Shropshire Community Health NHS Trust

R1D

# Community health services for children, young people and families

## Quality Report

Shropshire Community Health NHS Trust
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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) |
|---|---|---|---|
| R1DHQ | Shropshire Community Health NHS Trust - HQ | **Community health services for children, young people and families** | SY3 8XL |

This report describes our judgement of the quality of care provided within this core service by Shropshire Community 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 Shropshire Community Health NHS Trust and these are brought together to inform our overall judgement of Shropshire Community 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? | Good |
| Are services well-led? | Good |

# Summary of findings

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# Summary of findings

## Overall summary

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

- The service had effective safeguarding procedures in place and staff had received safeguarding children training appropriate to the role they performed.
- Staff across the service knew how to report incidents and were encouraged to do so. Learning from incidents was shared amongst staff and between teams in a number of formats.
- Staff provided individualised and patient centred care. Children, parents and carers were positive about the care that staff provided and the way that staff treated them. People told us and we saw that staff always did more than was needed when they provided care.
- Staff felt committed to empowering young people through providing them with appropriate information and support to enable them to make decisions around the care they received.
- Children, young people and their carers told us that staff treated them with compassion, dignity and respect. They were involved in discussions about treatment and care options and able to make decisions.
- Information was provided in a number of formats to enable young people to understand the care available to them and help them to make decisions about the care they wanted to receive
- Evidence based practice was delivered across all services and national programmes of care were followed. Staff assessed patient needs thoroughly before care and treatment started and staff took part in competency based training programmes.
- We saw strong local leadership with the majority of staff we spoke to telling us that they felt supported by their direct line manager.

# Summary of findings

## Background to the service

Shropshire Community Health NHS Trust provided a range of services for children and young people between the ages of 0 and 19 years, across Shropshire, Telford and Wrekin. This included community children nursing, school nursing, health visiting, therapies, psychology services and the Family Nurse Partnership. School Nursing was also provided and to the adjacent locality of Dudley. There are two Child Development Centres, which provide assessment of children with additional needs who are under five years old.

Children and young people under the age of 20 years make up 21.7% of the population of Shropshire and 25.9% of the population of Telford and Wrekin.

During the inspection, we spoke with 73 members of staff, 20 parents and 5 children. We reviewed 75 individual care plans for children, risk assessments and a variety of team specific and service based documents and plans.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Timothy Ho, Medical Director, Frimley Health NHS Foundation Trust

**Head of Hospital Inspections:** Tim Cooper, Care Quality Commission

The team included CQC inspectors and a variety of specialists, including: Community matrons; physiotherapists; occupational therapists; senior community nurses; community children's nurses; school nurses; health visitors; consultant clinical psychologist; palliative care consultant; nurse practitioner; head of quality; deputy director of nursing; palliative care nurse; substance misuse consultant, substance misuse nurse, CAMHS practitioner.

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

## Why we carried out this inspection

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

## How we carried out this inspection

We inspected this service in March 2016 as part of the comprehensive inspection programme.

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

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

Before visiting, we reviewed a range of information we hold about the service provider and asked other organisations to share what they knew. We carried out an announced visit from 7 to 11 March 2016.

We did not hold a public listening event prior to this inspection as we were looking to assess changes and progress over a very defined period of time, however we

# Summary of findings

did contact Shropshire Healthwatch and Telford Healthwatch to seek the views that they had recently formed on the trust. Additionally, number of people contacted CQC directly to share their views and opinions of services.

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

Prior to the visit we held six focus groups with a range of staff across Shropshire who worked within the service. Around 20 staff attended those meetings and shared their views.

We visited many clinical areas and observed direct patient care and treatment. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service.

## What people who use the provider say

Children, young people and their carers told us that they were treated with compassion, dignity and respect

Feedback from a parent using the Health Visiting service and Paediatric physiotherapy when talking about the service said, "my daughter was referred to paediatric physiotherapy by my lovely and dedicated health visitor and I was seen a day later in a drop in session, I am grateful to my health visitor who is amazing".

## Good practice

The trust's asthma guidance won the Nursing Standard School Nurse Team of The Year Award in 2014.

We saw good outstanding practice in child protection and children's safeguarding arrangements.

## Areas for improvement

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

**Action the provider SHOULD take to improve**

- Record keeping and risk assessment should be regularly updated and filed in all child records within the Children Community Nursing team
- All toys should be cleaned in between all clinic session and cleaning rotas must be in all clinical areas and be completed and checked daily.

Shropshire Community 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

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

- Staff across the service knew how to report incidents and were encouraged to do so. Learning from incidents was shared amongst staff and between teams in a number of formats.
- Staff were aware of their Duty of Candour responsibilities and were able to share examples of where it had been applied.
- Staffing levels and skill mix were planned and implemented to meet the needs of children, young people and families.
- The service had effective safeguarding procedures in place and staff had received safeguarding children training appropriate to the role they performed.
- We saw staff were washing their hands between clinics, and where washing hands facilities were not available staff were using alcohol gel.

However, we also found that:

- Risk assessments were not present in some paper-based patient records we looked at and care plans were out of date.
- There were no cleaning logs for furnishings and toys in one clinic and we saw no cleaning of toys between clinics.

### Incident reporting, learning and improvement

- Staff were aware of how to report incidents. They told us that they were aware of trust wide incidents in various forms, for example, through weekly team meetings, monthly governance meetings and emails from line managers to share lessons learned. We saw evidence in the form of meeting minutes of incidents and actions discussed at the monthly Children, Young People and Families Quality and Safety Group.
- From March 2015 to February 2016, 180 incidents were reported within CYP services. There were no serious incidents reported by the trust, against this core service.

Good

# Are services safe?

Eighteen incidents were reported by the paediatric community nursing team. Issues included a faulty suction unit, information governance and infection control.

- Of the incidents reported within the Health Visiting team, 74% were identified as communication concerns with maternity and social care; leaders were in the process of arranging regular meetings to establish a plan of action to improve the lack of communication.
- We spoke with staff across CYP services who told us that they were encouraged to report incidents and were aware of the need to do so. We saw examples of incidents which had been investigated and minutes from a root cause analysis meeting. Staff said they received feedback from investigations.
- Never events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented. . At the time of inspection there had been no Never Events registered across community CYP services.

## Duty of Candour

- During interviews, staff demonstrated awareness of the Duty of Candour regulations 2014. Staff told us that they had received information on 'lessons learned' on Duty of Candour within their team meetings with examples of when the regulations should be applied. Staff were able to describe when Duty of Candour had been applied, where a child's father had a needle stick injury from the nurse who was administrating an injection to their child. First aid was administered and infection control and occupational health informed and advice given. The father was given an immediate apology and a full explanation. We saw this reported in the trust incident reporting system.
- The trust had a Complaints Procedure in place with explanation of Duty of Candour. In addition, we saw that the trust's electronic incident reporting system included a dedicated section for recording whether an incident was subject to Duty of Candour.

## Safeguarding

- Staff demonstrated a good knowledge of the trust safeguarding policy and the processes involved for raising an alert. We saw safeguarding posters on display in the clinical bases, which meant that staff had access to the relevant information and phone numbers to raise safeguarding concerns.
- The trust had an 85% target for staff completion of safeguarding children training for eligible staff. We saw safeguarding children training figures for level 1, which is basic awareness training, was 100% for all CYP services except in paediatric physiotherapy (94%) and school nursing (96%).
- Safeguarding children level 2 training had an average completion rate of 93% across CYP services, however, we saw that the community children's nursing team had achieved 100% compliance. Safeguarding level 3 training is advanced training to include child protection and identification of children at risk. Data provided by the trust showed that 94% of eligible staff had completed this training.
- Safeguarding adults training is included in the mandatory training for community CYP staff. At the time of inspection, we saw from data provided by the trust that 100% of CYP services staff had completed adult safeguarding level 1 training, except for physiotherapists (93%) and school nurses (86%).
- There was evidence of robust safeguarding procedures in place to protect vulnerable children; safeguarding alerts investigation with multi-disciplinary, multi-agency approach with trust wide governance support and review. Local and serious case reviews were held in a timely manner and we saw action plans supporting these reviews. Staff had access to the Multi Agency Safeguarding Hub (MASH) if they had safeguarding concerns.
- We saw good peer review between health visitors to prevent safeguarding events from occurring through identifying areas of safeguarding risk. We saw implementation of early interventional strategies to reduce risk, particularly for patients on the antenatal pathway.
- Staff within the Family Nurse Partnership (FNP) service told us that they were fully aware of the safeguarding aspects of their role and knew who the main point of contact was for raising safeguarding concerns. Staff also told us that they felt fully supported by management should they need to raise a safeguarding concern. They had a named person who they could approach when faced with a safeguarding issue and when they required advice when referring.

Good

# Are services safe?

- The school nursing teams and health visiting teams received training in childhood sexual exploitation and female genital mutilation.
- Staff from the FNP, school nursing and health visitor services involved with safeguarding cases had received regular safeguarding supervision sessions. This ranged between weekly to three monthly depending on the complexity of the cases. Staff told us they were supported with extra sessions if required.
- The trust was involved in two serious case reviews. We saw that the trust learned from the reviews to improve practice and safeguarding procedures.

### Medicines

- The trust had a medicines management policy in place. We saw awareness amongst staff about the policy and how to access it, through the trust's intranet site. The policy supported practices within CYP services.
- For vaccination and immunisation, CYP had a specific team who offered school based immunisation programmes, advice, support and training to colleagues and the public for both childhood and adult immunisations. They saw children and young people of all ages across Shropshire and Telford and Wrekin. All childhood immunisations offered as per national guidance as detailed in The Green Book 2006 and Public Health England.
- The community pharmacist ensured children's medication was available and supported the children's community nurses with advice and support when required. The pharmacists were independent contractors and not employed by the trust.
- Nurses were encouraged to complete their nurse prescribing training; those who were nurse prescribers had a prescribing pad, carried with them at all times and was held securely for transporting.

### Environment and equipment

- We looked at the storage, maintenance and availability of equipment used in clinics, schools and in children's own homes. There were systems in place to ensure that equipment was regularly serviced and maintained. However, we saw one weighing scales within health visiting team was out of date.
- We saw that children's clinics were generally provided in appropriate clinical settings. For example, we saw that the children's speech and language therapy clinic in Telford provided in a suitably equipped and child friendly room with appropriate décor. We also saw a baby clinic at the Shropshire Children's Centre was provided in child specific premises.

### Quality of records

- Medical records we observed were all in paper format. We reviewed paper records in the FNP and health visitor services and found that records well written with legible entries signed and dated. The records we reviewed within health visitor and FNP services had completed home visit risk assessments, assessment tools, and care plans completed. However, we found that the records reviewed within the community children's nursing team were missing risk assessments; We looked at 24 records within the community children nursing service. Seven records had no care plans and four of the care plans were out of date, one care plan was over 12months out of date and others varied from weeks to months out of date.
- There was evidence of written consent and family involvement in records. We also saw records that demonstrated care continuity and multidisciplinary approach to the care delivered. We saw service specific record keeping audits in which good practice was highlighted, for example, they would use a 'buddy up' process where each team would audit their peers, such as Telford health visiting team would audit Shropshire health visiting team and vice versa. This system of records keeping audits was also within the FNP services.
- The records audits had associated action plans for individual teams across the CYP service. Staff confirmed the results were discussed in team meetings.
- The service kept medical records securely in line with the data protection policy and were all in a key locked cabinet.

### Cleanliness, infection control and hygiene

- Across all CYP services, infection control training compliance was 93%, against the trust-wide target of 85%.

Good

# Are services safe?

- We saw staff washing their hands or using hand gel in between each intervention. Staff had access to personal protective equipment (PPE) if required, we saw staff followed the trust infection prevention policy of 'bare below the elbows'.
- Hand hygiene signs were displayed throughout the clinics and offices we visited to remind staff and visitors of the importance of handwashing to protect patients from the risk of cross infection.
- We observed inconsistency in infection prevention control. We saw areas in paediatric physiotherapy drop in centres had no cleaning logs for furnishings and toys and we saw no cleaning of toys between clinics, including play mats between patients.

## Mandatory training

- The Trust had a list of mandatory training for CYP services that staff must complete and adhere to, this included safeguarding children and adults, moving and handling, paediatric basic life support.
- The average training compliance rate was 88%, against the target compliance rate for the trust of 85%.
- Staff told us they were supported to attend mandatory training. We saw that staff had access to their online training performance and were updated online for what training they required to complete and when. They were reminded via email if they had not completed training within the timescale.
- Staff told us they were alerted to mandatory courses which were out of date by their online training record and managers also e-mailed them reminders.

## Assessing and responding to patient risk

- There was a range of risk assessments locally implemented in the services, for example in Health Visiting and FNP services. Detailed risk assessments and care plans were shared with parents to guide them on what to do in the event of an emergency or their child's condition deteriorating. If urgent medical treatment was required then families would call emergency services on 999.
- A wide range of risk assessments were used across children's services to assess and manage individual risks to children. For example, the FNP service used a child sexual exploitation risk assessment and children's nurses assessed for pressure ulcer risk. When staff identified risks, they had access to support, guidance and equipment to help manage risks.
- We saw examples of newsletters staff received via emails on risks, incidents within their core services, staff also informed us that they have face to face discussions with their manager.

## Staffing levels and caseload

- Overall, we saw and staff told us that there were adequate staffing levels across the CYP services to meet the needs of children and families. The sickness rate across the service was 3.6%, which is below the trust average of 5%. Long-term absence was 2.8% and 0.8% for short term absence.
- In Shropshire, there were three health visiting teams in the North, Central and South Shropshire and one FNP team. Telford also had three health visiting teams across North, Central and South with one FNP team.
- In September 2015, there were 16.7 vacancies for qualified nurses, which equates to 9% of the funded establishment. The highest number of vacancies for qualified nurses were for Dudley school nurses (8.4 WTE). For nursing assistants, staffing was above establishment levels, giving a negative number of vacancies (-11).
- All health visiting and FNP teams had a 0% vacancy position and were fully staffed to agreed establishment levels. The headcount for health visiting within Shropshire and Telford was 167, which equated to 107 Full Time Equivalent (FTE) ranging from Band 8a to band 2.
- FNP were at full capacity of 100 clients as per FNP license objectives. We saw that the expected caseload were in line with the FNP Advisory Board recommendation.
- Staff told us that individual caseloads were reviewed within regular supervisions with their managers. Health visiting teams arranged their own appointments; this enabled them to manage their own caseloads.

## Managing anticipated risks

- We saw that risk assessments in relation to lone working were completed. Measures had been put in place such

as the use of mobile phones to inform their colleagues of their location. If they were unsure of certain areas they were visiting, they would meet their patients' in a public area or take their colleague with them for safety.

- We saw lone working arrangements for health visitors were in place and implemented well at a local level. For example, we saw the use of a tracking application on health visitors' mobile phones in order that their location would be known.

### Major incident awareness and training

- We saw that major incident and business continuity training was discussed at trust board level and that the Trust had identified the training needs for all staff that had a role in the business continuity plan.

Good

# Are services effective?

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

## Summary

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

- Evidence based practice was delivered across all community CYP services and national programmes of care were followed.
- We saw competency based training programmes within each community CYP service.
- There were many examples of multiagency and multidisciplinary working to make sure that patients' were able to access all of the services they needed.
- Consent was obtained prior to treatment and was recorded in patients' notes.

However we also saw that:

- We saw that IT systems were not fully integrated across community CYP services.
- There was no transition policy, although this was recognised and the trust was developing a policy.

## Evidence Based Care and Treatment

- The organisation followed the Department of Health national initiative called the Healthy Child Programme. The programme requires the early intervention of health visitor contacts with babies and children. It offers regular contact with every family and includes a programme of screening tests, immunisations and vaccination, developmental reviews and information, guidance and support for parents. The trust told us this also underpins school nursing.
- Family Nurse Partnership (FNP) services provided evidence based, preventative support for vulnerable first time mothers, from pregnancy until the child is two years old of age. This was a voluntary programme for young mothers who could "opt out" and "opt back in" if they needed to. Family nurses delivered the programme, within a defined and structured service model. We saw that the service adhered to NICE guidelines of antenatal care and postnatal care.
- All community CYP services delivered evidence-based practice and followed recognised and approved national guidance in accordance with governing bodies. This included the NMC (Nursing and Midwifery Council), RCPCH (Royal College of Paediatrics and Child Heath) and NICE.
- We saw evidence of completed local audits being held within the community CYP teams and saw evidence that learning was being discussed at team meetings.
- School nurses completed a school asthma audit, and won an award for this audit, which resulted in a positive effect on children living with asthma. Children were managed effectively during school hours, resulting in good record keeping of asthmatic children in schools and an asthma policy placed in all schools. Schools now have access to emergency treatment medication. Since the audit, there has been improved progress of asthma management within Shropshire schools.
- Health visitors followed the NICE postnatal depression pathway and approval had been gained to undertake cognitive behavioural therapy (CBT) training.

## Pain Relief

- There were clear guidelines for staff to follow in regards to pain relief that reflected national guidance.
- Care and treatment was planned and delivered to meet the needs of patients', children's parents completed training to administer medications at home with guidance and support from the children's community nurses.

## Nutrition and hydration

- We saw staff planning care to treat and deliver nutrition and hydration support for children. Where appropriate, children had a nutritional and hydration plan in place that reflected national guidance and demonstrated a multidisciplinary approach to meeting children's dietary needs.
- During our inspection, we saw staff giving advice to parents on relevant information about their children's

nutrition and hydration requirements. In the speech and language therapy service, we saw demonstration of this in a session for child development. We observed therapists undertake detailed questioning in a calm and reassuring manner.

### Patient outcomes

- We saw that community CYP services completed audits to measure quality of patient outcomes.
- Overall referrals made to children's services from January 2015 to February 2016 was 3,404.
- Health Visitors had key performance indicators (KPI's) aligned to the contact stages in the healthy child programme. Exception reporting took place against the health visiting KPI's. It was seen that the majority of reasons for an uncompleted visit was recorded as a "did not attend" (DNA) appointment.
- Community Children's nursing service audit activity 2015/16 included; observational audit of aseptic technique, clinical record keeping, phlebotomy clinic parent survey; constipation clinic survey, contribution of the Paediatric Psychology Service (PPS), use of referral pathways to the PPS in paediatric diabetes; NICE enuresis; declined immunisations survey; SLT community clinics and school nurses special educational setting.
- These audits commenced in 2015 and we were unable to review the results from these audits as they are ongoing and not yet been collected.

### Competent staff

- Staff across community CYP services demonstrated they possessed sufficient knowledge, and were competent to deliver care and treatment to children and their families.
- Staff told us that they were able to raise additional training requests at their appraisals meetings.
- We saw that services across the trust had competency based training in place. Competencies for training was carried out between services, however was seen to appropriate for each staff role and grade.
- We saw evidence that the health visiting team in Shropshire had been granted funding for a three-day course at a university to develop skills to support patients with perinatal mental health problems.
- Staff were supported with the revalidation process and staff have attended NMC guidance meeting.
- The overall appraisal rate for the trust in November 2015 was 67%, based on 1202 non-medical staff. At the time of the inspection, the appraisal rate was 94%. Most of the staff we spoke with said they had received their annual appraisal. They spoke positively about the process, stating that progress with personal objectives reviewed and linked to training opportunities. Staff received regular (six weekly) clinical supervision. The child health, community paediatrics, FNP, immunisations & vaccinations and newborn hearing screening teams all had appraisal rates of 90% or higher.

### Multidisciplinary working and coordinated care pathways

- There were many examples of multiagency and multidisciplinary working to make sure that patients' were able to access all of the services they needed.
- Speech and language therapy undertook joint clinic sessions with the child's key worker from school to help understanding of goals and aid the child's progress.
- We saw that the children's speech and language therapy service worked as part of an effective multi-disciplinary team. For example, we saw that there were strong links with specialists in other disciplines including cleft palate and dysphagia. We attended a regional team meeting and saw the team also worked with a Makaton tutor to provide training for parents. Physiotherapists and occupational therapists sometimes performed joint assessments, for example for supported seating for individual children.
- We saw that there were communication pathways between the service and the local authority for joint cases.

### Referral, transfer, and transition

- The health visiting teams in Shropshire and Telford provided us with their Q3 figures for universal contacts being delivered. The highest against target was 95% with new birth visit. The lowest in Shropshire was the two-year review at 72%, with Telford's lowest figures being for antenatal at 60%.
- We saw an example of a referral within speech and language therapy report for inclusion in final transition

Good

# Are services effective?

from child to adult services. We also saw an example of a thorough letter with details of individual needs such as required objects used to communicate effectively and what the school and home require to develop this individual service user.

- We asked the Trust about the transition policy. The head of nursing and quality said that they did not have a policy but they were aware that there was a need for one. The Queens Nursing Institute have been funded to undertake this piece of work to which CYP are contributing. However, we saw evidence from letters and reports in patient's notes that transition to adult services was planned effectively and parents and guardians were involved in the process.
- We saw within records that GPs were informed of progress and when children were discharged from services.

### Access to information

- Staff told us and we saw that there were numerous IT systems in use across the trust. Access to the IT systems and the effectiveness of their use varied in consistency between school nursing in Dudley but management were aware and told us they were working towards effective IT access for the staff.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Across CYP services we saw that staff gained consent before each intervention and this was documented in the notes. Parents confirmed they were asked for verbal consent and sometimes written consent, depending on what the treatment of care was.
- We saw evidence of written consent and family involvement in records.
- Staff told us that Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) training was included within the safeguarding training.
- We looked at ten care pathways and documentation, we saw this included consent from a service user in each record and was correctly documented.
- To assess whether a child was mature enough to make their own decisions and give consent staff assessed Gillick competence appropriately. When questioning staff, they demonstrated good understanding.

Good

# Are services caring?

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

## Summary

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

- The feedback we received for the CYP community teams was good, children, parents and carers were continually positive about their care.
- Children and young people told us they were treated with compassion, dignity and respect, they were involved in discussions about their treatment and care options and able to make decisions.
- Support was provided to help parents cope emotionally with the care and treatment provided.

## Compassionate care

- All of the interactions we observed across CYP services were undertaken in a compassionate and dignified manner.
- Patients and families we spoke to told us they felt that the staff who had provided services were friendly and that they were given ongoing support.

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

- We saw practice across CYP Services to be child-centred and to involve children and their families as partners in their care.
- We saw an occupational therapist involving the child in the discussion of their care by directing questions to them and explaining each stage of the assessment. Activities tailored by the occupational therapist to meet the needs of the child and conversations relating to their support were specific to the patient and their needs.
- We observed an audiologist conducting a hearing test who interacted very well with the child and who discussed the outcome of the test in a way tailored to the child.
- We observed a paediatric psychology appointment where the psychologist used a story to gain information about family history in which involved the family and child effectively. The psychologist paused several times to interact with the child. The family had the opportunity to discuss issues they had experienced with care and the psychologist provided treatment and appropriate information.
- Mothers were given opportunities to ask health visitors questions and advice was given appropriately. We saw a health visitor providing the mother with information for another service to help with an issue. One patient said she found the health visitor “really supportive, to not just me but my family”.
- We saw staff demonstrating activities on a one to one basis with the child whilst providing clear instructions throughout to both the child and parents.

## Emotional support

- We heard examples from staff of families who had experienced the loss of a child being given time with staff to discuss their emotions and be supported at the time of the death and over a period of time afterwards.
- We saw examples of emotional support given during the inspection. A health visitor gave a new mother the time to talk through her experience of having delivered a baby prematurely and reassured her with going through notes for how well the baby was progressing.

Good

# Are services responsive to people's needs?

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

## Summary

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

- Services were tailored to the needs of the local population, care was provided from a number of settings to increase the accessibility of the service being provided
- There was access to interpreters and language forum groups for families whose first language was not English within the community CYP staff.
- Patients were able to access the right care at the right time. Services offered flexible appointments to meet people's needs.
- Information regarding complaints was widely available and teams sharing learning from complaints.

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

- Community CYP services planned and delivered care to meet the needs of the child/young person and their parents. We saw during home visits and clinics that care was well organised and managed keeping the child at the centre of the treatment and care.
- Health visitor teams provided care from various settings, for example, Children's centres, baby clinics and children's own homes in order that parents had a choice of options available for accessing the service.
- Senior managers told us they met monthly with commissioners to discuss service provision.
- The Family Nurse Partnership (FNP) service tailored support and care to young expectant mothers, taking into consideration their individual circumstances.
- Therapists planned and delivered care to children in schools, clinics and children's own homes based on the child's individual needs. The school nursing and immunisation teams delivered care within schools and clinics.

## Equality and Diversity

- Staff told us and we saw that all community CYP staff had access to interpreters and that they were widely used to ensure that effective communication took place between staff, patients', families and carers.
- CYP staff booked interpreters in advance so that there were no delays in communication during home visits and clinics.
- Equality and diversity training was included within the trust's mandatory training programme as well as within the trust's induction programme, within CYP services, 94% of staff members had completed this training.

## Meeting the needs of people in vulnerable circumstances

- Health visitors had local forums for parents and families who were with the armed forces and parents who required support for their children living with Downs Syndrome.
- Therapists and health visitors tried to reduce difficulties with access to services by people with vulnerable circumstances by providing care in a range of venues such as at local children's centres, nurseries, baby clinics as well as home visits.
- Within the Health Visiting service staff were allocated fairly to cover the deprived area this allowed flexibility within their caseloads.
- School nurses had 'text your school nurse', a confidential text messaging service to improve access to health information and empowering young person to take more control of their own health.

## Access to the right care at the Right time

- Within the Trust, CYP services had local and national waiting time targets. Children's occupational therapy waiting time targets were that 95% of patients should wait no more than 18 weeks from referral through to treatment. Data provided by the trust showed they had met this target.
- One service failed to meet the 42-day local target this was a consultant led paediatrics outpatient service

Good

# Are services responsive to people's needs?

based in the community hospitals. Physiotherapy, Speech and Language therapy services had the same target times. Data provided showed these services met the target.

- Assessments for children and young people took place at appropriate times across the community CYP services. Key stages within the Healthy Child Programme were included within the community CYP services key performances indicators.
- We saw that children's and young people's assessments and treatments across CYP services carried out at appropriate stages of their development and significant times of their lives within each service and between services. For example, the Family Nurse Partnership (FNP) service invited young expectant mothers at the age of 19 years onto the programme and supported them and their families for two and half years through the antenatal period to the child's 2nd birthday.
- We saw health visitors made robust links with FNP services to share care, provide development checks, immunisation programmes, and support parents with children until school age.
- Children and young adults accessed nursing and therapy services at settings to suit them. For example, home, clinic and schools. We observed staff offering parents flexibility and a choice of appointments to suit their individual needs.
- We saw during drop in sessions within physiotherapy, SALT and Occupational Therapy that there was parental involvement in the sessions and that the staff interacted appropriately with both the parent and child.
- The paediatric physiotherapy also had a drop in sessions in children centres, this helped to increase the level of engagement with parents whose children were using the service.
- The SALT team had drop in sessions for parents and their children to attendthe child development centre for support.
- Paediatric psychology had appointments accessible for both parents, this enables both parents to be involved within their child's well being.

### Learning from complaints and concerns

- Staff we spoke with were aware of and knew how to access the trusts complaints policy. We saw during our inspection that during a patient's first visit, staff were handing out information leaflets including information on how to make a complaint.
- We saw PALS (patient advice and liaison service) posters and leaflets were displayed in clinics, children centres and schools.
- Staff were aware of how to resolve complaints locally and when to escalate to senior management. The Trust had a complaints policy that staff adhered to.
- Staff told us and we saw that complaints and concerns were discussed at team meetings and that learning was shared locally at the team meetings. We saw that complaints across CYP services and lessons learnt these were discussed this resulted in supporting staff with future training and to improve their practice.
- Between October 2014 to October 2015 CYP had a total of 15 complaints with one being referred to the ombudsmen but not upheld.

Good

# Are services well-led?

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

## Summary

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

- There was a clear vision and strategy within the CYP service.
- We saw strong leadership with the majority of staff we spoke with telling us that they felt supported by their direct line manager. There was effective communication between the senior management team and staff within community CYP Services.
- Governance and risk management systems were in place and the service had systems to mitigate risks.
- There was a culture of support and caring amongst staff and managers and they were committed to providing good quality care to children, young people and their families.

## Service vision and strategy

- There was a clear vision and strategy within the CYP service. We spoke with the head of children's services and the professional lead for health visiting regarding their vision for the service. They were able to articulate what the vision was and how it linked to the trust strategy.
- We asked staff and team leaders if they were aware of the trust's strategy for community CYP services. Staff informed us that they were aware there was a local strategy in place.

## Governance, risk management and quality measurement

- Community CYP services had Key Performance Indicators in place that were used to measure the performance of the service teams. The quality of care was monitored and performance was discussed at monthly team and governance meetings. We saw minutes were taken and shared among staff to encourage improvements in practice, this enabled staff to be aware of what improvements need to be made and what changes have been made to improve the service.
- Each individual community CYP service held its own risk register, staff told us they felt able to record risks on the register and discuss their issues with their line manager. We saw that the risk register reflected this.
- At the time of the inspection, there were total of 11 open risks recorded on the register for CYP services. The risks were from children's dentistry and child and adolescent mental health, three were regarding the child development centre. All risks were categorised as moderate to low level risk.
- The service had a monthly review of trends, they shared information with Local Authorities to ensure mitigation re links with special education placements, working closely with the commissioner and develop options for the Trust.

## Leadership of the service

- Staff told us they felt there was strong local leadership across all CYP services. One staff member within the health visiting team said 'changes had been made for the best, I am happy to work in the team, I feel supported'.
- We saw that services were well-organised and effective team working was encouraged. Staff across all CYP services was enthusiastic, motivated and felt supported by their local team leaders. We saw that team managers were very dedicated to their teams and worked very hard to lead by example.

## Culture within this service

- Staff from all disciplines described themselves as happy to work within their respective teams and were proud of the care they provided to children young people and families. This was displayed by all staff we talked to individually and in staff focus groups.
- We found staff across community CYP services were dedicated and compassionate. Staff who told us felt valued and supported by their colleagues and managers.

Good

# Are services well-led?

- Staff from all disciplines spoke with passion about their work; Staff told us there was an open culture where they were encouraged to report incidents.

### Public engagement

- Services gathered verbal and written feedback in the form of thank you letters and cards to evidence satisfaction across community CYP services.
- The trust took part in the Friends and Family Test. An NHS initiative to assess the quality of services by asking people who used them whether they would recommend the service. Trust Wide the period to January 2016, 340 responses to the Friends and Family Test, 240 (70%) of these responses were extremely likely to recommend the service.

### Staff Engagement

- Staff told us that they felt engaged at a local level and we saw that there was frequent communication with them via team meetings and emails within their direct team.
- Staff told us they were encouraged to contribute their ideas for improvements to practice at their team meetings; staff regularly discussed patient feedback from questionnaires in their monthly team meetings.

### Innovation, improvement and sustainability

- We saw local strategic leadership in relation to services for vulnerable children including robust procedures and pathways for those children at risk of child sexual exploitation and female genital mutilation.
- Feedback from the Friends and Family Test questionnaires on what was good and suggestions for improvement were shared in monthly meetings across the CYP group.
- Methodology of improving the services was shared locally between trust services and with external organisations to help drive wider health improvements an example being asthma audits within the school nurses this improved children safety in schools who had asthma.