

Brighton and Sussex University Hospitals NHS Trust

RXH

Community health services for children, young people and families

Quality Report

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

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

Where applicable, we have reported on each core service provided by Brighton and Sussex University Hospitals NHS Trust and these are brought together to inform our overall judgement of Brighton and Sussex University Hospitals NHS Trust

Summary of findings

Ratings

Overall rating for Community health services for children, young people and families

Good



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

Good



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

Not sufficient evidence to rate



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

Good



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

Good



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

Good



Summary of findings

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Summary of findings

Overall summary

We found children and their families were cared for by caring and dedicated staff who were supported to acquire further skills and qualifications by their team leader and manager. Staff told us they had annual appraisal and we saw evidence of this. All staff had received safeguarding training and knew how to report the signs and symptoms of potential abuse. Staff were aware of the relevant safety policies for lone workers and the provider had made every attempt to maintain the safety of staff who were working in community settings. The Children's Community Nursing Team had recently received a Best Practice Team Award from the trust. The

national audit team visited on 22 May 2014 and gave positive feedback about the service that the Children's Community Nursing Team provided to children and families in the Brighton and Hove area.

It was evident that the team leader and manager were supported by the wider children's services and the overarching clinical governance framework provided by the Royal Alexandra Children's Hospital. There was a strong commitment in the Children's Community Nursing Team to promote the care and independence of children in the care setting of their choice (home) in the Brighton and Hove area.

Summary of findings

Background to the service

The Children's Community Nursing Team provides holistic and specialist nursing care for children at home as an alternative to their admission or continued stay in hospital. The team works collaboratively with the child, their family, the Royal Alexandra Children's Hospital and community-based colleagues. The Children's Community Nursing Team works within and outside of the Royal Alexandra Children's Hospital to help facilitate and participate in discharge-planning, enabling early discharge and helping to reduce the need for attendance at hospital by undertaking investigations. Children are visited within two-hour time bands and referrals for investigations/teaching are booked according to urgency. The Children's Community Nursing Team provides a link between primary and secondary care for children and

young people with complex conditions. There is strong inter-agency communication and collaboration with other professionals. Children are discharged from the service when they have no further nursing needs, their education is complete, their care is being managed within community provision or they are transferred to adult services. There is also a 24-hour on-call service for children at the end of life.

We spoke to two members of staff and undertook a home visit in the home of a child and spoke to their family. We received comments from our public listening event and reviewed other performance information provided by the trust.

Our inspection team

Our inspection team was led by:

Chair: Dr Sean O'Kelly, Medical Director, University Hospitals Bristol NHS Foundation Trust

Head of Hospital Inspections: Mary Cridge, Care Quality Commission

The trust wide inspection team of 35 included CQC inspectors and a variety of specialists. These included: a consultant cardiologist, a consultant obstetrician, a consultant paediatrician, a consultant orthopaedic surgeon, a consultant in emergency medicine, a junior doctor, a matron, senior nurses, a student nurse, a non-executive director and an Expert by Experience.

Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection of Brighton and Sussex University Hospitals NHS Trust.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 20 May 2014. We spoke to two staff and undertook a home visit in the home of a child and spoke to their family. We received comments from our public listening event and reviewed other performance information provided by the trust.

Summary of findings

What people who use the provider say

The Children's Community Nursing Team had recently received a Best Practice Team Award from the trust. The

national audit team visited on 22 May 2014 and gave positive feedback about the service that the Children's Community Nursing Team provided to children and families in the Brighton and Hove area.

Good practice

Our inspection team highlighted the following areas of good practice:

- The Children's Community Nursing Team had recently received a Best Practice Team Award from the trust.

The national audit team visited on 22 May 2014 and gave positive feedback about the service that the Children's Community Nursing Team provided to children and families in the Brighton and Hove area.

Areas for improvement

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

Action the provider **SHOULD** take to improve services

- The provider should ensure that there is a review of the nursing establishment for the Children's Community Nursing Team in light of the concerns raised by staff over the current caseload.

- The trust should ensure that staff are supported to attend external training courses, and are provided with time and resources that are fair and equitable to the individual staff member, department and the trust.

Brighton and Sussex University Hospitals NHS Trust

Community health services for children, young people and families

Detailed findings from this inspection

The five questions we ask about core services and what we found

Good 

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

By safe, we mean that people are protected from abuse

Summary

People who used the service told us they felt safe. We saw there were mechanisms in place to ensure that children were cared for by staff that had been trained in safe, hygienic care practices. All staff had received safeguarding training and knew how to report the signs and symptoms of potential abuse. Staff were aware of the relevant safety policies for lone workers and the provider had made every attempt to maintain the safety of staff who were working in community settings.

Incidents, reporting and learning

- Staff in the Children's Community Nursing Team used an online reporting tool (Datix) to record any accidents,

incidents or 'near misses' that occurred. We were told staff had received training in the system and knew how to report an incident to the manager of the service. The level of incident reporting was low.

- The team leader and manager of the service reviewed Datix monthly to identify any trends and to share the learning with other members of the Children's Community Nursing Team.

Cleanliness, infection control and hygiene

- There were systems in place to reduce the risk and spread of infection. Infection control policies and procedures were in place and we saw staff had attended infection control training.

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

Maintenance of environment and equipment

- Access to equipment to care for children in their homes is an issue for the Children's Community Nursing Team, who work across three Clinical Commissioning Groups (CCG). There were different systems in place for requisitioning equipment, which caused delays. For example, the provision of an air mattress to prevent tissue damage.

Medicines

- Nurses in the Children's Community Nursing Team were trained to give intravenous medication to children in their homes. Staff were trained using a competency framework. A practice development nurse for all children's services provided support to nurses in the Children's Community Nursing Team to ensure clinical skills were consistent across the Royal Alexandra Children's Hospital and the community. Children's nursing records required medications, immunisations and any allergies the child might have to be recorded.

Safeguarding

- Staff in the Children's Community Nursing Team had completed level 3 safeguarding training and knew how to escalate issues or concerns to their team leader or manager. CQC carried out a review into the safeguarding of children, and the Royal Alexandra Children's Hospital was found to be compliant across all areas. For example, child protection policies and systems and safeguarding training for all staff groups.

Records

- Children's records were paper-based and a data base is currently being developed to record patient activity. Records were completed in the child's home following the delivery of care and support and were kept at the Children's Community Nursing Team office in the Royal Alexandra Children's Hospital.

Lone and remote working

- It was a priority for the provider to ensure the safety of staff undertaking their roles in community settings. Staff had attended safety awareness training and were aware of the risk assessment process to help maintain staff safety when caring for children in their own homes.
- All home visits required a risk assessment to be started before the visit and to be completed at the first home

visit. Staff were provided with mobile telephones and were encouraged on entry and exit to the children's homes to advise the Children's Community Nursing Team office of their whereabouts.

- Staff were required to make themselves aware of the relevant trust policies. For example, the safety policy and the 'working alone in safety' policy. This ensured staff maintained appropriate contact, were aware of the possible risks and actively participated in maintaining their own safety, and complied with all relevant training requirements.

Assessing and responding to patient risk

- We saw that risk assessments had been undertaken in relation to: the child/ young person being visited, parking and access, and pets. A record of the risks was identified and any concerns were recorded on the risk assessment form. For example, if there was a high risk pet, the family were required to sign to say they had agreed to remove the pet from the vicinity for the duration of the nurse's visit.

Staffing levels and caseload

- There were seven registered children's nurses employed in the Children's Community Nursing Team. The team was up to establishment and staff turnover was low. The team leader had expressed concerns around insufficient staffing levels to manage the current caseload in the team. The caseload for the Children's Community Nursing Team was between 120-150 children.
- The team had responsibility for all home visits and would see a small number of children in the Royal Alexandra Children's Hospital outpatient department as required. Consultant paediatricians took responsibility for the care of children in the trust area.
- There was no administrative support to the Children's Community Nursing Team.

Deprivation of Liberty safeguards

- Staff had received training in the Mental Capacity Act 2005 and were aware of the Deprivation of Liberty Safeguarding process. There were no Deprivation of Liberty Safeguards in place in the Children's Community Nursing Team.

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

Managing anticipated risks

- The Children's Community Nursing Team is not an emergency service. Children's families were advised that if their child became acutely unwell or their condition deteriorated, they needed to contact their GP or attend the nearest emergency department.

Major incident awareness and training

- Staff had all received training in the trust's major incident plan.

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

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

Summary

The Children's Community Nursing Team had recently received a Best Practice Team Award from the trust. The national audit team had visited on 22 May 2014 and gave positive feedback about the service that the Children's Community Nursing Team provided to children and families in the Brighton and Hove area.

The Children's Community Nursing Team were able to access advanced training opportunities. For example, physical assessment of children, and the nurse practitioner pathway. Three members of staff in the Children's Community Nursing Team had completed the physical assessment module.

We saw that there was team working between doctors, nurses and community services in the Royal Alexandra Children's Hospital, and staff told us how good the communication was between the care teams.

This was not rated due to the small size of the service.

Evidence based care and treatment

- The Children's Community Nursing Team had recently received a Best Practice Team Award from the trust. The national audit team had visited on 22 May 2014, and had given positive feedback about the service that the Children's Community Nursing Team provided to children and families in the Brighton and Hove area.
- Staff were aware of the relevant National Institute for Health and Care Excellence (NICE) guidance. For example, care of children at the end of life.

Pain relief

- Pain relief was managed using a pain control tool to help children (where possible) to be involved in managing their own pain. When children needed treatments that could be potentially painful, an assessment of the child's pain score was undertaken. Nurses administered analgesia at least 20 minutes before carrying out the treatment. A record of the pain score was documented and regular analgesia was given as required.

Nutrition and hydration

- Children's nutrition and hydration needs were assessed in line with their clinical condition and were recorded in their care records.

Patient outcomes

- Families identified the Children's Community Nursing Team as providing an excellent service for children and their families. The team provided care to children with long-term conditions, for example, long-term tracheostomy and cardiac conditions.
- We noted there were multidisciplinary meetings in place to support the discharge of children from hospital to their home environment. An advice and help line was in place to support children's families. Messages left on the answer phone were picked up at intervals during the day. Messages were then prioritised and answered accordingly.

Performance information

- No evidence available

Competent staff

- We found children and their families were cared for by caring and dedicated staff who were supported to acquire further skills and qualifications by their team leader and manager. Staff told us they had annual appraisal and we saw evidence of this. Staff were supported by the team leader to access a HELP service for staff, which provided a counselling and support facility. The line manager made a referral to access the HELP service.
- As single-handed practitioners, nurses on the Children's Community Nursing Team are required to administer intravenous therapies (IV) to children in their homes. This is in line with the trust's policy, which recognises the role of single-handed practitioners.
- The Children's Community Nursing Team were able to access advanced training opportunities. For example, physical assessment of children, and the nurse practitioner pathway. Three members of staff in the

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

Children's Community Nursing Team had completed the physical assessment module. There was also an in-house competency booklet that all staff were required to complete on joining the team.

Use of equipment and facilities

- Wherever possible, children were cared for in their own homes using the appropriate equipment to support their care needs. If the Children's Community Nursing Team considered the home environment to be unsuitable, then alternative arrangements would be made to care for the child.

Telemedicine

- Telemedicine was not in place in the Children's Community Nursing Team.

Multi-disciplinary working and working with others

- We saw there were multidisciplinary team meetings for the complex care of children in the Children's Community Nursing Team.
- We saw there was team working between doctors, nurses and community services in the Royal Alexandra Children's Hospital, and staff told us how good the communication was between the care teams.

Co-ordinated integrated care pathways

- We saw examples of integrated care pathways. For example, pressure risk assessment and wound management pathways were in place.

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

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

Summary

Children were cared for by kind and compassionate staff who ensured that their privacy and dignity needs were met. We saw that children and their families were involved in planning their own care and were supported to make decisions about their future lives.

Compassionate care

- We attended the first home visit by the Children's Community Nursing Team in a child's home. The child had been transferred from a different hospital with a complex clinical condition. We observed the nurse interacting with the child and their parent in a kind and friendly manner. The nurse took the time to explain to the child how they were going to care for them and gave them the time they needed to help themselves. The nurse provided a pressure relieving mattress for the child, as they had been identified as being at risk from developing pressure sores.
- The nurses told us they had been able to access the equipment earlier than anticipated and therefore they were able to provide the appropriate equipment in a timely manner. The child's parent expressed their appreciation at the responsiveness of the Children's Community Nursing Team service, and praised the care given to their child. As this was a first visit, the nurse supported the child's parent to care for them by guiding them to provide the appropriate care and support. The nurse also gave the parent relevant information about the new equipment and ensured they had the contact numbers for the Children's Community Nursing Team and knew when the next home visit would take place.

Dignity and respect

- We observed the nurse protecting the child's privacy and dignity throughout the care episode.

Patient understanding and involvement

- The child (who had limited physical abilities) was only able to help themselves in a very limited capacity. The nurse explained throughout the care episode what they were doing and why they were doing it, and when another member of the care team would next be visiting them.

Emotional support

- Children supported by the Children's Community Nursing Team underwent a detailed assessment of the physical, psychological, social and spiritual needs as part of their care planning process. This enabled the team to identify any specific emotional requirements the child may have. Children's families received ongoing support and education to enable them to care for the child, at home or in a community setting. Nursing advice was provided over the telephone.

Promotion of self-care

- Children were encouraged to self-care and received support and education from the Children's Community Nursing Team. This enabled children to help to become as independent as possible within the limits of their clinical condition.

Are Community health services for children, young people and families responsive to people's needs?

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

Summary

The Children's Community Nursing Team was providing a responsive service to the children, parents and carers who required specialist nursing care at home as an alternative to their admission or prolonged stay in hospital. We saw evidence that children and their parents were listened to and were involved in plans for their long-term care. There was good communication across services and we saw an example of how all care agencies had worked together to enable a child (cared for out of area) to be cared for in their own home.

Service planning and delivery to meet the needs of different people

- The Children's Community Nursing Team planned the delivery of care for children around the individual care needs of each child. We saw that a child who had been cared for in a hospital out of their area had been transferred to their own home under the care of the Children's Community Nursing Team. A care assessment was undertaken before the child was transferred home. The assessment identified the need for a pressure relieving mattress as the child was at risk of developing pressure sores due to the complexities of their medical condition.
- The nurse (from the Children's Community Nursing Team) had been able to access the mattress as a matter of urgency, and it was delivered immediately. The parent expressed their delight and appreciation of the responsiveness of the Children's Community Nursing Team service.

Access to care as close to home as possible

- The aim of the Children's Community Nursing Team is to provide care to children and their families as close to home as possible. We were not aware of any delays to children requiring to be cared for in their own homes at the time of the inspection. The family of a child who had been cared for out of their area had asked for their child's care to be transferred to their own home. This had been undertaken in a timely manner and had enabled the child to be cared for in their environment of choice.

Access to the right care at the right time

- The access for children and their families to receive the right care at the right time was good. However, the manager had raised concerns about the ability of the service to meet the current demands, despite the Children's Community Nursing Team being up to full establishment.
- Referrals to the Children's Community Nursing Team could be made by a children's trained nurse, and the child would then be under the care of the Brighton and Sussex University Hospitals NHS Trust consultant. Children and young people who had a nursing need or were technology dependent were accepted onto the Children's Community Nursing Team caseload. For example, children who required oxygen therapy or equipment to support their nutrition and hydration.

Flexible community services

- There were flexible arrangements in place between the Children's Community Nursing Team and the children's community services in the Brighton and Hove area.
- The Children's Community Nursing Team provided a link between primary and secondary care for children or young people with complex conditions. We saw that there was strong inter-agency communication and collaboration with other professionals.
- The provision of medical equipment that was delivered ahead of time demonstrated the flexibility of community services in the Brighton and Hove area.

Meeting the needs of individuals

- The ethos of the Children's Community Nursing Team was wholly focused on the individual care and support needs of children and their families who required an alternative to admission or a continued stay in hospital.
- One of the aims of the Children's Community Nursing Team was to empower children with conditions that affected their daily lives, together with their parents or carers, so that they could better manage their conditions and become more independent. We saw that specific education was provided to children with acute

Are Community health services for children, young people and families responsive to people's needs?

and chronic health needs and their family. This ensured that children were cared for as individuals and were supported to live full and active lives within the constraints of their clinical condition.

Moving between services

- While arrangements appeared to be flexible between services, there were complexities because the Children's Community Nursing Team worked across the boundaries of three CCGs. This was a particular issue concerning how medical equipment was provided, as each service had a different service specification.
- We saw that a child who had been cared for outside their area had been transferred back to their own home. Care services had worked across and between care boundaries to ensure the child and their family received a well-planned and seamless service and that they were able to be cared for in the environment of their choice.

Complaints handling (for this service) and learning from feedback

- Children and their families were encouraged to feed back any concerns they might have about the service.

No complaints had been received at the time of the inspection. Staff were aware of the complaints policy and procedures, and would report any concerns to their team leader or manager.

- We noted the relevant complaints policies and procedures were in place for the Children's Community Nursing Team. We saw in the clinical governance minutes the learning from complaints was shared across the wider children's team at the Royal Alexandra Children's Hospital. No complaints had been received in relation to the Children's Community Nursing Team.
- We saw on the NHS Choices website the Royal Alexandra Children's Hospital had received a high star rating across all service areas. Services that could be related to the Children's Community Nursing Team: 'involvement in decisions' 'dignity and respect' and 'cleanliness' all scored between 4.5 and 5 stars. This demonstrated that the general public rated staff employed by Royal Alexandra Children's Hospital as performing highly.

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

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

Summary

The Children's Community Nursing Team was well-led as an individual service. The manager and team leader provided support for staff and there were mechanisms in place to audit various aspects of the service. There were systems in place to ensure staff were trained, supported and appraised and were able to give feedback to their team leader and manager. It was evident the team leader and manager were supported by the wider children's services and the overarching clinical governance framework provided by the Royal Alexandra Children's Hospital. There was a strong commitment in the Children's Community Nursing Team to promote the care and independence of children in the care setting of their choice (home) in the Brighton and Hove area.

Vision and strategy for this service

- There was a clear vision in place for the service, which was owned by the members of the Children's Community Nursing Team. The Children's Community Nursing Team provides specialist nursing care for children at home as an alternative to admission or continued stay in hospital. This was clearly displayed on the Children's Community Nursing Team website and in the supporting information provided to parents and service users.

Guidance, risk management and quality measurement

- The Children's Community Nursing Team attended monthly clinical governance meetings as part of the overarching clinical governance framework in place at the Royal Alexander Children's Hospital.
- The team leader also attends monthly department meetings to discuss the core team brief for the trust, trust and divisional matters and any area specific issues. There were also monthly meetings between the team leader and the manager to ensure the manager was aware of developments in the Children's Community Nursing Team service and to identify and address any concerns.
- We reviewed the minutes of the Children's Patient Safety and Quality Committee meeting. We noted discussions

around complaints being processed within the required time limits. A review of all Datix reports was undertaken. We were not aware of any issues relating specifically to the Children's Community Nursing Team. A recent medicines safety audit had been circulated with the minutes of the meeting and a controlled drugs (CD) audit is due in the near future.

Leadership of this service

- The service was well-led locally. The team leader reported to the matron for the service, who was managed by the head of nursing. Staff spoke highly of the team leader and matron. Staff were supported to develop in their roles and had access to independent support mechanisms.

Culture within this service

- There was a culture of openness, support and good team working in the Children's Community Nursing Team. A staff member said, "This is a good team with lots of support from each other and the manager". Staff told us communication from the trust board had improved significantly since the appointment of the new chief executive 12 months ago.

Public and staff engagement

- The manager told us, "the children and families who use our services are at the heart of everything we do and we are constantly striving in the Children's Community Nursing Team to provide the best care for children we possibly can." We noted that feedback was gathered from people and the public through Patient's Voice, the Patient Experience Panel and the NHS Friends and Family Test. We were not aware of any issues or concerns about the Children's Community Nursing Team.

Innovation, improvement and sustainability

- Staff expressed concerns about the inability of the trust to provide support to staff to attend external education courses. Staff were required to pay for the course themselves and often had to attend in their own time.