult services for children with complex needs are developed.
- Ensure that risk registers reflect the key issues and concerns relating to a service so that they can be monitored and timely actions taken.

Action the provider SHOULD take to improve

- Ensure that there is a documented system for checking emergency medicines across CYP services.
- Ensure that there is adequate access to information for staff to ensure patients records can be kept up to date at all times.
- Clarify the funding arrangements for consumables for families of patients who require complex care packages.

Staffordshire & Stoke-on-Trent 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

We rated this service as good for safe. This was because:

- Staffing levels were adequate and the trust had met the 2015 trajectory target in response to the National Health Visitor Implementation Plan.
- Incidents were reported and investigated and there was evidence that learning from incidents took place.
- Infection control processes are clearly defined and embedded in systems.
- A wide range of risk assessments were used across services to assess and manage individual risks to children and young people.
- Safeguarding is given sufficient priority and staff take a proactive approach.

However, we also saw that:

- Although 172 staff across the trust has been trained to level three in child protection, the trust were unable to provide further assurance around how many of these staff were in key clinical roles.

Incident reporting, learning and improvement

- Within a 12 month period September 2014 to September 2015 there were 305 incidents reported by staff across Children and Young Persons (CYP) services. We looked at the break down of incidents between July and September 2015 and found most of the incidents were staff related. No trend or themes were identified.
- There were three serious incidents reported by CYP services between September 2014 and 31 August 2015. Two were serious injury to a child and one was a child death, all three occurred in the child's home.

Good

Are services safe?

- Never Events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There were no never events registered across community CYP services.
- Staff across CYP services were encouraged to report incidents and were able to access the trust's electronic incident reporting system. In a Dermatology Clinic run by the Children's Health Visiting team, a staff member described the incident reporting process and demonstrated to the inspector how they would escalate incidents as appropriate.
- Staff were made aware of incidents in various forms, for example, through team meetings, monthly governance meetings and e-mails from line managers to share lessons learned.
- In the Children's Health Visiting team based at West Chadsmoor Clinic, staff members told us that learning from incidents was discussed and minuted at team meetings. Upon request to view an example of the minutes they were unable to be provided to the inspection team. The staff member explained that whilst full discussions were not documented, an issues log, including incidents, was updated at the team meetings. We saw that the issues log had not been updated since March 2015.
- Senior managers gave us an example of where lessons had been learnt following an incident where an incorrect immunisation had been administered. Following this, new colour-coded consent forms for different immunisations were produced to help avoid re-occurrence.

Duty of Candour

- The trust had provided training on the Duty of Candour via a DVD, 'Raising Concerns'. Staff we spoke with had seen this DVD and they told us they were aware of their responsibilities. We were shown an example of an incident that had been investigated and the family of the patient involved had been invited in to the hospital to have a meeting to discuss the incident.

Safeguarding

- All staff should receive children's safeguarding training upon induction and at three yearly intervals. We saw safeguarding training figures (across all CYP services) for level one, which is a basic awareness training, was 86% against a trust target of 90%.
- In March 2014, the Royal College of Paediatrics and Child Health published the Safeguarding Children and Young people: roles and competences for health care staff, Intercollegiate Document. The document defines the level of child safeguarding training that is required for various staff groups.
- We asked the trust for the percentage of staff who work with children and young people trained to level 3 within the different disciplines. They informed us that 172 staff across the trust has been trained to level three safeguarding but were unable to provide further assurance around how many of these staff were in clinical roles.
- During our inspection, we met staff who should have had level 3 training, in accordance with the Intercollegiate Document but who had not. For example, in the children's speech and language therapy service.
- Staff told us they had received training in relation to female genital mutilation (FGM), although the trust were unable to provide us with specific figures. Health visiting records demonstrated where an unborn child had been placed on a child protection plan to prevent them undergoing female genital mutilation.
- The trust did not have a safeguarding children's policy. We were told that staff use the local safeguarding children board policies aligned to their locality. Links to these policies are on the trust's safeguarding children intranet page for staff to access.
- We saw that the service had a named nurse for safeguarding children within the team who provided both peer support and ad-hoc supervision as required.
- Staff told us they had been kept abreast of national and local changes in policy and procedure and were well supported. Staff were able to articulate safeguarding procedures and the processes involved for raising an alert. They told us they would seek advice from the Multi

Good

Are services safe?

Agency Safeguarding Hub (MASH) if they had safeguarding concerns, including concerns regarding child exploitation. We saw safeguarding posters on display in the clinical bases.

- Safeguarding alerts were investigated with a multidisciplinary, multiagency approach with trust wide governance support and review. We saw that local and serious case reviews had associated action plans. For example one review recommended that when professionals commence working with children and their families, they must ask whether the parents have any other children who are not living with them and if this is so, to make appropriate enquiries as to where the child or children are living and who with. The trust responded by redesigning the health visiting documentation to ensure clear evidence of documentation of all children in the family. Staff we spoke with were aware of this recommendation.
- In the Children's Health Visitor team, staff told us and we saw that safeguarding supervision took place on a regular basis.
- Staff from the Family Nurse Partnership (FNP), School Nursing and Health Visitor services involved with safeguarding cases had received regular safeguarding supervision sessions. This ranged between weekly to three monthly depending on the complexity of the cases. Staff told us they were supported with extra sessions if required.
- We saw that safeguarding events were clearly and easily located within health visiting records including minutes of meetings and outcomes. Records were stored to clearly identify different categories, for example safeguarding, complex health needs and looked after children.

Medicines

- CYP staff who administered medication such as the school immunisation staff transported medication in cool bags to maintain the integrity of the medication in line with NMC standards for Medicines Management 2010.
- Staff in the 'hospital at home' team told us that they checked medications in the anaphylaxis kits to ensure they were in date. However, there was no system to document that this had taken place.
- Staff followed the trust's medicines management policy; however this did not fully support some practices within the children's service. Because children differ from adults in their response to drugs, special care is needed in ensuring the drug prescribed is appropriate and that the correct dosage is given. The chief pharmacist was meeting with the community team to address issues where the policy did not fully support practice.

Environment and equipment

- There were systems in place to ensure that equipment was regularly serviced and maintained.
- We saw that children's clinics were generally provided in appropriate clinical settings. For example we saw that the Children's Speech and Language Therapy clinic at the Lichfield Children's Centre was provided in a suitably equipped and child friendly room with appropriate décor. We also saw a baby clinic at the Cannock Chase Children's Centre being provided in child specific premises
- We were told by staff that when a package of care was commissioned, a budget for consumables was not included in the costings.It was not always clear to staff and families who should take responsibility for providing them.

Quality of records

- We looked at the management of children's records across CYP services and saw records were well maintained. Paper records were securely stored in locked cabinets and were only accessible to staff who had the authority to view them.
- We saw records were completed in accordance with the trust records policy, were legible and audited at regular intervals.
- A children's services records audit conducted in September 2015 looked at records between April - September 2015. Results for 'legibility' showed an average of 94% compliance, 'attributiblity' 94% and 'timeliness' 97%.
- In the Children's Health Visiting service we saw that records were clear, concise and appropriately signed and dated. We saw that child protection supervision records were signed by the supervisor.

Good

Are services safe?

- The records audits had associated action plans for individual teams across the CYP service. Staff confirmed the results were discussed in team meetings.
- There was evidence of written consent and family involvement in records as well as demonstrating care continuity and a multidisciplinary approach to the care delivered.
- We reviewed the record of a child with complex health needs requiring multi-agency treatment. We saw that copies of accident and emergency attendances were held within the record. We also saw that the record held copies of letters from the hospital paediatrician providing updates to the Health Visiting team following the child's assessment at the hospital following referral by a health visitor.

Cleanliness, infection control and hygiene

- We saw staff were 'bare below the elbows', washing their hands and using hand gel in between each intervention.
- At a baby clinic we saw hand gel available at all weighing stations and observed staff using the gel between each intervention.
- We observed staff cleaning weighing scales and changing mats after each use in a baby clinic.
- We saw that at the time of inspection, the Paediatric Dermatology Service at Hednesford Valley Health Centre provided by the Children's Health Visiting team was not included in the hand hygiene audits.
- We observed staff cleaning toys after each use in children centres and clinics.
- Records demonstrated that 90% of staff were up-to-date with infection control training against a trust target of 90%.

Mandatory training

- The trust had identified ten mandatory training courses which included infection control, safeguarding of adults and children, equality, diversity and human rights, fire safety, health and safety, information governance, manual handling, basic life support and conflict resolution. The trust target was that 90% of all staff should be up to date with their mandatory training.
- Only the infection control and manual handling courses met the target with the remaining eight courses not meeting the target. Completion rates ranged from 76% for information governance to 90% for infection control and manual handling. Completion rates were : safeguarding children level 1, 86%; safeguarding adults 84%; equality, diversity and human rights 89%; fire safety 78%; health and safety 88%; basic life support 77% and conflict resolution 89%.
- Staff told us they were alerted to courses which were out of date by their online training record and managers also e-mailed them reminders.
- A new staff member told us that they were experiencing delays in the completion of their mandatory training due to IT access issues. We also noted that one staff member's corporate induction was not scheduled until four months after commencing in role.

Assessing and responding to patient risk

- A wide range of risk assessments were used across CYP services to assess and manage individual risks to children. For example, the Family Nurse Partnership service used a child sexual exploitation risk assessment and children's nurses assessed for pressure ulcer risk. Where risks were identified, staff had access to support, guidance and equipment to help manage risks.
- Health visitors risk assessed children and families for home safety such as safety gates and safe sleeping. The school immunisation team risk assessed the rooms where immunisations were to be delivered.
- Detailed risk assessments and care plans were shared with parents to guide them on what to do in the event of an emergency or their child's condition deteriorating. If urgent medical treatment was required then families would call emergency services on 999.
- We saw that the baby clinic had responded to an identified risk of the accidental suffocation of a child by a nappy sack. The service had all nappy sacks out of reach and stored in a roll dispenser. In addition the service displayed information posters and leaflets for parents to raise awareness to the risk of accidental suffocation. We saw staff relaying the information directly to parents at the clinic.

Staffing levels and caseload

Good

Are services safe?

- Overall we saw and staff told us that there was adequate staffing across the CYP service to meet the needs of children and families. Staff told us that individual caseloads were reviewed within regular supervisions with their managers.
- The National Health Visitor Implementation Plan 'A Call to Action' aimed to expand and strengthen Health Visiting services. The trust had met the 2015 trajectory target for employing additional health visitors in response to the plan.
- There were 267 health visitors providing services in the North and the South of the region. They had completed 77,360 patient contacts between October 2014 and September 2015.
- There were 25 physiotherapists providing children's physiotherapy within clinics, children's own homes and across special and mainstream schools. They had completed 14,109 patient contacts between October 2014 and September 2015.
- Speech and language therapy was provided by 48 therapists within clinics, children's centres and schools, providing 15,396 patient contacts between October 2014 and September 2015.
- School nursing (including the immunisation team) was provided by 37 staff within clinics, special and mainstream schools. They had completed 54,112 patient contacts between October 2014 and September 2015.
- The Family Nurse Partnership consisted of 12 nursing staff and three administrative staff. The service was commissioned for 175 patients in Stoke and 50 in Newcastle. This represented only 40% of eligible people who may benefit from the service.(This is consistent with service provision across the country.)The contract will be up for tender in 2016.

Managing anticipated risks

- Potential risks were taken into account when planning services, for example seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing.
- There was a detailed, up to date business continuity plan available to staff on the trust intranet. This contained specific action cards with actions to take and who to contact in the event of an incident or potential disruption to a service.

Major incident awareness and training

- The trust had a business interruption plan which included arrangements for staff to support patients in extreme cold and snow.

Requires improvement

Are services effective?

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

Summary

We rated this service as requires improvement for effective. This was because:

- There were no care pathways or arrangements for transition to adult services for children with complex needs.
- Access to electronic patient information was poor, systems to manage and share patients' records were not always effective.
- The trust had not met its target for staff appraisals in children and young people (CYP) services.
- The service had not undertaken any audits of patient outcomes during 2015.
- Therapists, Children's nurses, Health visitors and School nurses did not have an integrated IT system to enable them to access records.

However, we also saw that:

- Care and treatment followed evidence based practice and outcomes for patients.
- We saw effective multi-disciplinary working across and within teams.
- Outcomes for health visiting services were better than other services regionally and nationally.

Evidence based care and treatment

- All CYP services delivered evidence-based practice and followed recognised and approved national guidance such as the Royal College of Paediatrics and Child Health (RCPCH).
- Staff followed best practice guidelines underpinned by the National Institute for Health and Clinical Excellence (NICE) guidelines.For example the children's diabetes nurses followed National Diabetes Guidelines.
- We saw staff in Children's Health Visiting following NICE guidelines when carrying out a visit to a new born child. We saw staff relay information to the parent in relation to safe sleeping practice and health awareness from the NICE guidelines in a manner in which the parent could understand.
- The Family Nurse Partnership service provided evidence-based, preventative support for vulnerable first-time young mothers, from pregnancy until the child is two and half years of age. Family nurses delivered the programme, within a defined, structured service model.
- Health visitors and their teams delivered the Healthy Child Programme to all children and families during pregnancy until the child was five years of age.The Healthy Child Programme is a key universal public health service for improving the health and well-being of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes.For the early life stages the focus was on a "progressive universal service". That is to say it includes a universal service that is offered to all families, with additional services for those with specific needs and risks.
- The school nursing and immunisation teams also delivered the Healthy Child Programme to families and children up to the age of 16 and to the age of 19 for children with special needs. A series of reviews, screening tests, vaccinations and information to support parents was provided to give children the best chance of staying healthy and well.

Patient outcomes

- The health visiting service monitored their performance against Department of Health indicators**.** They benchmarked themselves against the regional and national results. The results demonstrate that the health visiting service was exceeding both regional and national results in terms of performance against the targets.

Requires improvement

Are services effective?

- The most recent results in relation to Stoke on Trent from October 2015 showed that 95% of new-borns are visited within 14 days of birth; 94% are reviewed at 12 months and 91% are reviewed between the ages of two years and two and a half years.
- The school immunisation team monitored the uptake of flu vaccinations. The week commencing 12th October 2015, 15 primary schools were visited in Stoke-on-Trent, with an uptake of 56%. In Staffordshire 43 primary schools were visited with an uptake of 66%.
- We were informed by senior managers that as the immunisation and school nursing teams were newly commissioned services, their focus had been on redesign and developing new ways of working and processes to reflect the Commissioner's specifications.
- The service had not completed any audits of patient outcomes during 2015. Audits regarding the new standard operating procedures were planned for June/ July 2016.The planned audits included questionnaires for different age groups, safeguarding and records.
- The Baby Friendly Initiative is a worldwide programme of the World Health Organisation and UNICEF. It was established to encourage maternity hospitals and community health care services to implement the 'Ten Steps to Successful Breastfeeding' and to practice in accordance with the International Code of Marketing of Breast Milk Substitutes.
- Staffordshire Stoke-on-Trent Partnership NHS trust (North division), North Staffordshire children's centres and South children's services had met all the criteria for the UNICEF Baby Friendly (re)accreditation at stage 3 in February 2015.
- The report noted that pregnant women and new mothers received a very high standard of care, but did not identify if this was across all areas or in specific locations. Mothers talked of a valuable relationship with the health visitor. A very high proportion found the clinics and breastfeeding groups helpful. Input from the Infant Feeding Team (who cover the North) was highly valued by many mothers.
- The community children's nursing service had not participated in any local audits of patient outcomes.

Competent staff

- Sixty-two per cent of staff across CYP community services had received their appraisal, against a trust target of 90%.There was considerable variation amongst specialities and locations. For example none of the school nursing team at Edwin House and the Rycroft Centre had received their appraisal compared to 89% completion for the school nurses at Springfield's Health and Well-Being Centre.
- Health visiting appraisal rates ranged from 25% at Springfield's Health and Well-Being Centre to 87% at Codsall clinic. Speech and language therapy appraisal rates ranged from 0% at Cross Street clinic to 75% at Beecroft Court.
- Staff we spoke with who had received their annual appraisal were positive about the process, stating that progress with personal objectives were reviewed and linked to training opportunities. Staff received regular (six weekly) clinical supervision.
- Staff were encouraged to develop their clinical skills and competencies through attending role specific courses. For example a speech and language therapist had attended a specialist course on 'selective mutism'. Nurses within the Family Nurse Partnership had attended courses on communication and motivational skills. School nurses had attended courses on sexual exploitation, emergency contraception and obtained degrees in specialist public health.

Multi-disciplinary working and coordinated care pathways

- There was clear evidence of good multidisciplinary team working and communication within records demonstrating joined up, holistic care planning. For example a child with specialist needs was on an 'Early Help Plan' which clearly documented the different professionals involved in their care, such as orthopaedics, physiotherapy, speech and language therapy, audiology and the health visitors.
- Children with complex needs were discussed at the 'Early Years Forum' which was a multidisciplinary panel involving paediatricians, physiotherapists, psychologists, occupational therapists, speech and language therapy and the head of the early years education service.

Requires improvement

Are services effective?

- Speech and language therapy sometimes did joint clinic sessions with the child's key worker from school to help understanding of goals and aid the child's progress.
- We saw that the Children's Speech and Language Therapy service worked as part of an effective multi-disciplinary team. For example, we saw that there were strong links with specialists in other disciplines including cleft palate and dysphagia. The team also worked with a Makaton tutor to provide training for parents. Makaton is a language programme using signs and symbols to help people to communicate. Physiotherapists and occupational therapists sometimes performed joint assessments, for example for supported seating for individual children.
- Staff told us that the national threshold criteria for access to child and mental health services were too high for some children who may benefit from the service. However, they did have good access to a psychologist.

Referral, transfer, discharge and transition

- Referral arrangements were in place for children and young people transferring between services**.** For example, school nurses and health visitors could directly refer to paediatricians**.**
- There was an established transition model for children with diabetes transferring to adult services. Once the child reached 14 years, joint meetings were arranged with adult services to coordinate a smooth transition.
- We saw that a transition programme was in place in the Children's Physiotherapy Service for young people moving to adult services. The programme involved a multi-agency team including partnership working with Stafford and Cannock Borough Councils. The physiotherapy led transition programme, known as the, "GYM Project," enabled young people with physical difficulties to access and use adult gyms to take part in sport or physical activity as they transitioned out of the children's service.
- There were no care pathways or arrangements for transition to adult services for children with complex needs. Senior managers recognised this gap and had communicated this up to the Staffordshire Special Educational Need group via the Children's Partnership Board. There was no multi-agency planning group for development of a transition pathway.
- We saw within records that GPs were informed of progress and when children were discharged from services.

Access to information

- Therapists, Children's nurses, Health visitors and School nurses did not have an integrated IT system to enable them to access records. All records were in paper format within different specialities. There was a plan to introduce an integrated IT system in 2016.A staff member in the Children's Health Visiting team in the south told us that they had raised an incident in relation to a lack of IT access verbally. We saw that this had not been logged onto the electronic incident reporting system.
- Staff had good access to policies and procedures via the trust intranet.
- Staff told us that video conferencing was used frequently to communicate with team members who were regionally dispersed.

Consent

- Across CYP services we saw that staff gained verbal and written consent before each intervention and we saw this was recorded in the 13 records we reviewed.
- The service sought the consent of children and young people when providing care and treatment. The 'Gillick Competency Assessment' helps clinicians to identify children aged 16 or under who have the legal capacity to consent to medical examination and treatment. Gillick competency assessment was used and we saw evidence of this through observing staff and in medical notes. All staff we spoke to understood their roles and the need to gain consent.

Good

Are services caring?

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

Summary

We have rated this service as good for caring. This is because:

- The Friends and Family Test (FFT) scores were positive.
- Children, young people and their families were treated with dignity and respect and were involved as partners in their care.
- Feedback from children, young people and their families was positive about the way staff treated them.
- We observed many interactions which were all undertaken with kindness and compassion.
- Information was delivered in a way that children, young people and their families understood and could make informed choices.
- Staff helped children, young people and their families cope emotionally with their care and treatment.

Compassionate care

- The Friends and Family Test (FFT) scores were positive. The trust target was 90% and in June 2015 they achieved 96%. Positive responses were received from 622 people that had used the service. Between January and June 2015 the service averaged 97% of respondents extremely likely or likely to recommend the service.
- We observed that all interactions across Children and Young People (CYP) services were undertaken in a dignified and compassionate manner. We saw an excellent interaction between an occupational therapist and a young person demonstrating compassionate, caring and age appropriate communication, with the young person involved at all stages.
- We saw numerous examples of compassionate care being provided by Children's Health Visitors. For example, a new mother was concerned that their child had loose stools, we observed the health visitor listen to all of the mother's concerns before explaining the reasons for the symptoms, providing reassurance and arranging for an additional visit to be made. The mother told us that she "finds the Health Visiting service better than expected, friendly and reassuring."
- We saw staff interactions with children and their parents were positive, respectful and child-centred. We observed a very interactive physiotherapy session with a child involving lots of eye contact. This session was child focused whereby the child created a story and the physiotherapist and the mother fitted the therapy around the story.
- We observed speech and language therapy sessions in which the therapist showed praise and encouragement towards the children. We saw positive interactions between the therapist and the children in each session.
- We observed that staff across all disciplines had a good rapport with children and their families. We saw a community children's nurse interacting very positively with a child, singing. There was a clear, strong relationship with the mother and child who smiled and giggled and obviously recognised the nurse. The mother was very appreciative of the care received stating, "she's my saviour."

Understanding and involvement of patients and those close to them

- Support for children across CYP services was child-centred and we saw children and parents were involved in decision-making, treatments and options available to them. Staff talked to the child and the parent involving them both.
- We saw many examples of staff giving clear explanations to children and their families and involving them in discussions about their treatment goals. We observed a positive interaction between a child and a school nurse where the child was the focus of discussion and bought into the conversation in relation to their needs. The father told us, "I'm grateful for any help and support for my daughter, I think the nurse was clear." We also received positive feedback from the education staff who embraced the support of the school nursing team.
- We observed a speech and language therapy session with a young child and their mother. The speech and language therapist was patient, gave clear explanations to the mother and explained strategies that she could

use at home to help with the child's progress. The therapist gave plenty of time for the mother to ask questions and offered for her to contact her in between appointments if she had any further questions.

- We saw a health visitor carry out a home visit to review a child with additional needs following a hospital admission. We saw the health visitor explain to the parents the reasons for the admission and the treatment plan. The health visitor involved the parents in a discussion as to how they were feeling following their child's hospital admission. The health visitor was aware that the mother had previously suffered from post-natal depression and explained that she could provide a listening visit if the need arose. The health visitor gave the parents a choice as to whether they would prefer the next appointment for the child to be home or clinic based. The parents told us that they thought that the health visiting service was a "fantastic Service."

Emotional support

- We saw many examples of emotional support being provided to children and their parents during the inspection. We visited a young mother with the Family Nurse Partnership (FNP) service during a home visit. The mother was included in the discussion and listened to in a caring and compassionate manner. We observed the young person opening up and sharing their problems. She was very appreciative of the support she had received, telling us, "I think the programme is amazing. I think it should be for all first-time mums. The best part of the programme is someone to talk to as I want to protect my mum." A social worker we spoke with was very positive about the FNP service stating, "The team are excellent, you can see the young person move on in their lives."
- We observed good rapport between a health visitor and a mother and her partner during a home visit. The health visitor was friendly and approachable and provided emotional support to the mother when she became tearful.
- We observed a community children's nurse providing emotional support and praise to a mother during a home visit. The mother was very appreciative telling us, "I know I can always call when I need her, she always helps me sort things out."
- We received many positive comments from parents using the Baby Clinic at Cannock Chase Children's Centre, for example one parent told us, "The service is great, I feel well supported, the staff are very helpful and really approachable."
- A parent who had an 8 week premature baby and was using the baby clinic told us, "When I call, the health visitor responds very quickly, I have been given all of the information I need and staff are always respectful and polite."

Good

Are services responsive to people's needs?

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

Summary

We have rated this service as good for responsive. This is because:

- Children and young people services were planned and delivered in a way that met the needs of the local population.
- Services were flexible and the needs of different children and young people were taken into account.
- Children and young people were able to access the right care at the right time.
- Complaint systems were accessible and there was evidence that learning from complaints took place.

However, we saw that:

- Services were not consistently achieving waiting time targets for access to therapy services.

Planning and delivering services which meet people's needs

- Staff told us and we saw CYP services planned and delivered care to meet the unique needs of the child/ young person and their parents. Senior managers told us they met monthly with commissioners to discuss service provision.
- The Family Nurse Partnership (FNP) service tailored support and care to young expectant mothers, taking into consideration their individual circumstances. We observed a joint home visit with the FNP supervisor and the social worker who worked together to address the young person and child's individual needs.
- We attended home visits with the children's nursing service and saw care delivery was individualised to meet the complex needs of children and support for the parents. Holistic care was being provided which considered planning for future issues as well as dealing with the more immediate concerns.
- We saw health visitor teams provided care from various settings, for example, children's centres, baby clinics and children's own homes. We observed during home visits that holistic care was provided to meet the needs of the whole family. For example, we observed a health visitor enquiring about the health of the partner as well as the mother and baby.
- Therapists planned and delivered care to children in schools, clinics and children's own homes based on the child's individual needs. The school nursing and immunisation teams delivered care within schools and clinics.
- We saw that additional support groups were being provided at the Cannock Chase Children's Centre in response to a recognised need for families of new born children and children below the age of two. For example, a Parents Early Education Partnership group was being provided as an early intervention programme to support parent and carers with making the most of everyday opportunities and interactions to support their own child's learning and development.

Equality and diversity

- Records demonstrated 89% of staff across CYP services had completed equality, diversity and human rights training against a trust target of 90%.
- CYP staff had access to language line and interpreters who were widely used to bridge communication divides. For example in a single high school 64 different languages may be spoken.
- Within the Family Nurse Partnership service, staff tried to assign clients a dedicated interpreter to be used throughout the programme as far as was practical.
- Health visitors were proactive and booked interpreters in advance to ensure they attended clinic appointments and home visits when required.
- CYP services had access to advice literature in different formats for example different languages to ensure parents understood the information.
- Clinic rooms and toilets were accessible to people with reduced mobility.

Meeting the needs of people in vulnerable circumstances

Good

Are services responsive to people's needs?

- The health visiting service was developing a strategy using a model of geographical deprivation linked to case load distribution**.** More staff were allocated to the more vulnerable people living in the most deprived areas.
- Children under the care of foster carers were allocated a designated health visitor to ensure their specific needs were met.
- Therapists and health visitors tried to reduce difficulties with access to services by people with vulnerable circumstances by providing care in a range of venues such as at local children's centres, nurseries, baby clinics as well as home visits.
- The trust provided a specific speech and language service called 'Stoke Speaks out', whereby extra speech and language therapists were recruited to deliver a programme of speech therapy to preschool children with a focus on 'school readiness'.

Access to the right care at the right time

- Children's occupational therapy waiting times are 18 weeks from referral through to treatment. The monthly target is 95% of patients will be seen within this timeframe. Data provided by the trust showed that from April to October 2015, this target was achieved in five out of six months. Eighty-six percent of patients were seen within 18 weeks in April 2015.
- Waiting times for children's physiotherapy are also 18 weeks, with a target of 95% of patients. Between April and August 2015, this target was achieved in two out of five months for patients on a non-admitted pathway and in one out of five months for patients on an incomplete pathway that have yet to be seen whose wait remains within 18 weeks.
- For speech and language therapy services, the target was achieved in one out of five months for patients on a non-admitted pathway but in four out of five months for patients on an incomplete pathway that have yet to be seen whose wait remains within 18 weeks.
- We saw that children's and young people's assessments and treatments across CYP services were carried out at appropriate stages of their development and significant times of their lives within each service and between services. For example, the Family Nurse Partnership (FNP) service invited young expectant mothers at the age of 19 years onto the programme and supported them when the child was born and until two and half years of age.
- We saw health visitors made robust links with FNP services to share care and provide development checks, immunisation programmes and support parents with children until school age.
- Children and young adults accessed nursing and therapy services at settings to suit them. For example, home, clinics and schools. We observed staff offering parents flexibility and a choice of appointments to suit their individual needs.
- The children's community nursing service consisted of three teams. The complex care team provided complex and palliative care operated seven days a week between 8am and 6pm.The hospital at home team which took GP referrals and cared for patients with acute illnesses operated seven days a week between 8 and 10 pm. There was capacity for 35 patients within the hospital at home service. Staff told us that it was difficult to predict peaks and troughs that is the demand versus the capacity. However, staff did not report as risks when capacity was reached and children were not able to receive the service. The continuing health care team was commissioned to provide continuing health packages of care and operated a 24-hour service seven days a week.

Learning from complaints and concerns

- Staff we talked with were aware of how to deal with complaints and knew how to access the trust's complaints policy for guidance.
- We saw patient advice and liaison service (PALS) posters were displayed in clinics, children's centres and schools. Families were aware of how to make complaints.
- There were 20 complaints reported between August 2014 and July 2015 across CYP services. Two related to appointments, seven to attitude of staff, three related to clinical treatment, four regarding communication, one to dignity and respect, one to information for patients and two in relation to quality of care. Following investigation one of these complaints was upheld.
- Staff told us and we saw from minutes of meetings that learning from complaints was discussed at their local staff meetings.

Requires improvement

Are services well-led?

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

Summary

We have rated this service as requiring improvement for well-led. This is because:

- The vision for the service was not well developed,
- Leaders were unable to articulate the key elements of the strategy for children and young people services and how it aligns with the trust-wide strategy.
- Risk registers did not reflect some of the safety concerns highlighted during our inspection.

However, we also saw that:

- Governance structures were in place and understood by staff.
- We found a positive, patient-focused culture with children and young people services.
- Leaders were supportive and staff felt valued.

Service vision and strategy

- There was not a clear vision or strategy within the CYP service. We spoke with the head of children's services and the professional lead for health visiting regarding their vision for the service. They were unable to articulate what the vision was and how it linked to the trust strategy. They told us that a meeting had been planned to develop the vision and strategy for the following year.
- There was a local strategy for each part of the service and staff in those areas were clear on this and their role within the strategy. It was not clear how this linked to an overall vision for the children's service or how it linked to the trust's overall strategy.

Governance, risk management and quality measurement

- We found evidence of a clear governance structures within the service. We saw key performance measures were reported at team and service level, monitored and actions taken to improve, for example adherence to the DOH health visiting indicators. The senior leadership team held monthly meetings where quality and risk issues were reviewed, which then fed into the divisional meetings and from there onto the board.
- CYP services provided us with a copy of their risk register as at 23 October 2015. There were13 risks identified, none of the risks were rated as high (red) on the register and they were all dated 2015. Risks identified covered a wide range of issues such as staffing, records and the working environment. None of the risks on the register reflected any of the concerns raised during our inspection such as appraisal rates, training needs analysis for child protection training and the lack of a medicines policy.
- The lack of care pathway or arrangements for transition to adult services for children with complex needs was not on the risk register, despite senior managers recognising this gap. There was no multi-agency planning group for development of a transition pathway.
- The quality of care was monitored and performance was discussed at monthly team and governance meetings. We saw minutes taken and shared among staff to encourage improvements in practice.
- We were told by staff that when a package of care was commissioned, a budget for consumables was not included in the costings.It was not always clear to staff and families who should take responsibility for providing them. It was not clear how long this confusion had been ongoing but it had resulted in families taking it upon themselves to purchase their own syringes. The continuing care team were aware of this but had yet to resolve this issue.

Leadership of this service

- Staff told us that strong local leadership was evident across all CYP services. We saw that services were well-organised and effective team working was encouraged.
- Staff told us they were well supported by their managers. Senior managers told us that the executive

team was accessible and they felt listened to. They reported good two-way communication between themselves and the board. Some of the executive team had attended home visits with staff, for example in the health visiting and Family Nurse Partnership service.

Culture within this service

- There was a positive culture across CYP services with dedicated and compassionate staff who told us they felt valued and supported by their colleagues and managers.
- Staff were hard-working and committed to providing the best care possible to children, young people and their families on a daily basis. Staff told us there was an open culture where they were encouraged to report incidents.
- All disciplines spoke with passion about their work and were enthusiastic and self-motivated to continually improve.

Public and staff engagement

- CYP services participated in the Friends and Family test. This indicates how likely a member of the public would recommend the service to a friend or family. Data between January 2015 and June 2015 demonstrated that an average of 81% were extremely likely to recommend the service.
- We saw that staff regularly discussed patient feedback from questionnaires in their monthly team meetings.
- Staff told us they were encouraged to contribute their ideas for improvements to practice at their team meetings and away days.

Innovation, improvement and sustainability

- The school nursing service had developed an innovative method of gaining feedback about their service from students. Nine students across two schools had been designated 'school health champions'. Their role was to gain feedback from other students about how to improve the school nursing service and also to support students within their schools by signposting young people to the school nursing services. The school nurses took the school champions for an award ceremony at the Department of Health to celebrate the project.
- The trust provided an innovative speech and language therapy service called "Stoke Speaks Out." Extra speech and language therapists were recruited to deliver a speech therapy programme to preschool children with a focus on improving 'school readiness'.
- The Children's Physiotherapy service led the, "GYM Project," transition programme. A multi-agency programme to enable young people with physical difficulties to transition to adult services.