Cornwall Council

Children's Community Health Services

Inspection report

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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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Cornwall children's health services provide community care, delivered by health visitors, school nurses, assistant family health practitioners, community nurses, community nursery nurses, and family health workers, infant feeding peer support coordinators and Best Start in Life (BSiL) practitioners across the county of Cornwall and Isles of Scilly.

We rated the service as good because:

- Staff understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. For example, health visitors provided evidence based care and support, helping families with ongoing developmental health needs for children and young people. School nurses promoted health and wellbeing of the school aged population. Family health workers provided support to families, giving evidenced based advice, measuring babies height and weight in community hubs across Cornwall and Isles of Scilly. Managers 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.
- 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.
- Feedback from families was complimentary of the service, recognising professionalism, respect and compassion given from staff.
- The service planned care to meet the needs of local people. For example, there were initiatives and strategies to provide care and treatment to minority communities in each of the localities we visited. Took account of children and young people's individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Mandatory training such as basic life support, handwashing as well as infant feeding was not kept up to date.
- Staffing vacancies were relatively high in the West of Cornwall which affected the service's ability to resume levels of pre-pandemic activity.
- When the provider took over service delivery in 2019, not all records for children transferred over. Only children open to the provider's caseload at the time of the transfer moved over. This issue is currently subject to an independent review between Cornwall Council and the Cornwall and Isles of Scilly Integrated Care Board to make a decision on best practise.

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 Children's Community Health Services

Cornwall children's health services provide community care, delivered by health visitors, school nurses, assistant family health practitioners, community nurses, community nursery nurses, and family health workers, infant feeding peer support coordinators and Best Start in Life (BSiL) practitioners across the county of Cornwall and Isles of Scilly.

Teams provided care and treatment from community hubs, schools and in children and young people's homes. They worked alongside other teams such as speech and language therapy, adult social care and early help.

The service was provided by Cornwall council and registered for the following regulated activity:

- Nursing care

At the time of our inspection, the current manager was in the early stages of the Care Quality Commission registration process.

The service was previously delivered by an NHS trust and transferred over to the council in 2019. The service run by the council had not previously been inspected.

How we carried out this inspection

To fully understand the experience of people who use services, 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 the inspection visit, we reviewed information that we held about the service. We announced this inspection prior to the inspection visit. Due to the service providing services throughout Cornwall, we announced the inspection to ensure we were able to visit locations most suitable to our inspection methods.

During the inspection, the inspection team:

- spoke with 41 members of staff including service directors, heads of service, team managers, school nurses, health visitors and family healthcare workers
- spoke with 15 family members
- reviewed 29 care and treatment records
- attended and observed 17 sessions facilitated by staff, including team meetings, clinics, home visits and school visits

Summary of this inspection

- toured the environment of six premises where care and treatment was provided
- reviewed a range of policies and procedures and other documents related to the running of the service.

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.

Areas for improvement

Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure complete transfer and allocation of relevant records for children across Cornwall from the relevant NHS trust.
- The service should ensure mandatory training completion for staff is kept up to date.
- The service should consider Mental Capacity Act training as part of the mandatory training schedule.
- The service should ensure adequate staffing levels across Cornwall to meet the needs of the local population.

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	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good

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

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

Good

Mandatory training

The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it.

Nursing staff did not always keep up-to-date with their mandatory training. Managers monitored this and discussed within leadership meetings. Compliance in safeguarding training and information governance was high, however, compliance across all other mandatory units was at 55%.

The mandatory training was comprehensive and met the needs of children, young people and staff. It was delivered through an online system and through face to face sessions.

Care records showed staff responded to children and families' mental health needs where required.

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.

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 took part in quarterly group safeguarding supervision sessions. Staff were trained to safeguarding level 3 for children and adults.

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. This was part of the mandatory training.

Staff knew how to identify children and young people at risk of, or suffering, significant harm and worked with other agencies to protect them. There were close links with social care professionals within the local authority and other teams such as early help and the multi-agency referral unit (MARU).

Community health services for children, young people and families

Good

During our visit, a staff member identified a safeguarding concern during a home visit. We saw appropriate escalation and sharing of information, as well as a fast multi-agency response to ensure patient safety.

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.

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

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

There were effective waste management procedures in place. For example, clinical waste from clinics and home visits were placed into yellow bags and disposed of correctly.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of children and young people's families.

The service had enough suitable equipment to help them to safely care for children and young people and staff carried out daily safety checks of specialist equipment.

Staff completed home safety checks during initial assessments, where care was provided in children and young people's homes.

Staff disposed of clinical waste safely.

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 used a nationally recognised tool to identify children or young people at risk of deterioration and escalated them appropriately.

Staff knew about and dealt with any specific risk issues. This included the use of tools and assessments to consider home environments, physical health deterioration, domestic violence and safeguarding issues.

Staff completed risk assessments for each child and young person. Staff used the ages and stages questionnaire (ASQ) for developmental and social-emotional screening from birth to six years of age.

The service routinely liaised and met with community mental health teams to discuss children and young people under both services, or needing access to mental health services.

Community health services for children, young people and families

Good

Staff shared key information to keep children, young people and their families safe when handing over their care to others.

Staffing

The service had 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.

The service did not always have enough nursing and support staff to undertake face to face visits for all children and young people for each stage between 0-24 months. However, staff did undertake these visits where concerns were identified during the initial assessment, or through a multi-agency concern.

The service had high vacancy rates and the number of staff did not always match the planned numbers. There were higher vacancy rates in the west of Cornwall, factors outside of the services control had a negative effect on this. For example, there had been recruited staff that did not take up the role due to lack of housing availability.

The service attempted a 'grow your own' approach, whereby they provided training and development opportunities to undertake health visitor and school nursing roles. Nine students were reported to be training at the time of our visit, with funding agreed to recruit a further 20 students in 2023.

The service had a low turnover rate. We saw examples of former staff that returned to work within the service.

Records

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

The service used an electronic care records system and notes were comprehensive and staff could access them. Other teams, such as Early Help and Best Start in Life (BSiL) were also able to access the system to input relevant information to aid in a multidisciplinary approach.

When children and young people transferred to a new team, there were no delays in staff accessing their records. However, we saw that not all records were transferred from the NHS trust who previously held them. This meant there were children and young people who were not known to the service as a result and therefore not having relevant health visit checks, unless they were identified during visits to siblings or through multi-agency referrals into the service. During the inspection the service responded to this concern and implemented provisions to ensure they worked with the NHS trust to look at all available options to fully resolve this.

Records were stored securely. Staff inputted information onto the electronic recording system following visits in the community. Internet access within rural areas around Cornwall often made it difficult for staff to undertake this during the visit.

Medicines

The service did not prescribe, store or administer medicines.

Community health services for children, young people and families

Good

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 and the wider service. 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 local authority policy.

Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations.

Staff understood the duty of candour. They were open and transparent, and gave children, young people and their families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents and met to discuss the feedback and look at improvements to children and young people's care.

There was evidence that changes had been made as a result of feedback. Audits including the young parent pathway, infant feeding and midwifery and the health visiting communication audit showed findings and analysis of reviewing electronic records. Outcomes and recommendations were identified, they were then shared with staff and leadership to improve care being delivered.

Managers took action in response to patient safety alerts and monitored changes.

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

Good

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 delivered high quality care according to best practice and national guidance.

Care records showed appropriate strategies and interventions in place for each child open to the service.

Staff undertook assessments using the ages and stages questionnaire, measured height, weight and head measurements at key stages. Staff also used the patient health questionnaire (PHQ) with families to recognise depression and worked with families to meet the needs of their children and young people.

During a home visit, we observed a health visitor discussing a range of topics with parents. These included but were not limited to nutrition and fluids, bowel movements, oral hygiene and identifying risks around the home. Further engagement with parents included areas of their social circles, employment and any matters of concern they had. Communication was sympathetic, tactful, child centred and solution focused.

Clinics were equipped and staffed to ensure accurate measurements were taken and recorded by competent staff. We observed staff giving advice to parents and carers within clinic sessions.

Leaflets were available for families to help understand various aspects of parenting and child development. For example, breast feeding, healthy eating and various helplines.

Nutrition and hydration

Staff regularly checked if children and young people were eating and drinking enough to stay healthy. The service considered children, young people and their families' religious, cultural and other needs.

Staff fully and accurately completed children and young people's fluid and nutrition charts where needed.Staff used a nationally recognised screening tool to monitor children and young people at risk of malnutrition. Advice was given where the choice of feeding practices did not meet national guidance, alternate options were discussed to ensure adequate nutrition intake was met.

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

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 had been accredited under relevant clinical accreditation schemes.

The service participated in relevant clinical audits. During the pandemic, service leaders developed a prioritisation plan for the service. This included details of a staged return to pre-pandemic activity. The target date for this was in September 2022. Leaders and managers monitored progress with this.

Outcomes for children and young people were positive, consistent and met expectations, such as national standards. Managers and staff used evidence-based tools and assessments to monitor outcomes.

Managers and staff used the results to improve children and young people's outcomes. Managers shared and made sure staff understood information from the audits. Team managers across the county discussed audit results and themes within monthly clinical quality assurance group meetings. Information from these meetings was cascaded to staff within local teams. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Managers used information from the audits to improve care and treatment.

The service was accredited by UNICEF and achieved the silver award for the baby friendly initiative. Video calls to support with breastfeeding were made available for parents alongside face to face support.

Community health services for children, young people and families

Good

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families.

Managers gave all new staff a full induction tailored to their role before they started work and Managers made sure staff received any specialist training for their role.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. We saw examples of staff having the opportunity to shadow some management duties alongside their clinical role.

Managers supported staff to develop through regular, constructive supervision of their work. Supervision compliance for staff across the service was 82.5% at the time of our visit. This did not include staff on long term sickness or maternity leave. Staff told us training opportunities were very good and were encouraged to further develop their skills.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified poor staff performance promptly and supported staff to improve. Managers gave examples of the process they followed to support staff to improve practice, this included more regular supervision and further training if required.

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.

Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families. All services were involved and attended relevant meetings which ensured a multi-disciplinary approach. We saw good examples of services working collaboratively with targeted interventions and support. Families we spoke to provided overwhelmingly positive feedback about levels of support they had received.

Staff referred children and young people for mental health assessments when they showed signs of mental ill health, depression. Staff referred into and liaised with community CAMHS teams where there were concerns around mental ill health.

Training was available and provided for staff across a multi-disciplinary network. This meant all services working with children and families were suitably trained to deliver effective care.

The health plus team worked closely with the social care team. This meant escalation of concerns and sharing of information promoted faster, targeted responses where necessary.

Community health services for children, young people and families

Good

Care records we reviewed showed evidence of various services working alongside health visitors and school nurses, providing a holistic approach to children and families. For example, speech and language therapists, early help, developmental therapy (Portage) working with and adding to care records on the electronic system.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support displayed in locations where care was offered. The service leads the healthy child programme for all families in Cornwall and the Isles of Scilly.

Staff assessed each child and young person's health and provided support for any individual needs to live a healthier lifestyle.

We observed health visitors providing advice and options for families to meet their children's nutritional requirements. For example, advice on gradually moving to solid food and options to replace foods that were discounted due to cultural, religious or dietary reasons were given. A chart detailing different food groups and advice on balancing meals was available for families.

Consent, Mental Capacity Act

Staff supported 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.

Staff made sure children, young people and their families consented to treatment based on all the information available. This was clearly recorded in the children and young people's records.

Staff received perinatal mental health training and mental health training for school nurses.

When children, young people or their families could not give consent, care records showed other services were collaborated with and other professionals joined in a multi-disciplinary approach. This meant that children and families were able to have their capacity assessed, advanced decisions discussed and best interest decisions were achieved, taking into account their wishes, culture and traditions

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

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. Staff took time to interact with children, young people and their families in a respectful and considerate way.

Community health services for children, young people and families

Good

Children, young people and their families said staff treated them well and with kindness. Families provided overwhelmingly positive feedback during inspection. They described health visitors as amazing, supportive and compassionate. Other comments gave particularly high praise for personalised work that families felt went above and beyond.

Staff followed policy to keep care and treatment confidential.

Staff understood and respected the individual needs of each child and young person and showed understanding and a non-judgmental attitude when caring for or discussing those with mental health needs. During home visits, we observed staff were respectful of peoples' needs and preferences. They delivered difficult messages tactfully and engaged families previously reluctant to engage with the service.

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. Staff were committed to providing care to children and families of minority groups in the county. The service recognised the need for sensitivity and staff worked hard to build relationships and trust with minority groups in order to provide care for their children and young people.

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. Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their families' wellbeing.

Feedback we received stated that a school nurse provided emotional support and helped their child believe "she can do it". Other feedback we received had themes that were complimentary about how staff have supported theirs and their families' emotional wellbeing.

We observed clinics provided by family healthcare workers and health visitors. Children, young people and their families were provided evidence-based information and advice, shown techniques and skills to meet their needs, and provided positive feedback following these sessions.

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 made sure children, young people and their families understood their care and treatment. Staff involved children, young people and their families in identifying goals of treatment and developing care plans.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary. We observed staff were dynamic in their communication style and delivery to meet the needs of the families they were providing care for.

Community health services for children, young people and families

Good

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this. Families were directed to the Cornwall council internet page where they were able to give feedback on care. In some community hubs we saw feedback booklets within waiting rooms that families could also use if they wished.

Staff supported children, young people and their families to make informed decisions about their care. Managers ensured relevant leaflets, age appropriate information and clinic letters were provided to children, young people and families. Evidence-based information was also provided verbally to families to support this.

Patients gave positive feedback about the service. Families we spoke to were highly complementary of the service and the staff. Information collated via the feedback page on the Cornwall council website showed families were very satisfied with the service they received.

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

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 to meet the changing needs of the local population. The self-weigh option was made available in community hubs following feedback from families that it's something they wanted. This meant families were able to attend family hubs and weigh their own children without requiring a booked clinic session.

Facilities and premises were appropriate for the services being delivered. Community hubs had rooms where families could speak with staff privately. Doors with glass panels had blinds to ensure privacy from people in the waiting room.

The service had systems to care for children and young people in need of additional support and specialist intervention. The service used a multi-disciplinary approach to work with other agencies and services to provide holistic needs for children and young people. Families told us about examples where staff made referrals to, communicated with and worked with other services to meet individual needs of their children.

Managers monitored and took action to minimise missed appointments. Managers ensured that children, young people and their families who did not attend appointments were contacted. Managers reviewed and allocated caseloads daily. Locations of visits were considered and staff availability and the times of visits. This ensured time management and resources were optimised so visits were not cancelled. Staff contacted families when they did not attend appointments. We saw evidence where additional home visits were carried out if families did not attend.

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

Staff made sure children and young people living with mental health problems, learning disabilities and long term conditions received the necessary care to meet all their needs. Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss.

Staff utilised communication tools and brought in further resources such as the learning disability team to ensure communication needs were met for children and young people with communication difficulties.

The service had information leaflets available in languages spoken by the children, young people, their families and local community. Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed.

Some out of county families attended drop-in clinics within the Cornwall community hubs due to lack of provision closer to home. Managers told us they would never turn families away and would provide care in the clinics they attended. The number of families attending from out of county was recorded and monitored.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.

Managers monitored waiting times and made sure children, young people and their families could access services when needed and received treatment within agreed timeframes and national targets. When families had waiting times for appointments staff made other options available. For example, if the child was in primary school, the school nurse contacted families to offer support in the interim. Triage also looked at the early help referral and virtual appointments were offered if needed.

Managers worked to keep the number of cancelled appointments to a minimum.

Managers made sure that children and young people's moves between services were kept to a minimum. The service worked collaboratively with other agencies and specialist services so there was rarely any requirement for movement between services.

Staff supported children, young people and their families when they were referred between services. Families told us they were supported by staff. Families were given relevant information and informed of what would be involved regarding the introduction of other services providing additional care and treatment to children and young people.

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 clearly displayed information about how to raise a concern in patient areas. Information about how to complain was available in community hubs. This information was also included in welcome packs sent out to families.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes.

Community health services for children, young people and families

Good

Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. This information was cascaded following monthly clinical quality assurance group meetings (CQAG). The service documented and shared a summary of concerns and complaints, resolution or current progress, including detail, was also shared with staff.

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

Good

Leadership

Leaders had the skills and abilities to run the service. The organisation supported leaders to undertake masters degrees and leadership courses. Leaders incorporated succession planning into their identification of aspiring leaders.

They understood and managed the priorities and issues the service faced. Leaders were in the process of managing a programme of staffing reduction that reached across all council services. In order to mitigate the impact on frontline service delivery, the service had to pause recruitment. They reduced a number of identified vacancies and ended internal secondments earlier than planned to help fill some of the roles needed to deliver their front-line services.

Leaders had a good understanding of the recruitment challenges in Cornwall. Leaders had put in place practitioner courses working with colleges and employed dedicated practise teachers to support student learning.

They were visible and approachable in the service for patients and staff. In a recent staff survey, 74% of staff said that there was clear leadership in the service. Leaders ran regular webinars that all staff could attend and ask questions. Staff valued this time to connect with their senior leadership team. Leaders visited community sites with staff in order to understand issues from a different perspective.

Leaders supported staff to develop their skills and take on more senior roles. Managers had a ring fenced training budget to be able to prioritise learning and development within their teams. Staff had access to all council run training courses, including apprenticeships and coaching courses. Leaders ran monthly staff development planning meetings.

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 service business plan fed into four delivery plans which identified the main priorities across the portfolio. Leaders met regularly with all relevant stakeholders to develop their integrated team working and make decisions about how to work together and how to deliver services locally. These meetings incorporated service user feedback. Leaders held annual conversations with young people to discuss the issues that concerned them and brought these to the youth parliament in Cornwall.

Community health services for children, young people and families

Good

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The service had recently merged with education services so they were able to provide a joined up universal service for children. The service was also working with Health Education England to increase their number of students. Leaders set up a joint recruitment fayre event which involved the two acute trusts in the county and social care services.

Leaders and staff understood and knew how to apply them and monitor progress. All area team leaders had contributed to identifying the four priorities and met monthly to monitor their progress against targets. All areas had an action plan for their teams to help deliver the vision and values of the organisation.

Culture

Staff felt respected, supported and valued. All staff had access to the council's wellbeing resources, which included a wellbeing group and support from occupational health. Staff could choose to work flexibly and there was a flexible working policy to refer to. Staff could come into the office to work or work from home. Leaders organised team away days and team lunches to counter any staff feeling isolated. Staff were not redeployed to other teams during the pandemic. Staff said this made them feel valued within their roles.

They were focused on the needs of patients receiving care. Staff worked with the voluntary sector to identify and support families that needed extra support during the pandemic. Staff supported families to access commissioned services in their area that held ethnic minority social events.

The service promoted equality and diversity in daily work, and provided opportunities for career development. There was a men's group within the council which recognised that they were unequally represented within the organisation. Staff working in the service had access to directorate equality advisory groups, such as the Gypsy traveller Roma group that represented a significant number of families using services in the area. There was a disability equality action group and staff completed equality information which was monitored by human resources. Staff worked with midwifery teams to identify ethnic minority families so they could offer additional support where needed. Each staff member completed individual risk assessments during the pandemic to identify the support they needed. Staff we spoke with told us managers were responsive to their identified needs.

Leaders promoted a career ladder from the early years services where they recruited young people and volunteers from the local population.

The service had an open culture where patients, their families and staff could raise concerns without fear. The service had a whistleblowing policy that staff could follow to raise a concern anonymously**.** The provider sent out annual staff health check surveys and had completed action plans based on the direct feedback from the staff team about how to improve their working conditions. A staff survey was also completed in April 2021 to evaluate the service delivery during the pandemic to inform the future service delivery plans.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Leaders had outcome delivery plans for each area in the organisation. They worked with local partners to deliver and

review these plans and met regularly to share information. Leaders worked with partners to target work in areas of high deprivation and worked closely with early years services. Staff worked with multi agency teams to target children and families in need to support, such as unaccompanied children refugees and Ukrainian families, to help them register with a GP and transfer into children's services.

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 services. Staff fed into twice weekly operational meetings which were also attended by public health colleagues. Results from audits and themes emerging from rapid reviews were shared with staff via learning lessons workshops. Area managers and leaders attended monthly clinical quality assurance group meetings where they reviewed incidents, concerns and complaints, reports from area managers and any emerging themes. Public health colleagues were invited to these meetings. Staff from all levels could attend these meetings as part of their ongoing development.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. Leaders had an audit schedule to routinely monitor and review their performance. Leaders reviewed a quality assurance performance dashboard about the number of referrals coming into the service. Leaders produced a quarterly assurance paper which indicated any areas of perceived risk. Staff were able to feed into a service risk register. Leaders reviewed the corporate risk register and created action plans to reduce the impact of any identified risk.

They identified and escalated relevant risks and issues and identified actions to reduce their impact. Leaders had identified some risk around receiving poor referrals into the service. As a result, the safeguarding lead dip sampled referrals that had not been accepted into the service to ensure they were appropriate. Leaders were aware of some issues around capturing the voice of the child within records and had rolled out group supervision to explain the importance around this.

Some risks had been raised to the service around processing and responding to notifications that came from emergency departments (ED) and minor injury units (MIU) after a child had been in attendance. Although the service had robust arrangements in place to safeguard children that were already open to them following an admission to an ED or an MIU, there were areas of risk around the service not responding to notifications of children not already open to their caseload. This was recorded as a high risk on the service's risk register. The service responded quickly to these concerns during our inspection and provided an amended standard operating procedure which detailed how they would open a record for all children not currently open to them then review, record and follow up the EDMIU attendance.

They had plans to cope with unexpected events. The service had created a 'prioritisation plan' to review how services were run during the pandemic. This meant that they were able to plan the delivery of services appropriately in relation to their capacity. The service was in 'phase three' of this plan, meaning some services were still being offered virtually.

The service was a member of the 'safer in schools' board which picked up on any children with unexpected risks that did not fall into any other categories.

Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. Following a review of staff and service user feedback, the service was about to launch their exit prioritisation plan, meaning more services would be offered in person, depending on the area's capacity.

Community health services for children, young people and families

Good

Information Management

The service did not always collect reliable data and analyse it. The service had moved over from a health provider to a social care provider in 2019 and not all electronic records had transferred over with them. If a child was open to the service at the time of the transfer, their records had transferred, but any child not open to the service at the time remained with the health service. This meant that if staff wanted to open a new record on a child over the age of three, they had to put in a data information request to the previous health service to have access to their information.

However, leaders received a weekly monitoring dashboard which they used to inform their own service area performance meetings. This information supported service wide operational delivery decision making. Performance information was used to hold leaders and staff to account. The information used in performance management included plans to address any weaknesses. The quality and governance lead collated and analysed this data and reported back to leaders at operational meetings any themes and areas for improvement.

Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Leaders were able to access information held by the health provider if there was an urgent need on the same day. However, if staff wanted to access data held by the health provider to inform a new record, they had to wait between three to four weeks. Staff did not always put in a data referral request because they felt it would take too long. This meant that they started working with children without knowledge of their previous contact with health services and that new records were incomplete.

The information systems were secure but not integrated. Leaders mitigated the risks around not having integrated systems by working closely with partner agencies such as GPs and early years settings. Each team had a named staff member who acted as a link to the GP surgeries in their area and had quarterly liaison meetings with their designated GP surgery. Staff could also contact the early help hub if they had concerns about children. Any concerns flagged about children not open to the service were risk rated by other agencies and sent out as a referral to the service.

Data or notifications were not consistently submitted to external organisations as required. The service did not routinely respond to notifications from the emergency department or minor injury units if a child was not open to them or over the age of one. These notifications were not stored on the service's records and any relating to children not open to the service were deleted. However, we raised this as a concern during our inspection and leaders responded promptly, making an amendment to their standard operating procedure and meeting with all involved to review the changes made. They agreed that all ED or MIU notifications would be recorded, either on an open record or a new record would be opened within three working days of receipt. If a child had three or more attendances within 12 months, they would be assessed by a member of staff who would also liaise with the GP. The provider confirmed that staff would follow up on cases within two working days and would be allocated if a visit was required. This all would be recorded in the child's open record. Cornwall and Isles of Scilly Integrated Care Board are also reviewing national best practise as part of their independent review of the service.

However, data or notifications to other external organisations were consistently submitted as required, such as to the Community Services Data Set (CSDS), the children's public health annual national reporting system, Local Government Association (LGA) and the Weekly South West Child Health Information Service (CHIS) submission to Public Health England.

Community health services for children, young people and families

Good

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. Leaders ran a monthly webinar for all staff, which was usually well attended. Leaders discussed key themes and asked for feedback from the teams. Leaders met with staff regularly and escalated any risk through caseload supervision. Leaders supported staff to identify the actions required and if anything needed escalating to the safeguarding team. Staff followed an escalation procedure after identifying any concerns.

They collaborated with partner organisations to help improve services for patients. As the service was no longer commissioned by public health, leaders invited them to monthly clinical quality assurance meetings. Public health reviewed the service once a year and met quarterly with leaders to review their performance data.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Staff were trialling well baby clinics which was a bookable system in the morning and a drop in in the afternoon. They were collating feedback from families about how they felt the clinics had been run.

They had a good understanding of quality improvement methods and the skills to use them. Following a lift in Covid restrictions, staff understood that some sessions, such as 'stay and play' sessions used to promote healthy role models and were an opportunity to pick up on issues before they needed to be targeted. Families fed back to the service that they missed the universal offer and so leaders were looking at re-introducing these sessions.

Leaders encouraged innovation and participation in research. Staff worked with charities in the community, such as clothes banks, to support families to access clothes and equipment. The service worked in partnership with the clinical commissioning group to provide a specialist child in care (CIC) health team. This provided a service to children including unaccompanied asylum-seeking children, Cornish children placed out of the county, and children in care placed into Cornwall. Staff worked with multi-agency colleagues to assess and identify these children's health needs. They supported them to access appropriate services for treatment. They assessed the impact of those identified health needs to children, carers and other professionals in the child's home and education settings.