HCRG Care Services Ltd

Technology House

Inspection report

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Date of inspection visit: 18 & 19 October 2022
Date of publication: 25/01/2023

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

Ratings

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

Summary of findings

Overall summary

Technology House is a registered location for HCRG Care Services Ltd. providing community health services for children, young people and their families across Wiltshire.

We rated it as good because:

- Services were tailored to meet the needs of children and young people and were delivered in a way to ensure flexibility, choice and continuity of care. The child or young person's individual needs and preferences were central to the planning and delivery of these services.
- The involvement of other organisations and the local community were integral to how services were planned and ensured that services met the child and young person's needs. There was good interaction between the local GPs, the acute and mental health hospitals and the services provided.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders had a shared purpose, strove to deliver and motivate staff to succeed.
- While the service had staff vacancies, they used regular bank and agency staff to maintain care for children and young people that kept them safe.
- Staff were committed to continually learning and improving services. They worked alongside GPs, the youth justice health group and the Ministry of Defence in creating a service that was responsive to the needs of children, young people and their families.
- Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed the risks to children and young people, acted on them and kept good care records.
- The service, where applicable used systems and processes to administer and record medicines safely. The service managed safety incidents well and learned lessons from them. Staff reviewed safety information and used it to improve the service.
- Team leaders monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- There was a proactive approach to understanding the needs of different groups of children and young people and to deliver care in a way that met these needs and promoted equality. This included children and young people with complex needs.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to children and young people, families and carers. The parents we spoke with were happy with the service provided and said staff were "excellent."
- Leaders were knowledgeable about quality issues and had the experience and capability to ensure that the strategy could be delivered. Leaders encouraged cooperative, supportive relationships among staff so that they felt respected, valued and supported.
- Governance and performance management arrangements were proactively reviewed and reflected best practice. There was an effective and comprehensive process in place to identify, understand, monitor and address current and future risks.
- Leaders actively reviewed complaints and how they were managed and responded to, and improvements were made as a result across the service.
- The service provided care to meet the needs of local people, took account of children and young people's individual needs, and ensured they could provide feedback. The service had provision to review waiting lists and were able to signpost to alternative organisations. The service worked well with external organisations to plan care.

Summary of findings

However

- Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were not always in line with national standards and people could not always access the service when they needed it or receive the right care promptly. The service had processes to manage this which included an electronic digital programme which could provide daily updates on waiting lists and a waiting time initiative. Senior leaders worked alongside the commissioners to review demand and capacity on the services provided.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Technology House

Virgin Care was rebranded as HCRG Care Services Ltd and acquired by Twenty20 Capital in December 2021.

The service was previously inspected in 2017 as part of a Virgin Care inspection and were rated good overall.

HCRG provide community health and care services for children and young people by looking after their physical, mental health and wellbeing. HCRG works in partnership with the NHS and local authorities to deliver intermediate care, primary care, pathway and diagnostic services for children and young people in the Wiltshire area through their community services.

The Immunisation team also provide services in Swindon, Devon, Bath and North East Somerset.

The service provides care and treatment from community-based clinics, children's centres, schools, and in children and young people's homes.

The service is regulated for the following activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures.

How we carried out this inspection

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

At the time of our inspection, the service had a registered manager.

Services offered by the provider were:

- Bladder and bowel clinics
- Training for carers to support a child or young person with a specific medical need
- Children's community audiology
- Children's community nursing
- Children's continuing care
- Community paediatrics
- Family Nurse Partnership
- Health visiting
- Immunisation service
- Integrated therapies
- Learning disability health service
- Looked after Children Health Services
- School nursing
- Speech and language therapy
- Wiltshire autism assessment service.

Summary of this inspection

During the inspection we:

- spoke with 30 staff including health visitors, school nurses, nursery nurses, student nurses, professional and clinical leads, the registered manager, head of specialist services, head of universal services, business support manager, regional head of quality and the safeguarding named nurse
- spoke with 12 parents
- reviewed 11 care records
- attended a multi-disciplinary meeting, a school immunisation day, a school drop-in session, a child health clinic and observed an autism diagnosis assessment.
- reviewed electronic performance data for the various services.

Outstanding practice

We found the following outstanding practice:

- The service worked closely with the Ministry of Defence in creating a service that worked in supporting military personnel moving into Wiltshire from some UK and overseas locations particularly Cyprus and Germany. The service set up a system for the safe transfer of records, a telephone liaison service with overseas professionals and a bespoke pathway for managing referrals when the families were not yet registered with a Wiltshire GP. These actions ensured that the service was responsive to the needs of the families and transfers were well-led. For example, A designated immunisation team visited military families across Wiltshire ensuring that ensuring that children and young people kept up to date with their vaccinations.
- The specialist bladder and bowel nurses had developed a training package for GP usage, so they were better equipped with the assessment, diagnosis and treatment of bladder and bowel problems in children.
- The service had adopted a “DAD app” to support fathers in parenting by providing engagement and support sessions. The service also engaged with dads as part of the “Dads matter too” initiative. They aimed to help dads have successful relationships with their families and to support them with anxiety, stress and mental health issues.
- The speech and language therapy team had worked with external providers to create a film raising awareness of Developmental Language Disorder (DLD). The film, “This is me and DLD”, was available on social media and expressed the views of a child with DLD using poems, cartoons and animations.

Areas for improvement

Action the service SHOULD take to improve:

- The service should continue to review, address and embed systems and processes to reduce waiting times and manage waiting lists effectively.

Our findings

Overview of ratings

Our ratings for this location are:

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

Community health services for children, young people and families

Good

Safe	Good
Effective	Outstanding
Caring	Good
Responsive	Good
Well-led	Good

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

Good

Our rating of safe stayed the same. We rated it as good.

Mandatory training

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

Staff completed and kept up to date with their mandatory training. Staff told us that mandatory training was comprehensive and met the needs of children, young people and staff. It was delivered through online and face to face sessions. Training figures seen showed that 95% of staff had completed mandatory training in line with the provider's target.

Staff completed training on recognising and responding to children and young people with mental health needs, learning disabilities and autism. The service had recently introduced the Oliver McGowan training. Oliver McGowan training ensures staff have a better understanding on how to support people with a learning disability or autism. Training figures showed that 25% of staff had received this training. Managers confirmed that further training sessions had been arranged to ensure all staff received the required training.

Managers monitored training and alerted staff when they needed to update their training. Team leaders encouraged staff to be responsible for their own training and staff were able to access and book themselves onto identified training through the organisation's "MyLearning" page.

Safeguarding

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

Community health services for children, young people and families

Good

Staff received training specific for their role on how to recognise and report abuse. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could give examples of how to protect children, young people and their families from harassment and discrimination, including those with protected characteristics under the Equality Act. The HCRG safeguarding team provided advice and expertise for all colleagues within the children's community services.

Staff completed e-learning as part of their safeguarding training. The safeguarding children and looked after children report for June 2022 identified that overall, 96% of staff had received their adults and children's level 3 safeguarding training. Staff also received training on female genital mutilation, looked after children and young people (97%), self-neglect and modern slavery (97%) and Prevent awareness (98%). Prevent is a government led programme which aims to safeguard vulnerable people from being drawn into radicalisation, the supporting of terrorism or violent extremism.

Staff knew how to identify children and young people at risk of, or suffering, significant harm and worked with other agencies to protect them. The safeguarding team had provided a continual virtual service throughout the pandemic, and reintroduced face to face contact in Multi Agency Safeguarding Hubs (MASH). The MASH is the single point of contact for all professionals to report safeguarding concerns.

The senior leadership team reviewed all safeguarding concerns and ensured these were submitted and discussed with the local authority during regular engagement meetings.

The provider had a team of safeguarding champions who met on a regular basis. The team attended 'Team around the Child' meetings where strategy discussions were reviewed for children and young people who required additional support.

A staff member regularly attended the Emerald and Young People's team meetings which raised the awareness of children at risk of sexual and criminal exploitation. Information was shared with staff to ensure they were kept up to date with what was happening across the county.

Cleanliness, infection control and hygiene

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

Staff followed infection control and hygiene procedures. Staff cleaned equipment after each contact. Protocols and cleaning products were in place to wipe down surfaces before and after use.

Staff contacted families and carers prior to visiting them to ascertain whether additional risks were present such as Covid-19 symptoms. This enabled the teams to assess infection control risks and identify the appropriate personal protective equipment (PPE) required.

Facilities were clean and had suitable furnishing which were clean and well-maintained.

Environment and equipment

Community health services for children, young people and families

Good

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. When providing care in children and young people's homes staff took precautions and actions to protect themselves and children, young people and their families.

The service had suitable facilities and enough suitable equipment to meet the needs of children and young people and their families. Staff carried out daily safety checks of specialist equipment.

The service had a centralised system for listing equipment stock with calibration status, service intervals and contact details for equipment repair services. Equipment was regularly serviced and calibrated in line with the manufacturer's recommendations.

The service received a copy from their landlord of the annual fire safety certificate. They had risk assessments in place to manage any identified risks.

Assessing and responding to patient risk

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

Staff knew about and dealt with any specific risk issues. Care records were individualised and outlined how to deal with behaviours that challenged. The care records identified the use of tools and assessments to consider for example, how to enter the parental home, physical health deterioration, domestic abuse and safeguarding issues.

Staff used a nationally recognised tool to identify children or young people at risk of deterioration and escalated them appropriately. Nursing staff used the paediatric early warning scoring (PEWS) tool. This was introduced following an identified action in the sepsis report for April 2022.

Staff completed training on sepsis at a level appropriate to their role. There was a "think sepsis" approach when providing care. Think sepsis is a Health Education England programme aimed at improving the diagnosis and management of children and young people.

Staff completed comprehensive risk assessments for each patient during their initial appointment. Virtual assessments were offered to all young people over the age of 8 years. Records showed that 45% had completed a virtual assessment, 40% were seen in clinic and 15% at school.

The service's clinical computer system identified specific risk areas for the teams to address. These included for example; children who may be home-schooled or missed vaccinations.

Plans clearly outlined what action to take if a respiratory assessment identified a functional deterioration. Escalation plans gave nurses scope to increase ventilation pressures or to supply oxygen. This allowed children with minor illnesses but requiring increased respiratory support to remain at home.

The immunisation team undertook a triple check system in ensuring children were exactly who they were expecting. Once the vaccination had been given and logged onto the system, notification was automatically sent to the parents/carers to inform them that the vaccination had been administered.

Community health services for children, young people and families

Good

The Single Point of Access (SPA) team had clear protocols to manage the risk to patients. They were able to quickly identify the triage pathway for children or young people referred. Pathways included; suspected attention deficit hyperactive disorder (ADHD, a condition that affects people's behaviour), and dysphagia, swallowing difficulty.

Staff shared key information to keep children and young people safe when handing over their care to others. The service used an electronic recording system where staff could access and update relevant information. This ensured information was available to others taking over any care needs.

The service had a lone worker policy and staff ensured their whereabouts were known. Staff communicated arrival and departure times to other team members who could contact the service or emergency help if necessary.

Nurse staffing

While there were staffing shortages, the service ensured they had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

While there were staffing shortages, the service had enough staff to keep patients safe. Managers told us staffing could, at times, be a challenge due to vacancies. Vacancies ranged from 4% in the children's management service to 33% in the paediatric integrated therapy team.

Staff told us that staffing had improved, and teams had merged to assist with shortfalls. Geographical boundaries had been adjusted to accommodate staffing needs.

Regular bank and agency staff were used to maintain consistency and continuity. Team leaders calculated and adjusted staff visits according to the needs of the child or young person.

Workforce wellbeing, recruitment and retention were organisational priorities for 2022/2023. There was a recruitment strategy and the services were actively recruiting. The recruitment focus included rewards and incentive packages as well as targeting job markets and fairs. For example, the service was promoting a "Golden Hello" with a monetary incentive.

From July to September 2022 the average sickness percentage was 4.8% which was just above the organisational target of 4%.

The service had reviewed its workforce to ensure they had the right skills. For example, the Speech and Language therapists and the Wiltshire Autism Assessment Service (WAAS) had recruited assistant practitioners to support qualified practitioners while the integrated therapies team were exploring the option of having "virtual" therapists. This ensured there was a wider pool of staff and therapists available to provide the appropriate care and treatment for children and young people.

Staff attended daily safety brief handovers to ensure they had up to date information to manage any identified concerns.

Records

Community health services for children, young people and families

Good

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

When children and young people were referred, discharged, transferred and/or transitioned between teams, services had all the information needed for their ongoing care. There were no delays in staff accessing records and all information was shared appropriately in line with the service's protocols.

The provider had moved to an electronic recording system, which made sharing of information across services more effective. The service had created a single record which improved access for children, young people and their families. This also meant referrers only needed to complete one form reducing duplication. Patient notes were comprehensive and included all the relevant information to manage the patient's care and welfare. Staff could access electronic records off site when completing home and community visits.

Professional leads and managers undertook periodic audits of care records to ensure completeness and accuracy. Care records seen showed this to be very effective with clear and comprehensive recordings.

Records were stored securely.

Medicines

The service used systems and processes to safely prescribe medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Services we visited did not store controlled drugs.

Children and young people were mostly prescribed medicines by their GPs. Paediatric consultants used electronic prescribing where applicable. This meant prescriptions could be sent electronically to pharmacies which ensured timeliness and convenience of delivery to families and carers.

There were some nurse prescribers within the integrated community teams and across the specialist services. Some staff were also able to administer medicines using PGDs (Patient Group Directions). PGDs are written instructions to help staff supply or administer medicines to patients. The PGD audit for 24 May 2022 provided assurances that the service was compliant with the PGD policy.

Incidents

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

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the organisation's policy using an online incident reporting system. The top 3 categories of reported incidents in quarter 2 (July to September 2022) were; referral processing errors, incorrect upload to clinical records and postponement or cancellation of booked respite shifts for children. The service had created an action plan to address the issues identified.

Community health services for children, young people and families

Good

The organisation was preparing for the introduction of the new Patient Safety Incident Response Framework (PSIRF). They had adopted the SBAR (Situation-Background-Assessment-Recommendation) technique, a communication tool designed to support staff sharing clear, concise and focused information. This replaced the root cause analysis system and had been rolled out across the services. Incident reports seen were concise and informative.

Staff understood the duty of candour and gave children, young people and their families a full explanation when things went wrong. Children and young people, where applicable, were involved in these investigations.

The service had created a bespoke customer service training known as "Even better if…." which was based on learning from incidents, complaints and concerns.

Learning from incidents was shared at team meetings. Incidents and learning were also discussed at subject matter governance meetings such as infection and prevention committees, the medicine optimisation group and safeguarding teams.

Managers investigated incidents thoroughly. Managers discussed incidents at monthly quality, care effectiveness and safeguarding (QCES) meetings to identify themes and trends. For example, we saw the service had undertaken a deep dive into missed dysphagia referrals resulting in amendments to the website with appointments being processed within 24 hours.

Staff met to discuss the feedback from incidents and looked at improvements for children and young people's care. We saw evidence of shared learning from events which included the voice of the child. The health visiting service held a learning event in July 2022 which looked at serious case reviews and local safeguarding practices.

Safety alerts were discussed at the monthly quality and safety meeting and cascaded to service leads for action as appropriate.

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

Outstanding ☆

Our rating of effective improved. We rated it as outstanding.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

The service reviewed their compliance of Autism Spectrum Disorder (ASD) assessments in line with the National Institute of Care and Health Excellence (NICE) Guideline (CG128, NICE 2011). The Wiltshire Autistic Assessment Service (WAAS) were achieving over 90% compliance.

NICE guidance was cascaded to service leads with implementation monitored by compliance advisors. Managers reviewed processes to ensure staff were following best practice.

Community health services for children, young people and families

Good

Staff gave parents and carers advice in line with national guidance and had leaflets available for families. Staff described how they used the ages and stages questionnaire and the early language identification measure (ELIM). Staff gave advice in baby and toddler clinics regarding for example, feeding regimes and sleeping routines. The health visitors were using the ELIM tool to decide whether support was needed for a child's communication skills.

Staff attended daily handover meetings where they discussed the psychological and emotional needs of children, young people and their families.

Nutrition and hydration

Staff regularly checked if children and young people were eating and drinking enough to stay healthy and help with their recovery.

Where relevant, staff included nutrition and hydration assessment and management within care plans.

Specialist support from staff such as dietitians and speech and language therapists were available for children and young people who needed it.

Staff fully and accurately completed fluid and nutrition charts where needed.

Staff used a nationally recognised screening tool to monitor children and young people at risk of malnutrition.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.

The service participated in relevant national clinical audits and outcomes for children and young people. The annual audit programme results showed the service as consistent and meeting expectations, including compliance with national standards such as the Healthy Child Programme and the Royal College of Paediatrics and Child Health Standards.

Managers and staff used evidence-based tools and assessments to monitor outcomes. Staff used the therapy outcome measure. This allows professionals from many disciplines to describe the abilities and difficulties of a child or young person in four domains namely; impairment, activity, participation and wellbeing.

Staff used the goal attainment scale (GAS). This is an outcome measure used to calculate the extent to which a child or young person's goals are met. The family nurse partnership used 'new mum star', an outcome measure tool used to support women as they prepared to become mothers.

We observed an Autism Diagnostic Observation Schedule (ADOS) appointment. This was an assessment of communication, social interaction, play, and restricted and repetitive behaviours. On completion outcomes were linked with the community paediatrics team. A post assessment meeting was offered with invites to the school and professionals involved to explain findings, diagnosis/lack of diagnosis and next steps.

All teams participated in contractual and internal audits on various aspects of the service. These included; health care records, medicine management and infection, prevention and control. Managers carried out a comprehensive programme of repeated audits to check improvement over time. Managers discussed results from audits at quality, care effectiveness and safeguarding (QCES) meetings and developed action plans where applicable.

The service audited declined referrals to ensure there was clear and appropriate signposting. The service achieved an overall compliance of 92%. Any identified concerns or improvement were highlighted, and an action plan created. The information was disseminated to the QCES meetings.

An audit of the audiology services showed that 100% of discharges were carried out in line with national and local guidance. There was clear documentation of signposting to other services and how to access services again if concerns arose in the future.

The breastfeeding service was accredited by the United Nations International Children's Emergency Fund (UNICEF) baby friendly initiative. Staff complied with national guidance by supporting mothers to continue breastfeeding beyond six months alongside the introduction of appropriate solid foods.

The organisation used a digital monitoring programme that showed performance and outcome data. Team leaders reviewed outcome measures to ensure the service was effective and establish if a change in practice was needed. As of June 2022, 100% of children and young people showed improvement with their mobility, language impairment, sleep and toileting and anger management following intervention from the service.

Competent staff

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

Managers ensured staff, including bank or agency staff, had the right skills, qualifications, and experience to meet the needs of the child or young person. Staff had the opportunity to discuss training needs with their manager and were supported to develop their skills and knowledge. Staff received specialist training required for their role. For example, dysphagia training had been completed to increase the skills within teams.

The learning disability team had introduced a sensory pathway. They encouraged training as a group to improve understanding of sensory issues that affect behaviours and traits.

Each year, HCRG set aside money to fund projects designed, developed and implemented by colleagues delivering services as part of their commitment that everyone feels the difference. The specialist nursing team had successfully secured this funding for life models for tracheostomy training. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe to help with breathing. Staff used this as a training guide to ensure safe practice was undertaken by the teams.

Managers gave all new staff a full induction tailored to their role before they started work. Staff completed a competency framework, and all employees were required to demonstrate competencies and behaviours aligned to the provider's values.

Staff told us they had access to new learning opportunities, including autism and learning disabilities awareness.

Community health services for children, young people and families

Good

Each year, the organisation supported nurses to access the Nightingale Challenge, which is a programme to support nurse leadership. This involved a series of virtual leadership lectures, mentorship support from senior nurses within the organisation and completing workplace projects. For example, staff within the immunisation team had been involved in the creation of a frequently asked questions leaflet to improve immunisation take up.

The Single Point of Access (SPA) team had undertaken training to understand and manage parental queries. This included identifying a child with suspected or identified special education needs or disabilities (SEND). The training explored how staff could support anxious parents and those who may be confused by the system. The SPA team had also completed "even better if" training which looked at how the team could achieve better outcomes and relationships with children and young people who use the service.

Following the inspection, we were provided with additional information regarding additional training provided by the speech and language therapy (SLT) service to support language development and language learning in the classroom as part of the daily curriculum.

Staff had attended bespoke training packages from both internal and external colleagues. This included; Child and Adolescent Mental Health Services (CAMHS) and the Wiltshire Parent Carer Council.

There was ongoing support for staff to undertake registered nurse and specialist community public health nursing (SCPHN) training. Team leaders were proud of the "grow your own" approach to developing staff. Across the service staff were undertaking apprenticeships specific to their role.

Managers supported staff through regular, constructive appraisals and supervision of their work. Appraisal compliance was 97%. Staff told us they received regular supervision and appraisal.

The creation of the values, behaviours and competency framework was embedded into the appraisal cycle. This ensured that staff were motivated to be kind, caring, empathetic and responsive to the needs of the child and young person.

The service had a process for identifying talent and succession planning. Managers reviewed the team's performance through the appraisal process and used the GROW model to identify talent. The GROW model is a framework for structuring coaching and/or monitoring sessions.

Managers ensured staff could attend team meetings or had access to the minutes when they could not attend.

Managers identified poor staff performance promptly and supported staff to improve. Managers referred to organisational policy and gave examples how they addressed performance issues

Managers received automatic notification of staff who were nearing their revalidation date which allowed them to monitor and support registrants. Registration was also discussed at appraisal.

Multidisciplinary working

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

Community health services for children, young people and families

Good

Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. Staff told us children; young people and their families could be represented by advocates where necessary and were able to signpost them to the advocacy services.

School aged immunisation teams worked with schools to organise, and risk assess environments where immunisations were carried out.

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure children and young people had no gaps in their care. Staff could access other specialists as needed, including for example, speech and language therapists.

The SPA triage model was embedded into the service. The multidisciplinary team (MDT) triaged the most complex referrals including those suspected of having autism or attention deficit hyperactivity disorder (ADHD), a condition that affects people's behaviour.

The MDT was made up of specialist service professional leads and team leaders such as the Wiltshire Autism Assessment Service (WAAS). The service could access advice, if required, from a consultant community paediatrician, CAMHS colleagues or a Special Educational Needs and Disabilities (SEND) manager from Wiltshire Council. All worked closely together and attended the MDT as required. This allowed for cross agency working and enabled the service to re-direct referrals to other organisations if appropriate. Team leads were in discussion with the local GPs so they could be involved in the child or young person's care by supporting the MDTs.

The WAAS received referrals from health and education professionals via the SPA. Referrals were triaged and information sought from parents and schools. A paediatric medical review was offered as part of the assessment. Information was presented at MDT meetings which consisted of paediatricians, autism practitioners and a clinical psychologist. A post-assessment meeting was held for signposting and recommendations.

Staff had access to a paediatrician on the day for same day urgent queries

The Wiltshire Children's Community Services (WCCS) multi-disciplinary referral review, allocation and triage group had both a clinical and administrative function. The group ensured timely and appropriate response to referrals received into the SPA. The triage process ensured care and intervention was provided by the most appropriate service(s) or the referrer was signposted elsewhere if they did not meet the criteria threshold.

Staff referred children and young people for mental health assessments when they showed signs of mental ill health. Teams engaged with community children and adolescent mental health (CAMHS) teams to support multidisciplinary working. The service could refer into the Children and Adolescence Mental Health Service's (CAMHS) Neurodevelopmental Disorders (NDC) teams if needed.

The service had a team of 8 'health responders' who worked jointly with the police, paediatricians and social care to support families and protect surviving children in cases of any unexpected child deaths. All had received joint agency response training to ensure they felt confident and supported in their role.

Health promotion

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

Community health services for children, young people and families

Good

Staff promoted the young person's health through the healthy school programme which it delivered for children aged 0-19 years. Information promoting healthy lifestyles was displayed in locations where care was offered. Staff signposted children, young people and parents to services that could assist with achieving a healthy lifestyle and wellbeing.

School nurses oversaw weight management and could refer to "Healthy Me." Healthy Me is a free interactive programme for children aged 5 to18 years who are above the healthy weight for their age. This programme was open to Wiltshire based residents and courses were delivered either virtually or face to face. Parents could also be signposted to an exercise programme initiative at Bath Rugby Club.

Staff completed health needs assessments and developed an action plan for each school. Alongside this was a Statement of Purpose developed with commissioners and healthy schools leads. This ensured a healthy lifestyle approach.

Health visiting staff received healthy lifestyle updates and provided healthy eating and weight advice linked to Wiltshire Council Public Health programmes.

The school nurses had participated in a research pilot with Liverpool University to look at healthy eating and build knowledge about obesity and healthy weight. As a result of the research school nurses had contributed information into their e-learning healthy child programme. The team were currently waiting for the e-learning information being approved by the Office of Health Improvements and Disparities (OHID) before publication could be rolled out.

The school nurses offered sexual health support which included chlamydia (a bacterial infection), pregnancy testing, and the dispensing and use of condoms.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

All staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to access policies and get accurate advice on the Mental Capacity Act and Gillick competence. Staff we spoke to were able to explain Gillick competence and how it is applied. Gillick competence is the principle used to judge capacity in children to consent to medical treatment.

Staff made sure children, young people and their families consented to treatment based on all the information available, and in line with legislation and guidance. This was recorded clearly in children and young people's records. The Wiltshire autism assessment service (WAAS) carried out periodic audits of recording children and young people's consent.

Staff understood how and when to assess whether a child or young person had the capacity or competence to make decisions about their care. When children, young people or their families could not give consent, staff made decisions in their best interest, considering their wishes, culture and traditions. Care records showed consent being obtained. There were clear protocols, contacts and arrangements documented to ensure best interest decisions were undertaken appropriately.

Community health services for children, young people and families

Good

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

Good

Our rating of caring went down. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for children, young people and their families. We observed staff asking personal questions in a compassionate and caring way which made them feel valued as individuals. Staff took time to interact with children, young people and their families in a respectful and considerate way. Staff explained how they would sensitively manage difficult and challenging conversations.

We saw skilled, compassionate care given to children during clinical visits and when receiving their vaccination. Staff were kind, courteous and considerate while using various strategies to distract, calm and re-assure children. Staff used a demonstration vaccination kit for children needing extra support.

Children, young people and their families said staff treated them well and with kindness. Families provided positive feedback through the friends and family feedback test. Feedback included themes of staff showing kindness, compassion and providing support with sensitive issues.

Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs. Families told us staff were flexible and stated how they were able to meet their needs. The service used feedback from families to effectively review and enhance the care provided.

Staff kept care and treatment records confidential. They followed robust confidentiality procedures that were evidenced within healthcare records.

Emotional support

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

Staff gave children, young people and their families help, emotional support and advice when they needed it. Parents and carers were actively supported to be a part of their child's care. Staff were fully committed to working in partnership with families.

School nurses supported young people when their school attendance dropped. They used various tools such as chat health. Chat health is a confidential text messaging service that enables children and young people (aged 11-19) to contact their local school nursing team for confidential advice and support around any aspect of their physical or emotional health.

Community health services for children, young people and families

Good

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

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their families' wellbeing. Information within care records showed consideration of the impact on a family's wellbeing when physical or mental conditions affected day to day living. The service could signpost young people and their families to other services for support if necessary.

While staff did not routinely engage with advocates, they recognised that some children or their family may need to have access. They linked with the advocacy service and support networks.

Understanding and involvement of patients and those close to them

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

Staff used a variety of ways to communicate to make sure children, young people and their families understood their care and treatment. Information was available in many formats which included pictorial, easy read or sensory where possible.

The service was able to supply people who did not speak English as their first language with leaflets printed in their own language. The child or young person's individual preferences and needs were always reflected in how care was delivered.

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this. The Wiltshire Autism Assessment Service (WAAS) offered a 16+ service. This involved contacting the young person directly and involving them in the whole process alongside their parents/carers. This process enabled the voice of the young person to be heard.

Listening to the voice of the child was embedded in practice across services. The views of children and young people, and their carers were sought at all stages of assessment and treatment and during the child protection process. For example, children and young people completed a "Day in the life of a child." This tool supported staff to gain an understanding of a child or young person's daily routine. Children and young people also completed an "all about me" section in care plans.

The Friends and Family Test (FTT) was offered to all children who could complete it. This was suspended due to Covid-19 but restarted in November 2021. All results of the FFT were shared at governance meetings and locally with teams. Results for quarter 2 (July to September 2022) showed a 95% positive rating.

To identify where improvements in patient experience were needed, and to evaluate how successful changes were made to their journey, the service completed the Patient Reported Experience Measure (PREM). PREMs are questionnaires which measure a patients' perception of the care received. The outcome measure for quarter 2 (July to September 2022) showed 89% saying they had been treated with respect.

The "You Said We Did" and the "Feel the Difference" schemes provided a voice for parents/carers and children regarding the delivery of services provided. We saw examples of areas where improvements had been made such as the implementation of a hybrid model. This gave children and families the choice of having a virtual consultation or being seen face to face.

Community health services for children, young people and families

Good

The Looked After Children team, school nursing service and Immunisation teams sought the views of the child during their interventions and assessments.

The service received 53 compliments during quarter 2 (July to September 2022). Parents feedback seen showed they were “less anxious”, “thankful for the support offered” and “overwhelmed by the effort” staff put in. Most said that staff were “great”, and the services provided were “fabulous.”

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

Good

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. Health visitors had built relationships with local people with a minority background and travellers. The service had a lead for the Roma, Gypsy, Traveller and boater communities. This meant they were able to provide care and treatment to these communities where cultural and living arrangements proved to be a barrier to access care and treatment. The lead worked as the named health visitor for boater families to ensure continuity and provision of care, treatment, assessments and immunisations during the families’ travel to new locations. This also included arranging for other specialist teams to be available for treatment when required.

A youth justice health group had been established with; the youth justice speech and language therapists, school nurses and child and adolescent mental health services. These services focussed on how they assessed, supported and developed outcomes with the young person.The speech and language therapy service also provided advice on communication needs, communication passports and pre-sentence reports.

The service ensured that parents/carers knew how to access appropriate help and support when they had concerns. This included access to the HANDi Paediatric app. The HANDi app provides expert advice on how best to manage common childhood illnesses such as high temperature, chestiness (baby and child), stomach pain and new-born problems.

Health visitors told us their caseloads were manageable. They confirmed they had on average 450 on their caseload which was reviewed regularly. The family nurse partnership team averaged 23 on their caseload which was just below the national average of 25. School nurses had up to two secondary schools each to manage.

Staff worked closely with acute wards when children and young people were in hospital to ensure that key information was shared between the teams. Information was shared with the consent of the family and included care plans and end of life wishes. This ensured that care between the community and the hospitals were joined up.

The service had a defined single point of access (SPA) and care coordination centre. The SPA provided, children, young people, family members, carers and other professionals with a single front door, email address and telephone number.

Community health services for children, young people and families

Good

This improved access, responsiveness and coordinated care due to families only having to tell their story once. Staff explained how they had prioritised 24-hour urgent pathways for areas such as dysphagia, swallowing problems and torticollis, a twisting of the neck that causes the head to rotate and tilt at an odd angle. Data seen for quarter 2 (July to September 2022) showed for example, the service achieving 100% for managing their dysphagia referrals.

There was a dedicated team of customer focussed administrators who provided advice and support on a range of services offered which included; the management of appointments and the requests for repeat prescriptions and medical supplies. Following concerns received from GPs, the service worked with their representatives to create a form for use on their electronic patient record system. This ensured all outcome letters were sent to the patients, carers and the referrers.

The service had a team of specialist nurses who had knowledge of bladder and bowel symptoms. The service had adopted NHS England's Excellence in Continence Care guide. They had developed a training package for GP usage, so they were better equipped with the diagnosis and treatment of children with bladder and bowel problems.

The Wiltshire Children's Community Services had liaised with the Bath, and North East Somerset (B&NES), Swindon and Wiltshire Integrated Care System to review the "request for support" forms. This resulted in a new concise form which provided accessible information to support any requests for areas such as; learning disability health services, pre-school health advice, and bladder and bowel concerns.

The service worked closely with the Ministry of Defence in creating a service that supported the transfer of military personnel moving into Wiltshire from some UK locations and overseas particularly Cyprus and Germany. The service set up a system for the safe transfer of records, a telephone liaison service with overseas professionals and a bespoke pathway for managing referrals when the families were not yet registered with a Wiltshire GP. A designated immunisation team saw military families in schools and specific clinics. This was a new initiative for the team and staff were positive about the response received. These actions ensured that the service was responsive to the needs of the families and transfers were well-led.

The service had systems to care for children and young people in need of additional support, and/or specialist intervention such as hearing impairment or developmental delay. The service had a good process for the planning and transition to adult services.

Managers monitored and took action to minimise missed appointments. The provider had a National Managing Missed Health Appointments for Children and Vulnerable Adults Policy. The organisation's electronic reporting system identified those who had missed multiple appointments. The safeguarding team supported the staff teams in following up missed health appointments where there were safeguarding concerns about individual children and young people or the pattern of missed appointments could suggest previously unidentified neglect issues.

Meeting people's individual needs

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

Community health services for children, young people and families

Good

The services were actively linking with dads as part of the "Dads matter too" initiative. The service had ten champions to work with dads to increase their parental knowledge while encouraging them to attend visits. They had adopted a "DAD App" to support fathers in parenting. They aimed to help dads have successful relationships with their families and to support them with anxiety, stress and mental health issues. Staff expressed how dads found this service invaluable and had identified an increase in dads' attendance at appointments.

The speech and language therapy team had worked with external providers to create a film raising awareness of Developmental Language Disorder (DLD). The film, "This is me and DLD", was available on social media and expressed the views of a child with DLD using poems, cartoons and animations.

The service recently secured funding for a digital system providing opportunities for young people to complete digital health questionnaires on their mobile phones around their physical, mental health and wellbeing. Areas covered included; self-harm, body image and diet. Certain responses or words/phrases produced a 'red flag' alert which would be sent to the school nursing team. Staff could review the results daily which meant they could quickly respond or escalate any urgent concerns. This was due to be launched in December 2022.

The learning disability service used a case management system designed to prioritise the appropriate risks and meet the changing needs of children and young people. The IAP (Inclusive Activity Programme) equipped staff with the skills to engage disabled people and those with long-term health conditions to be more physically active through encouraging choice and inclusion.

Staff explained how they worked with Wiltshire Council to implement the Families and Children's Transformation (FACT) programme. A key element of this is the embedding of the Five to Thrive approach (an attachment based approach to positive parenting).speech The Five to Thrive approach is based on five key activities namely; Respond, Cuddle, Relax, Play and Talk. These were used as a set of building blocks for healthy communication and brain development. Health visitors used the Five to Thrive approach during their contact with children and families. The speech and language therapists (SALT) had also been involved in two FACT programmes namely; Best Start in Life (BSIL) aiming to improve social mobility and the review of children who may require an education, health and care plan (EHCP).

The children's service had embraced new ways of working and adapted how they visited and saw families during the Covid-19 pandemic. This included virtual consultations, walk and talk assessments where they could observe the parents' interaction with their child and their inter-relationship skills, virtual breastfeeding support, and working with schools to use their premises for Covid-19 secure adolescent vaccination clinics whilst they were closed. Staff continued to offer these services even though they were returning to business as usual and seeing more children, young people and their families face to face.

Staff worked with GPs and the acute hospitals to support vulnerable people through post-natal and ante-natal sessions. Examples included Baby Steps which is a free educational programme for pregnant women and their partners/family. It prepares all soon-to-be mums and dads for becoming a parent, even if they already have children.

Infant feeding intervention was offered for those requiring extra support. The specialist infant feeding team offered rapid support to mothers to continue breast feeding.

Staff engaged with children, young people and their families and listened to how they could improve the service. This resulted in several changes. For example, the children's audiology service had improved the layout and information about "HeatGlueEar" (where the middle part of the ear canal fills up with fluid and may cause temporary hearing loss).

Community health services for children, young people and families

Good

The immunisation team worked with colleagues on the telephony system to add a "notification of place" in the queue so that callers were kept informed. Families we spoke with liked how they were kept informed of their place in the queue.

The healthy child drop-in session was relocated to the local library after concerns that it was too far from the town centre. The relocation supported access for families while enabling them to attend other activities. Parents told us they liked that they could access other services when visiting the local library which supported their home life and work life balance.

As part of the Nightingale programme to support nurse leadership, the immunisation team had reviewed how they could increase vaccination uptake. They created an informative leaflet of frequently asked questions to support parents and carers. This had received positive feedback, been successfully rolled out and had increased the uptake on vaccinations to 98%.

Staff had linked with the Wiltshire homeless team to provide support and guidance. For example, they attended local authority locations to help with housing issues and provide help with the completion of documents. Staff also attended children's centres to support refugees and unaccompanied asylum-seeking children.

The family nurse partnership supported families with housing concerns as well as access to for example, food parcel.

Access and flow

Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were not always in line with national standards. People could not always access the service when they needed it or receive the right care promptly.

The Wiltshire Children's Community Health (WCCH) services had seen an increase in referrals and complexity of needs since post Covid-19 lockdown. The senior leadership team told us that this had been identified as sustained demand rather than a "surge" in demand. To mitigate the risk the service had an action plan which included tracking data. This was summarised weekly with any actions required to maintain a 6-week referral position. Staff rotas were amended to reflect allocation of duties and monitored at daily management huddles. The plan identified that additional staff had been trained to manage an increase in referrals. The outcomes project progress overview for July 2022 showed that most services were achieving their waiting list targets and goals. These defined measures ensured that services were consistent and reliable in achieving their outcomes.

The organisation had a Clinical Harm Review Policy. The clinical harm review process for waiting list management identified a standardised approach to harm reviews for all services. Managers were able to review and monitor waiting times daily via their digital performance programme. This enabled them to prioritise children according to their need. The service had mitigations in place which included ongoing discussions with commissioners to seek a system solution including a review of formal pathways.

Clinicians identified those at risk or likely to be at a high risk and prioritised them accordingly. This included; triaging referrals and identifying if any tests were required prior to their appointment or reviewing overdue follow ups by looking if a patient could be seen by an alternative clinician.

Community health services for children, young people and families

Good

Leaders were clear on how well the different services had developed during the Covid-19 pandemic and all said that access and flow were on occasions challenging but this was improving, and most services were meeting their waiting lists. For example, the integrated therapy team were meeting their referrals with 89% of children being seen within 18 weeks. There were currently 5 children waiting over 26 weeks. Following the inspection, the provider informed us that all children waiting over 26 weeks had received an appointment.

The organisations digital performance programme provided daily updates on waiting times. Managers and team leaders said the updates were invaluable to enable them to identify and address concerns quickly. As of August 2022, 100% of looked after children had received a face-to-face review. Data seen showed that 94% of children had received their reviews as stipulated in the Healthy Child Programme or received a face-to-face audiology meeting. This was just below the provider's target of 95%.

The integrated therapists saw 87% of children within 18 weeks while 85% of health visitors' New Birth visits were seen within 14 days. The Wiltshire Children's service had seen 73% of children within 18 weeks.

The increase in referrals to the bladder and bowel service had seen their achievement figure of 89% decline to 45% in quarter one (April to June 2022). This equated to 5 children waiting to be seen. This was regularly reviewed and monitored with additional staff being put in place as required.

The learning disability service reviewed all referrals daily. Figures seen for quarter one (April to June 2022) showed the service seeing 78% (86) children who had been referred to the service. As of August 2022, the number of children and young people waiting for an assessment had been reduced by 30% to 14. The service's digital performance system flagged any concerns which may impact on where the child or young person were on the priority list. All families received a letter on receipt of the referral and where appropriate were offered other interventions.

We saw figures which outlined a sustained increase in the complexity in referrals for multiple services. For example, the average weekly referral for 2022 was 176, an increase of 58 compared to 2021. Monthly governance meetings and senior management meetings monitored referrals and waiting lists. Increased capacity had been put into the services with part time and bank staff supporting with additional hours. While this had enabled more children and young people appointments this had not resulted in a reduction of the overall waiting times.To manage the additional referrals the service was working closely with Bath and North East Somerset, Swindon and Wiltshire's Integrated Care Board (ICB) to review the pathway for referrals into the service while supporting primary care to review their intervention and referrals into specialist services.

Managers told us that waiting times and numbers for autism diagnostic assessments for children and young people across Wiltshire Autism Assessment Service (WAAS) had increased due to demand. The autism services' electronic data for August 2022 showed there were 253 patients due an assessment, of which 86% were seen within 18 weeks. There were currently 8 children waiting up to 26 weeks. The average waiting time for all children to be seen was 14 weeks.

To mitigate the risk while people were waiting, the service had created a waiting list initiative (WLI) to improve children and young people's autism diagnosis. This was a multi-disciplinary approach evaluating different pathways for children waiting the longest for assessment. While waiting families were given the option of alternative interventions which included therapy self-help. Families were also given access to the WAAS monthly newsletter which provided information about local support groups. The WAAS had recruited staff that could undertake specific work surrounding the processes involved. This released the senior practitioners' time and resource while speeding up processes for parents and young people.

The managers and team leaders held a huddle twice a week to update on referrals. This ensured they had visibility of the backlog or any accruing concerns. Managers and team leaders instructed the teams daily as to which service areas required priority to ensure equitability of referral dates across the service. The timeliness of addressing referrals were reviewed by the referral query task group and any concerns actioned by the professional lead for care coordination and hub manager.

The service had identified a theme of missed paediatric referrals. This was predominantly due to the information from acute hospitals being embedded within the clinic letter and easily missed. To mitigate an agreement was made for all clinic letters to be marked as a referral, if appropriate. Staff told us this had streamlined the process and ensured they captured all referrals in a timely way.

The Single Point of Access (SPA) performance data identified that 90% of calls were answered with an average wait time of 2 minutes 10 seconds. Wiltshire SPA took an additional 7,000 calls in comparison to the year ending March 2021.

The looked after children's team offered initial health assessments (IHAs) as face to face appointments. For quarter 1 (April to June 2022), the team had completed 40 IHA requests for Wiltshire children placed out of county including children placed in Wiltshire by other local authorities. Against a national requirement of a 28-day completion; 45% received an IHA within 28 days while the remainder (55%) received an IHA within 35 days. Senior managers told us the increase in the number of looked after children being placed out of county was impacting on their performance of IHA completion and they were in consultation with the commissioners about this.

The community children's nurses provided home cardiac monitoring to children with complex cardiac conditions and followed a cardiac escalation plan. These plans allowed children to come home from hospital rather than needing to stay in for monitoring while they waited for surgery.

The service had a strategy to ensure challenges were achievable. Senior leaders had presented to commissioners an action plan to address the barriers placed on the service being provided. The re-organising of the core service delivery and the implementing and outline of the strategy would have a positive effect on wait times.

Learning from complaints and concerns

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

Children, young people and their families knew how to complain or raise concerns. The service received 8 complaints during quarter 2 (July to September 2022) with an identified theme of poor communication either during a consultation or in a report/assessment. There were also 10 concerns for quarter 2 with themes of delayed appointments and poor communication. Learning from these had resulted in action plans being completed to include additional training, clearer processes and provision of written summaries to parents. Following the inspection, the provider informed us they had developed specific communication sheets for parents following requests and feedback.

The service clearly displayed information in patient areas about how to raise a concern.

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

Community health services for children, young people and families

Good

Managers investigated complaints and identified themes. Clear records of all complaints were kept, including actions taken to resolve the complaint and any learning or changes made because of the complaint.

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint. We saw evidence of feedback given to staff during team meetings. The service used compliments to learn, celebrate success and improve the quality of care.

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

Good

Our rating of well-led stayed the same. We rated it as good.

Leadership

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

The service was led by a regional director who was supported by the head of Universal services, head of Specialist services, Regional Head of Quality and a Business Support manager for Single Point of Access (SPA). Leaders demonstrated high levels of experience and appeared compassionate and inclusive of all staff. There was a registered manager in post who was fully aware of the registration requirements for the service. Service managers oversaw the daily running of the service.

Leaders had a clear focus on high quality child focused care. Leaders had a shared purpose to deliver and motivate staff to succeed. Comprehensive strategies ensured delivery and development of the desired culture. Leaders showed strong collaboration and support across all services and a common focus on improving quality of care and children, young people and staff experience. Leaders were visible and approachable.

Leaders understood the challenges to quality and sustainability, and identified the actions needed to address them. For example, leaders were regularly reviewing and tendering for contracts. This was to ensure there was continued staff recruitment in order to provide a sustainable service.

Staff felt well supported by their managers and were comfortable and confident in approaching them if they had any concerns. Managers we spoke with confirmed they received continuous support to enable them to do their role. Team leaders said staff were committed to improving the health outcomes for children, young people and the families in their care.

Leadership teams had clearly defined roles and responsibilities All managers knew what was expected of them. Managers were available for advice and support for staff working on weekends.

Managers understood the priorities and challenges the service faced. Leaders were able to identify key areas at risk of being overwhelmed due to demand out-stripping capacity. The senior leadership team were in consultation with the commissioners to evaluate the services and how they could provide a service delivery which was beneficial to the child, young person and their families/carers.

Community health services for children, young people and families

Good

Vision and Strategy

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

The organisation's vision and values were on display. Staff were able to demonstrate their knowledge of the trust's vision of We Care, We Think, We Do." They were also able to say how they would "change lives through transforming health and care." All knew where to find the information on the organisation's intranet. Staff were aware of the patient focussed values of the service. This was demonstrated in the visits attended with staff.

The strategy and supporting objectives were challenging and innovative while remaining achievable. The service was focussed on its objectives with a clear understanding of how they were going to achieve them. This included the creation of a waiting list initiative and a demand and recovery reports. Senior management were in consultation with the commissioners to review services while consideration was given to the length of contract in place. The action plan outlined how to re-organise/address the service(s) being provided which would have a positive effect on wait times.

Leaders discussed findings collated via an online performance reporting programme. They were able to celebrate successes and identify shortfalls where the service needed an action plan.

A new medicine strategy had been completed for 2022/2025. The aim of the strategy was to focus on patient safety.

Leaders were clear on how well the different services had developed during the Covid-19 pandemic and all said that while access and demands were on occasions challenging they were able to have a clear daily overview of waiting lists via the electronic system. Daily managers and team leaders meetings enabled them to review and provide additional support if required. Scorecard data seen for August 2022 showed that most services were meeting their targets.

Culture

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

There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work. The service provided opportunities for career development. This included; level 3 and 5 apprenticeships, the Nightingale challenge, clinical leadership courses and stand-alone modules through the provider's Learning Enterprise.

Staff were attentive to the needs of children, young people and families. Feedback was overwhelmingly positive across the range of services, with many staff described as "excellent" and "really lovely."

The attention to detail when working with children and young people was evident. Staff explained the importance of compassion, care and candour for the children, young people and families in their care.

Staff felt encouraged and motivated by managers, describing them as supportive and valuing their contributions. All staff showed passion and commitment to providing high quality care.

Community health services for children, young people and families

Good

Staff were positive about each other and their teamwork, and stated they had close working relationships and always supported one another.

Staff could access the HCRG Care Services Ltd. incentive through an app which was readily available. There were pages dedicated to supporting staff with their wellbeing.

Staff told us there was a positive culture where staff felt able to share their views without fear of reprisals. Despite an increase in demand for services, the morale across the teams was good. Some staff said that while they were able to sustain the current demand on the services it was beginning to affect the wellbeing of staff. However, all confirmed that services were safe and had not impacted on patient safety. Senior leaders confirmed they were aware of the pressures on staff and had created a demand and capacity programme to manage this. This was under consultation with the commissioners to review how they could provide services.

The provider promoted equality and diversity in its work. The service's training programme ensured that leaders and managers had embedded equality, diversity, inclusion and safeguarding in the training programme. Children and young people were treated with integrity and dignity.

Staff understood the whistleblowing process for raising concerns and felt comfortable in approaching their manager or team leader. Staff were aware of the Freedom to Speak Up Guardian and knew how to contact them. Managers encouraged learning through a culture of openness and transparency. Staff said they were able to raise concerns with their team leaders, service manager or senior leadership team and would be listened to if they did.

The service had an up to date lone working policy that staff understood and adhered to.

Governance

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

There was a two-tier system of governance within the organisation; locally at business unit level and organisationally through corporate governance. Leaders monitored comprehensive quality and performance indicators through a monthly quality dashboard. These were discussed at monthly contract performance meetings. Additional information was gained from commissioner's quality visits. The October 2022 clinical governance dashboard overview was consistently above 90% across all the children's services.

The organisation had a business alliance model where commissioners were an integral part of the governance process and attended the provider's Quality Care Effectiveness and Safeguarding (QCES) meetings. This ensured they were updated directly from service leads and had sight of quality data about customer experience and incidents. This also provided the commissioners the opportunity to understand how the provider identified and shared learning both internally and externally. To manage the increase in referrals and the complexity of the child or young person's needs the service was working with the commissioners to review its demand and capacity process across Wiltshire. This looked at the various support available in the management of waiting times to ensure a timely review. Examples included increasing confidence and capability of primary care services in managing first line interventions and the commissioners support with stakeholders and service user engagement with the management of expectations.

Community health services for children, young people and families

Good

Staff demonstrated they understood the service's systematic governance process to continually improve the quality of services provided to children and young people. The electronic monitoring system captured data information which was presented to staff at team and board level. Monthly QCES meetings had a standardised agenda which looked at governance and quality. Key topics were discussed such as risk management, incidents, audits, safeguarding, quality improvements and updated National Institute for Health and Care Excellence (NICE) guidelines. The service had up to date policies for staff to follow. There were clear pathways for staff to follow which included, urgent 24-hour referrals, clinical acceptance criteria and relevant signposting.

The quarterly medicine optimisation governance committee meetings provided good oversite of medicine issues across the community services. Areas reviewed included, updates on policies, learning from incidents and medicine risks. These were cascaded to staff to provide education, training and learning.

There were clear lines of accountability within children and young people's services, and this included arrangements for safeguarding children and support for looked after children.Staff understood their roles and accountabilities.

The service undertook numerous quality audits, and information from these assisted in driving improvement. There was a clear framework to identify themes from incidents and complaints. The complaints log was designed to enable managers to have oversight of whether they responded within appropriate timeframes. The complaints log also included sections for lessons learnt and how learning was shared. We saw evidence of lessons learned shared in meeting minutes.

Management of risk, issues and performance

While the service had recognised performance issues such as waiting lists, leaders and teams used systems to reduce the relevant risks alongside actions to decrease their impact. They had plans to cope with unexpected events.

The electronic performance programme enabled senior management, managers and commissioners to have an overview of how the various services were managing risk, issues and performance. A workforce plan outlined how additional staff could be reallocated to support an increase in demand and waiting lists.

To mitigate the risk of waiting lists the service had reviewed its internal processes to ensure that systems were as efficient as possible. The service was working alongside the commissioners to review the service thresholds while working with referrers to focus on meeting the needs of children and young people rather than focussing on diagnosis. This included for example, joint working between public health nurses and speech and language therapists by ensuring parents and carers were given the opportunity to access other interventions and advice. Additional information and videos were available on the service's website.

The service and commissioners had developed a Wiltshire Service Improvement plan for 2021/2023 which set out the service's outcome measures. As of July 2022, the provider had developed 55 outcomes across Wiltshire and were reporting to the commissioners through the Quality, Care, Effectiveness and Safeguarding (QCES) meetings as part of service development and governance. These meetings ensured commissioners were able to pose queries and request answers to concerns identified, review audit activity, service evaluation and understand how the provider identified and shared learning both internal and external.

Community health services for children, young people and families

Good

The service had reviewed the demand and capacity to its WCCH services due to the increase in referrals and complexity of needs which impacted on the child and young person's waiting lists. For example, the service was working alongside its commissioners to review the Education and Health Care Plan (EHCP) numbers and increase in demands for therapists, There had been an increase in demand by 41% for the speech and language therapy service and 50% for the integrated therapies team.

Digital data helped the operational and team leads to quickly identify areas that may require additional support such as an increase in referrals or waiting times. Leaders had formulated a management plan to address these issues and ensured the service delivery going forward was timely and met the needs of the local communities.

The management team discussed the risk register at monthly governance meetings. The operational risk register contained areas such as; staffing levels and the impact associated with processing times due to an increase in referrals. There was a live working document linked to the risks which outlined the actions taken. All teams received training to embed the management of risk, issues and performance.

The service had a business continuity plan in the event of loss of electricity, floods or adverse weather etc. This plan was available to all staff and included clear continency plans. Staff were aware of the plan and knew where to find it.

The service had a proactive review of processes and risk assessments, including responding to alerts. We saw clear risk assessment in place to manage the SPA referrals alongside a business support capacity action plan. This was reviewed as part of the clinical quality and governance overview.

Information Management

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

The organisation used a digital performance reporting tool to display data collected from a wide range of sources. Data was accessible to be analysed in a clear and understandable format. Staff could access all information they required, share information with partner agencies and other professionals and be alerted to new information when it became available. Staff could easily find the data they needed to understand performance, make decision and improvements.

The service had a process for sending and transferring information securely.

The service was in the process of centralising staff and systems data after rebranding to HCRG Care Services Ltd. Staff could access policies and procedures and receive updates on the organisation's intranet.

All staff had undertaken data security and awareness training as part of their mandatory training. Staff we spoke with understood their responsibilities around information governance and risk management.

Staff had access to work mobile phones. Staff also had access to portable laptops with personal login details so they could update patient information when visiting patients in the community.

Staff had access to systems that made sharing patient information possible. Poor Wi-Fi access in some rural areas hindered the ability of staff to update and upload patient records during community visits.

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The provider shared data securely with the Care Quality Commission and other agencies in accordance with legislation. Serious reportable incidents were reported in line with the National Reporting and Learning System (NRLS).

Engagement

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

Constructive engagement from people who used services and staff was welcomed and seen as a vital way of holding services to account. Leaders and staff actively and openly engaged with children, young people and staff to plan and manage services.

The service was working alongside Wiltshire Council to implement the Families and Children's Transformation (FACT) programme. This is a children's services whole system approach to support families and children and young people to live happily, safely and healthily. HCRG in cooperation with Wiltshire local authority had been actively involved in identifying three key strands which were; training health visitors in speech, language and communication (SLC), development of a national early language identification tool and the development of a SLC pathway.

The service had identified the need to facilitate an online directory of services across Wiltshire which would allow young people, parents and carers to search for local services via postcodes, free text or service areas such as mental health services. Work had commenced on designing the Wiltshire platform. The new directory would be easy to navigate, be kept up to date and linked closely with partner agencies to support contact with service users.

The service had many forms of staff engagement including an active partnership forum and managers and staff meetings. Staff had recently attended a domestic abuse forum which they found very informative. They had also linked with the Wiltshire Homeless team who gave them talks and advice so they could have a greater understanding.

Team meetings were held regularly, and staff confirmed there was good engagement. Meeting minutes demonstrated that service leads updated staff with information such as available training and feedback from incidents.

The provider completed a staff survey in quarter 2 (July to September 2022). The survey showed that overall, 58% of staff said they would recommend the organisation as a place to work. However, 92% said they looked forward to going to work, 80% said they were enthusiastic about their job and 77% said they would recommend their team as a place to work. The service had adopted other forms of staff engagement to ensure they captured staff feedback. This included; an active partnership forum and regular staff and managers meetings.

To celebrate staff and student's resilience with coming through Covid-19, the organisation held a multi-professional conference on 24 May 2022.

The joint agency response team held a training day on 20 July 2022. Examples of shared learning were shared at the QCES meetings in July and August 2022.

The service worked closely with external stakeholders such as the Wiltshire Parent Carer Council who regularly held events for parents and carers of children with additional needs. The service attended bi-annual events to promote their services and answer parent/carer queries. These events ensured agencies and support services were kept up to date with information about the services provided.

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The senior leadership team as of July 2022 had rolled out a roadshow for colleagues where staff were given the opportunity to “ask us anything.” Managers confirmed this was popular.

The corporate executive team held “Town Hall” events where they updated staff on key themes such as; pay awards and fuel economy. Staff received a quarterly update from the chief executive officer (CEO) where they would answer requests from staff.

Patients and carers could access information about the service through the provider’s website. Patient and carer feedback stated the service was easily accessible and provided the information they needed.

Learning, continuous improvement and innovation

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

All staff we spoke to were committed to making improvements. The service leaders recognised the need to drive improvement across the service. They understood the issues within the service and were committed to improving the quality and safety of the service.

Teams worked together to make improvements in the running of the service. The service had proactively identified opportunities to expand and develop their roles.

Incidents and shared learning were discussed with staff. This provided opportunity for discussion of safety and quality issues. Leaders were responsive to concerns raised and sought to learn from them to improve services and performance.

Following concerns received from GPs in the management of appointments and communication the service worked with GPs to develop a new form which would enhance access via the electronic patient record system. This ensured all outcome letters were sent to the patients, carers and the referrers.

The bladder and bowel service had developed a training package for GPs usage, so they were better equipped with the diagnosis and treatment of bladder and bowel problems.

The service met the changing needs of the local population. Staff looked after the needs of the Roma, Gypsy Traveller and boater communities. This meant they were able to provide care and treatment to these communities where cultural and living arrangements proved to be a barrier to access care and treatment.