

Weston Area Health NHS Trust

RA3

# Community health services for children, young people and families

## Quality Report

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# Summary of findings

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RA319	Specialist Children's Services, The Barn		
RA305	Specialist Children's Services, Drove Road		







This report describes our judgement of the quality of care provided within this core service by Weston Area Health 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 Weston Area Health NHS Trust and these are brought together to inform our overall judgement of Weston Area Health NHS Trust

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

Overall community health services for children and young people were found to be good. We found that services were safe, effective, caring, responsive and well-led.

Weston Area Health NHS Trust provided specialist community services for children, young people and families in Weston-Super-Mare and surrounding areas. As part of this inspection we talked to professionals delivering these services. We also met and spoke with children, young people and their parents. We visited services at Drove Road in Weston-Super-Mare and at The Barn in Clevedon.

Overall we judged the safety of community health services for children and young people as good. Risk was managed and incidents were reported and acted upon with feedback and learning provided to most staff.

Care was effective. Care was evidence based and followed recognised guidance. There was excellent multidisciplinary team working within the trust and with other agencies.

Care and treatment of children and support for their families was delivered in a compassionate, responsive and caring manner. Parents spoke highly of the approach and commitment of the staff who provided a service to their families.

Backlogs and waiting lists for initial assessments for children and young people and there were concerns expressed about the flexibility of appointments and the number of cancelled appointments. This meant the responsiveness of the service required improvement. However, the service responded well to the individual needs of children, young people and their families.

There were clear lines of local management in place and structures for managing governance and measuring quality. However, most staff felt isolated from the main trust and highlighted a lack of engagement and visibility from senior managers.

# Summary of findings

## Background to the service

The trust provided specialist community health services for children, young people and families which supported children with chronic illness or disability, behaviour and development issues, child protection and social issues and children looked after. The service worked with infants, children and young people aged 0 to 19 years and their parents and carers and a range of other agencies in North Somerset. Children and young people represented 22.5% of the population of North Somerset.

It was a multi-disciplinary service comprising of the following five teams:

- Child and Adolescent Mental Health Service / Learning Disabilities (a separate report is available for this team)
- Community Paediatrics
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy

Services were delivered at Drove Road in Weston-Super-Mare and at The Barn at Great Western Road in Clevedon.

Facilities included a Child Development Centre at Drove Road which featured therapy rooms, art room, a multi-sensory / snooze room, a playroom / nursery and an observation room. The Barn featured therapy rooms, art room and an observation room. The teams also worked out in the community at the Springboard Opportunity playgroup, nurseries or schools, GP surgeries and people's own homes. The service was available between 9am and 5pm on Monday to Friday.

During the inspection we visited Drove Road, The Barn, attended a meeting at Springboard Opportunity playgroup in Clevedon and spoke with clinicians and administrative staff. We observed multi-professional assessment clinics, an Autism Diagnostic Observation Schedule (ADOS) assessment, consultant clinics and nurse clinics. We also spoke with children and young people who used the services and their parents or carers. We observed how children and young people were being cared for and looked at care and treatment records.

## Our inspection team

Our inspection team was led by:

**Chair:** Peter Wilde, Retired Divisional Director, University Hospitals Bristol NHS Foundation Trust

**Team Leader:** Mary Cridge, Care Quality Commission

The team included CQC inspectors and a variety of specialists including a paediatrician and paediatric nurse.

## Why we carried out this inspection

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

## How we carried out this inspection

During our inspection we reviewed services provided by Weston Area Health NHS Trust. We visited clinics at Drove Road, Weston-Super-Mare and The Barn, Clevedon, and attended a MAISEY (Multi Agency Information Support in Early Years) meeting at Springboard Operational playgroup in Clevedon.

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

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

# Summary of findings

- Is it well-led?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. During the visit we held focus groups with a range of staff who worked

within the service. We talked with children, young people and their parents / carers who use services. We observed how they were being cared for and reviewed care or treatment records.

## What people who use the provider say

We spoke with children, young people and parents who used the service and most were complimentary about the care and professionalism of the staff that provided the services. We were told that staff were respectful, caring and compassionate and were positive and supportive when dealing with stressful situations, such as

children's illnesses. One parent told us there had been "a great improvement in my child's condition since using the service" and another felt reassured as staff were "Always there to speak to me during sessions and on the telephone for support in between appointments."

## Good practice

There were various examples of excellent multi-disciplinary working between the different professional

groups within the community team and also with external agencies and professionals including health visitors, school nursing, educational psychologists and the Early Years Team.

## Areas for improvement

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

The trust should ensure that children and their families receive timely access to assessment, treatment and care.

The trust should ensure that there is flexibility in the appointments which are made available to children and their families

Weston Area Health NHS Trust

# Community health services for children, young people and families

**Detailed findings from this inspection**

**Good** 

## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

Overall we judged the safety of community health services for children and young people as good. Staff knew how to report incidents using the on-line reporting system and were encouraged to report incidents. Most staff received feedback following incidents and learning was shared with them.

Staff adhered to infection prevention and control procedures and staff had completed the appropriate training. Equipment was correctly serviced and maintained.

The majority of staff were up to date with mandatory training and staff were receiving clinical supervision and annual appraisals.

Staff we spoke with were knowledgeable about the trust safeguarding process. They were clear about recognising possible signs of abuse or neglect of children and young people and their responsibilities.

### Incident reporting, learning and improvement

- Staff were open, transparent and honest about incidents. Staff were aware of the systems in place to report incidents. Staff felt the electronic reporting system was not community friendly with repetitive questions that were irrelevant to community services. They found the system frustrating and time consuming. Staff told us they were able to get feedback on incidents they reported. However, feedback was variable and this had been identified as a problem. Work to improve this was in progress.
- The majority of incidents reported between April 2014 and March 2015 related to infrastructure or resourcing issues, for example staffing, facilities and environment. A lack of suitable clinic rooms had been reported and negotiations about using space at the Seashore Centre at Weston General Hospital were in hand.



## Are services safe?

- We saw evidence of learning was discussed through departmental and speciality governance meetings. An example of learning was evident at The Barn in Clevedon where, as a result of a recent incident in one of the toilets on the ground floor, work was being carried out for the toilet doors to open both ways to enable access from the corridor. Access to the corridor had also been restricted to swipe card access only. Work was being carried out during our visit.

### Duty of Candour

- Staff demonstrated an understanding of Duty of Candour responsibilities. This new regulation was introduced in November 2014. It requires staff to be open, transparent and candid with patients and relatives when things went wrong. We did not however, see evidence of any instances where the Duty of Candour had been employed within the service.

### Safeguarding

- Staff we spoke with were knowledgeable about the trust safeguarding process and were aware of their role and responsibilities should they have safeguarding concerns about a child or young person.
- Staff were trained to recognise and respond in order to safeguard children and young people. Records indicated that safeguarding training to at least level 3 was up to date for all staff. There was a safeguarding lead nurse for the trust who supported a programme for safeguarding supervision and peer review. Some staff were aware of and able to access supervision and review and this was embedding across the service. However, some staff told us they did not receive safeguarding specific supervision and would prefer to have supervision with the trust safeguarding lead nurse.
- A nurse had attended child sexual exploitation training at level 1 during the week of our visit and was planning to feedback to the wider team. An assessment would be made about the suitability of the training for the rest of the team.

Staff shortages had presented a risk to levels of safeguarding care and resulted in a temporary outsourcing of safeguarding to Taunton & Somerset NHS Foundation

Trust. The staffing situation had stabilised and safeguarding had been repatriated in September 2014. Practices used at Taunton were adopted and incorporated into a re-design of a child protection pathway.

- All safeguarding referrals requiring a medical examination were performed by a community paediatrician and held on the Seashore Centre at Weston General Hospital. Staff worked collaboratively with other professionals including local authorities, community clinicians and GPs.

### Environment and equipment

- Access to Drove Road and The Barn was secure and maintained the safety of children and young people using the service. Areas were clean, tidy and well ventilated, and were suitable for children and young people. A range of toys and activities were available. Most rooms were sound-proofed with 'white noise' made available in the waiting room at Drove Road to aid privacy and confidentiality.
- Staff told us there was a data protection protocol in place advising them to switch off and lock computers when not in use. All staff adhered to the protocol.
- Premises at The Barn were managed by the local authority and not by the provider. A number of areas such as the family room and the family kitchen were shared and a risk assessment was in place to ensure safe access. Flexibility was required to manage the shared space efficiently.

### Quality of records

- Files were stored in the library at Drove Road which was not locked during working hours and presented opportunities for access to records. This had been assessed as a low risk as only staff had access to the building. Staff confirmed that the main door to the premises was always locked. Records at The Barn were stored securely. We saw they were locked away in cabinets and there was secure access by swipe card to all areas. There was also a clear desk policy which all staff adhered to.
- An electronic tracking system was in operation if notes were taken off site.

## Are services safe?

- Staff were concerned about the use of paper records, preferring instead to use an electronic version. They felt they were “old fashioned”, did not tell the complete story of what they were doing and were open to human error.
- We reviewed four sets of paper records and checked current and historic information. Most contained a full assessment of need and care plans were clear, detailed, and up-to-date and tailored to meet the child’s needs.
- Staff told us about concerns they had raised regarding the quality of documentation provided by previous temporary locums. They had not followed recognised pathways. Plans were in place to regularly audit the quality of documentation.

### Cleanliness, infection control and hygiene

- The clinics we visited were well maintained and clean. However, we observed treatment rooms at Drove Road where sinks did not meet infection prevention and control measures and an art room without a sink for hand washing. We were told that new sinks had been ordered for these rooms. We observed most staff washing their hands and using anti-bacterial gel. Hand sanitizers were readily available and clearly visible at both sites.
- We saw cleaning schedules had been completed and were up-to-date. For example the curtains that were available in all treatment rooms at Drove Road had been cleaned regularly.

### Mandatory training

- Electronic staff training records were monitored each month to review attendance and expiry dates, thereby ensuring compliance with mandatory training. All staff told us they were up-to-date with their mandatory training. This meant that staff remained up-to-date with their skills and knowledge to enable them to care for children and young people appropriately.
- Staff reported that it was much easier to attend training since the business manager had arranged for training to take place at Drove Road rather than at the Weston General Hospital site.
- Booking for training was also done electronically. However, the system was not available at The Barn. The trust IT department had been unsuccessful in fixing the

problem which related to the use of a shared server with the local authority. Staff at The Barn were, therefore, unable to book their training and had to contact the trust Academy training department to book any courses. Staff told us that the trust Academy had been supportive in accessing training and had also helped with literature searches.

- Speech and Language Therapists told us about their training syndicate where they were able to share their knowledge and learning. Special interest groups were also developing between the community and hospital teams.

### Assessing and responding to patient risk

- Risk assessments were completed and evaluated. Staff had undertaken training in completing risk assessments and where required individual risk assessments were placed in patient files.
- We saw staff giving advice to parents on how to recognise and respond appropriately to changes in their child’s condition.

### Staffing levels and caseload

- There were challenges in recruiting medical staff to the area. Managers were aware of the risks this presented to capacity and continuity of care. From an establishment of three community paediatricians there was one substantive member of staff in post with two long-term locum consultants. There had been proactive recruitment to fill these vacancies.
- The impact of the lack of continuity was seen during an observation of a consultation. A parent told us this was the fourth paediatrician they had seen. At each of the consultations they had to repeat their child’s history which limited the time left to discuss concerns and the future plan. The lack of consistency left parents feeling frustrated and confused. The consultant agreed that it was difficult to follow-up old cases.
- Some staff told us they had noticed the positive impact of a more consistent medical team with the appointment of two long-term locums who were familiar with the policies and processes of the service. They anticipated that the impact would be felt across the wider team and by service users as the team embedded.

## Are services safe?

- There had also been difficulties in recruiting a senior occupational therapist to manage the team. Managers had adopted a creative and flexible approach to filling the vacancy by reviewing the skill mix. It had been decided that the vacancy would be changed to a less senior post. Service and line management of the occupational therapy team would be undertaken by an existing senior physiotherapist with professional clinical supervision being provided externally.
- There was one paediatric specialist nurse post in the team with two nurses currently covering as a job-share. Their roles had extended in recent years to help alleviate the pressures in the medical team.
- Staff told us that caseloads were high amongst all disciplines with less frequent face-to-face contact and delays in availability of assessments.

### Managing anticipated risk

- The trust had a lone working policy in place and staff were aware of this. Processes to ensure the safety of staff working alone were organised at a local level.

### Major incident awareness and training

- The staff we spoke to were aware of the trust major incident plan and how to access this, but had not been included in training.
- Contingency plans were developed at local level. There was a plan in place to cancel clinics or close the unit if there was inadequate medical cover due to sickness or holidays.

# Are services effective?

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

## Summary

Overall we judged the effectiveness of the service as good. Treatment was delivered in accordance with best practice and recognised national guidelines. Children and young people who used the services received care, treatment and support that achieved good outcomes.

There was a multidisciplinary and collaborative approach to care and treatment and staff were appropriately trained and competent to carry out their role.

## Evidence based care and treatment

- Policies and guidelines had been developed in line with national policy. These included the National Institute for Health and Care Excellence (NICE) guidelines and the Royal College of Paediatrics and Child Health. Policies were available to all staff via the trust intranet system and staff demonstrated they knew how to access them.
- Staff attended a number of regular meetings. There was wide participation in community governance meetings with all service areas having an opportunity to lead and deliver keynote presentations.
- Minutes were available for monthly clinical governance meetings where governance, safeguarding, performance and audits were discussed. The team were working through NICE guidelines to check compliance and in the minutes we saw details outlining the design of an asthma plan.
- Audits were carried out to monitor performance and maintain standards. There was an ongoing audit of the Social Communication and Multi-professional Pathway (SCAMP) for the assessment and diagnosis of Autistic Spectrum Disorder according to NICE guidelines. This had resulted in an increase to wait times for assessment with a risk that an internal waiting list would develop. From data available as of March 2015 we saw that there were 37 children waiting available SCAMP appointments. Training had been organised for nursing staff to enable them to undertake some assessments and discussions with commissioners had taken place to assess the level of delivery within resources.

- We saw that compliance was achieved with NICE guidelines and best practice recommendations in respect of neurodisability. However, the sustainability of this standard within existing resources had been identified as a risk.

## Pain relief

- There was guidance in care plans about pain management for children where it was appropriate.

## Nutrition and hydration

- Where required we saw that guidance around a child's nutritional needs were recorded in the plan of care.

## Patient outcomes

- Clinical pathways were in place and gave clear and consistent guidance across the service. Outcomes were measured to ensure that the needs of children and young people were being met in the service.

## Competent staff

- All staff had specialist knowledge and skills to treat children with their presenting conditions.
- There was a commitment to training and education within the service. Staff told us they were encouraged and supported with training and that there was good teamwork. There was a trust wide electronic staff record where all training attended was documented. Managers were informed on a monthly basis of training completed and alerted to those staff requiring updates.
- We were told about specialist training in Autism Diagnostic Observation Schedule (ADOS) that had been attended by two community paediatric nurses. Assessments were normally undertaken by paediatricians or mental health workers.
- Most staff we spoke with were positive about the quality and the frequency of clinical supervision they received. All of the staff we spoke with told us they had received an appraisal during the last year. Staff also said that if they felt they needed additional support this would be requested and provided.

# Are services effective?

## Multi-disciplinary working and coordinated care pathways

- We saw evidence that staff worked professionally and cooperatively across different disciplines and organisations and with the Seashore Centre at Weston General Hospital. Staff reported good multidisciplinary team working with meetings to discuss children and young people's care and treatment. Staff told us they were most proud of the integrated work across all disciplines with one member of staff telling us the child centred assessments were like "a one-stop shop."
- There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet the needs of children and young people. The service was colocated with local authority staff.

## Transition

- A transition policy had been drafted with implementation expected shortly. The ongoing approach to transition was captured within the policy. The medical director had been assigned as the trust executive lead for transition and headed up the steering

group. From the minutes of the Clinical Governance meeting held on 14 April 2015 we saw that consultants had agreed to go through the lists of their patients who were over 14 years to confirm who should be on the transition pathway.

## Access to information

- Staff reported that the trust intranet was a good forum for communication and links between groups.

## Consent

- Staff told us they obtained consent from children, young people and families prior to commencing care or treatment. Staff told us they always gave children and young people choices when they accessed their service and we observed during clinic sessions staff discussing the treatment and care options available.
- Observation rooms with two-way mirrors were available at Drove Road and The Barn. Consent was obtained every time the room was used as part of an agreed care and treatment plan. Sessions were sometimes videoed and we saw copies of completed consent forms.

# Are services caring?

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

## Summary

We have judged the care given to children, young people and their families as good. Parents, carers, children and young people were treated with compassion and respect. Feedback from children, young people and parents had been positive and they were happy with the care provided by the staff.

We witnessed positive interactions between staff and children, particularly when explaining what was happening to them and the treatment plans. Parents were encouraged to be involved in the care of their children as much as they wanted to be, whilst young people were encouraged to be as independent as possible.

All parents we spoke with felt they had enough information about their child's condition and treatment plan. They praised the way the staff really understood the needs of their children, and involved the whole family in their care.

## Compassionate care

- During our inspection we observed children, young people and their parents being treated with dignity and respect at all times.
- We observed staff taking time to talk to children in an age appropriate manner and involved and encouraged both children and parents as partners in their own care.
- The NHS Friends and Family Test had been introduced in March 2015 and results were displayed at Drove Road. Comment cards were also available for children and young people or their parents to complete. Feedback showed that parents found the staff to be efficient and friendly and would recommend the service to family and friends.
- Most of the feedback we received from parents we spoke to was positive about the care their children received. One parent told us "It's a fantastic service,

always there for you." Another explained that "the staff are very kind and understanding." A young person told us "It's good to have someone to listen to me and help me." Another young person told us that "nothing will be done to me if I'm not happy about it."

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

- Nursing staff we spoke with explained how they worked with children and parents. They said they tried to ensure parents and children were fully involved and as informed as possible about their care and treatment. Parents we spoke with were positive about this aspect of the service. Two parents we spoke with explained how they had always been kept informed of options about treatments. Another parent described how the nurses tried to explain as much as possible to the child about the treatment they were receiving.
- Parents and carers told us that staff always involved them in decisions about care and treatment for their children. We observed parents being listened to, supported and asking questions about treatment.
- One parent expressed their frustration as their child had not been seen by the same consultant during the last four visits to clinic.

## Emotional support

- We observed staff providing emotional support to children, young people and their parents during their visit. Parents told us they felt supported emotionally by staff. A parent who had received support from the nursing staff said they were always available for support and advice and that the nurses and the paediatrician were "amazing". They told us "They are always positive and never give up on treatment". Another parent also told us, "The support is great; I know I can talk to them if I need to".



# Are services responsive to people's needs?

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

## Summary

The service required improvement in order to be responsive to the needs of children, young people and their families. There were backlogs and waiting lists for initial assessments for children and young people and there were concerns expressed about the flexibility of appointments and the number of cancelled appointments.

Services were designed and delivered to meet the specialist needs of children and young people.

Staff understood the different needs of the children and young people and attempted to ensure that services were as flexible and accessible as possible to the widespread community.

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

- Services were committed to delivering care as close to home as possible, minimising disruption for children and their families. Staff visited children and young people in their own homes or in local centres, schools and nurseries.
- We observed a MAISEY (Multi Agency Information and Support in the Early Years) meeting. Representatives from the community children's services attended together with representatives from other services available to children with additional needs, for example health visitors, an educational psychologist, and the Early Years Team. Monthly meetings were held to discuss and monitor children in pre-school years and their families. Those in the south of the area were discussed at one meeting and those in the north at the following month's meeting. We observed a comprehensive monitoring and discussion around individual needs of children and their families in the south of the area. Services currently received were updated and any extra help needed was identified. This ensured that the services and provision were looked at as a whole and were coordinated within a multi-agency context.
- Staff were concerned about the robustness of the process for treating those children who did not meet the

threshold for referral to the Child and Adolescent Mental Health Service (CAMHS) or other agencies. They were concerned that this group of children might slip through the net. Consultants were aware of the situation and were looking at ways of monitoring these children.

- Some parents told us about the lengthy delays in getting an initial diagnosis for their child. One parent explained that this had adversely affected their child's start at school and had impacted on the wider family. Once their child was in the system it worked well. Managers were aware of the concerns and were monitoring waiting lists. An action plan was in place to address the pressures and capacity of the workforce. Progress was reviewed at regular heads of service meetings.
- Parents were also concerned about the extra demand that would be placed on services with the expected growth in population as a result of the new housing developments in Weston-Super-Mare.
- Curtains were available in all treatment rooms at Drove Road to ensure privacy and dignity for children and young people. However, they were not available at The Barn. Panic alarms were available in all rooms at both locations and all staff we spoke with, including clinical and administrative staff, were clear about the procedure for using and responding to alarms.
- During our focus groups staff raised concerns about the lack of accommodation available for clinical sessions and meetings. This resulted in less flexibility of appointments and cancellation of clinics. Some staff told us the difficulties in accessing clinic space made them feel their work was undervalued.

## Equality and diversity

- Staff received equality and diversity training as part of their mandatory training. A faith and culture file was displayed on entry to Drove Road.
- Areas we observed were accessible to disabled people.
- The service saw a low percentage of children, young people and families whose first language was not

# Are services responsive to people's needs?

English. However, staff told us for those requiring an interpreter the service was readily available through a formal referral route. The service was highlighted in the Patient Advice and Liaison Service (PALS) leaflets.

## Access to the right care at the right time

- Some parents told us they would prefer more flexibility in the timing of appointments and would particularly appreciate evening appointments after work.
- We spoke to three parents who were frustrated about the repeated cancellation of appointments. One parent told us that four appointments had been cancelled and another had arrived that day for an appointment to find out that the consultant was not available due to personal reasons and the appointment would be rescheduled. We visited the clinic the next day to find the appointment had been rescheduled for that day.
- Data was collected electronically to monitor the cancellation of appointments and to look for any trends. Staff told us that most cancellations had resulted from unexpected absences during periods of inconsistent locum cover. Managers were confident this would improve with the presence of a consistent medical team.
- An audit had identified a backlog of the internal waiting list for community paediatrics. The service was making inroads and work was being done to plan follow-up appointments for those patients overdue. The situation was expected to improve with the consistent medical team currently in post.
- The internal waiting list for the review of children with complex disabilities had been running in excess of national guidelines. This had been identified as a risk on the risk register and an action plan had been instigated to reduce the waiting time. At the time of our inspection the trajectory predicted a reduction to four months by December 2015 and this prediction was reviewed regularly at monthly meetings.
- We looked at waiting list data from the first quarter of 2015 (January to March) for referrals to community paediatrics, speech and language therapy, physiotherapy and occupational therapy. During March 2015 community paediatrics had a backlog of 93 children awaiting an initial assessment with one child

who had waited longer than 18 weeks. In addition a number of referrals were awaiting triage when the data was compiled and resulted in a lower than average number being identified as having been accepted. Therapy referrals had remained comparable during the first quarter with a slight increase in referral to occupational therapy with 35 referrals being made in March 2015. Of these 20 had been accepted. However, there was a total of 54 children awaiting an initial assessment. A total of eight children were awaiting an initial physiotherapy assessment. was a total number of 52 children awaiting an initial speech and language therapy assessment. Despite the waiting list backlog at the time of our inspection there were no children waiting longer than 18 weeks for an initial therapy assessment.

- Nurses had carried out an audit that looked at children who had not attended a follow-up appointment after an initial assessment. This had been repeated and there had been an improvement in the number of children attending follow-up appointments.

## Learning from complaints and concerns

- Parents knew how to make a complaint if they needed to and also felt they could raise concerns with the clinical staff they met. Information about making complaints by way of "How to complain" leaflets were available in the clinics we visited at Drove Road but not at The Barn.
- Staff encouraged children, young people and their parents or carers to provide feedback about their care and comment cards were available in clinics asking parents to indicate how likely they were to recommend services to friends and family.
- Staff were aware of complaints that had been made and any learning that had resulted. The staff we spoke to were all aware of the complaints system within the trust and the service provided by the Patient Advice and Liaison Service (PALS). They were able to explain what they would do when concerns were raised by parents. Staff told us that they would always try to resolve any concerns as soon as they were raised, but should the family remain unhappy, they would be directed to the trust's complaints process.



# Are services well-led?

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

## Summary

We have judged the leadership of the children and young people's service as good.

Good local leadership was provided throughout the various teams and staff were particularly complimentary about the support they received from the business manager who they felt was a real advocate for the service and link with the wider trust. Some staff felt isolated from the main trust and wanted a more visible presence from senior managers.

Frontline staff and local managers were passionate about providing a high quality service for children and young people with a continual drive to improve the delivery of care.

Most staff were positive about working for the trust. Staff took pride in their work and being at the centre of the community. They wanted to come to work. Staff felt informed about the acquisition of the trust but unsettled about the uncertainty for the future of the service and their individual roles.

Children and young people were able to give their feedback on the services they received; this was recorded and acted upon where necessary.

## Service vision and strategy

- Staff had a good understanding of the trust's core values and were proud of the service they provided. A recent away day had been held to discuss the vision of bringing community services together.
- A number of objectives had been agreed including outcome measures to drive further improvement in the quality of care: service specification to identify the services which should be provided and any the gaps in provision; integrated pathways to ensure a multidisciplinary approach to the management of the service; governance to ensure the service and everyone working within it was providing a high quality service; development of a meeting structure to support the service to deliver its key objectives; leadership to

encourage all staff to believe in and drive the objectives agreed to improve the care for children and young people; and raising the profile to demonstrate the high quality and caring services provided.

- Alongside the proposed acquisition of the trust by Taunton and Somerset NHS Foundation Trust we were told about plans to recommission the specialist children's services together with specialist community children's services in Bristol and South Gloucestershire by April 2017. Staff felt informed about these developments but unsettled about the double uncertainty and consequences for the future.

## Governance, risk management and quality measurement

- There was a clear structure for clinical governance with regular meetings attended. We saw minutes from these meetings which showed that issues affecting the service were discussed and actions taken.
- There was a range of divisional, service and team meetings held at regular intervals. All meetings were minuted. There were clinical governance meetings, business and governance meetings and heads of service meetings. The minutes were recorded and covered a range of subjects including clinical matters, budget discussions, staffing levels and skills, the risk register and any serious incidents arising
- Risks were clearly understood and defined. A risk register was in place and we noted that this had been kept up to date.
- We saw that regular auditing took place with evidence of improvement or trends. Performance data and quality management information was collated and examined to look for trends, identify areas of good practice, or question any poor results. Waiting lists and clinic cancellations were monitored and the action plan devised to improve performance was regularly reviewed by heads of service.
- Clinical policies and guidelines were available for all staff via the trust's intranet system.

# Are services well-led?

## Leadership of this service

- Staff told us the chief executive visited the community sites. However, they felt isolated from the main hospital with little visibility from senior managers and professional leads. Staff said they “Felt undervalued and a bit of an afterthought.” Staff wanted senior managers to make more of an effort to find out about the service and strengthen links with the wider trust to develop joint working.

## Culture within this service

- The staff we spoke to during the inspection told us they were proud to work in the community team and were passionate about the care they provided.
- Staff were positive about working for the trust, although at times they told us they felt stretched and under pressure because of the volume of their caseload.
- Managers we spoke with told us they were proud of the staff they supervised and that there was a high level of commitment to providing quality services to the community.

## Public and staff engagement

- We saw there were systems in place to engage with the public and staff to ensure regular feedback on service

provision for analysis, action and learning. In addition to the Friends and Family Test and comment cards, young people were encouraged to make comments via the website and the email box system. Feedback from a young person who had been frightened by the noise of the fire alarm during the regular test had resulted in the time of the test being changed to a more suitable time.

- A group of young people were also invited to interview the team and make suggestions about change. This had resulted in the reorganisation of the waiting room at Drove Road.
- Staff told us there was an “open culture” and they felt confident about raising concerns. Staff told us about how their concerns regarding the deviation by previous locum doctors from pathways had been addressed. They had escalated their concerns but had not received feedback about the outcome.
- Staff were aware of the trust whistleblowing policy and felt confident about using this process if required.

## Innovation, improvement and sustainability

- Staff were clear that their focus was on improving the quality of care for children, young people and their families. They felt there was scope and a willingness amongst the team to develop services.