Chesterfield Royal Hospital NHS Foundation Trust

RFS

Community health services for children, young people and families

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RFSDA	Chesterfield Royal Hospital	Community health services for children, young people and families.	S44 5BL

This report describes our judgement of the quality of care provided within this core service by Chesterfield Royal Hospital. 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 Chesterfield Royal Hospital and these are brought together to inform our overall judgement of Chesterfield Royal Hospital.

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?	Outstanding

Summary of findings

Contents

Summary of findings

Overall summary

Overall rating for this core service Good |

Chesterfield Royal Hospital NHS Foundation Trust provided a range of community health services for children, young people and families in Chesterfield and north Derbyshire. The services were managed from Chesterfield Royal Hospital and clinics were held in The Den, a dedicated facility for children and young people.

We inspected the following regulated activities that the trust is registered with CQC to provide:

• Diagnostic and screening procedures

• Treatment of disease, disorder or injury

During our inspection we spoke with 30 people using the service, including children, young people and their families. We spoke with 44 staff including nurses, doctors, speech and language therapists, occupational therapists, physiotherapists, administration staff and health care support workers. We visited clinics at various locations including The Den at Chesterfield Royal Hospital, and Buxton Health Centre. We accompanied community nurses visiting children and young people in their own homes or at school. We looked at a total of 15 records of care and treatment.

There were reliable systems, processes and practices in place to keep children and young people safe and safeguarded from abuse. Staff understood their responsibilities to raise concerns and to record and report safety incidents, although near miss incidents were not always reported. Lessons were learned from incidents and action taken to improve the service. Staff demonstrated a sound awareness of safeguarding issues and knew the procedures to follow if abuse was alleged or suspected.

Staffing levels and caseloads were planned and reviewed so that children and young people received safe care and treatment. There were identified problems with staffing levels in some teams. Appropriate action was being taken to monitor the risks and to resolve the issues.

Children and young people had care and treatment in line with legislation, best practice and evidence based guidance. The outcomes of care and treatment were monitored through local and national audits. Results of audits were used to improve outcomes for children and young people using the service. There was collaborative and effective multi-disciplinary and multi-agency working to understand and meet the needs of children and young people using the service. This included the arrangements for young people moving to adult services. Children, young people and their families were treated with dignity, respect and kindness and were involved in their care and treatment.

Staff had the relevant skills, knowledge and experience to deliver effective care and treatment. Staff were supported through supervision and annual appraisal, though not all staff had received an appraisal in the last year. Services were planned to take account of the needs of the local population and of the individual needs of children, young people and their families. The leadership, governance and culture promoted and supported the delivery of high quality person centred care. There was a clear and effective governance structure for this service.

Summary of findings

Background to the service

Information about the service

Chesterfield Royal Hospital NHS Foundation Trust serves the population of Chesterfield and the surrounding areas of north Derbyshire. Children and young people under the age of 20 made up around 22% of the population of Derbyshire.

The community health services for children, young people and families delivered by the trust included school nurses, physiotherapy, occupational therapy, speech and language therapy, child development assessment, community nurses, and a child development nursery. There were specialist services for children and young people with autistic spectrum disorders, diabetes and epilepsy, and for children and young people in care.

The trust provided a child and adolescent mental health service (CAMHS). We did not inspect this service as part of this inspection, though we did look at the interface of CAMHS with other community health services for children and young people provided by the trust.

Our inspection team

Our inspection team was led by:

Chair: Gillian Hooper, Improvement Director for Monitor

Head of Hospital Inspections: Carolyn Jenkinson, Care Quality Commission

The team of 40 included CQC inspection managers, inspectors and a variety of specialists; medical consultants, a surgical consultant, a consultant obstetrician, a consultant paediatrician, a consultant anaesthetist, a junior doctor, board-level nurses, modern matrons, specialist nurses, an emergency nurse manager, a paramedic, a student nurse, a physiotherapist and two experts by experience.

How we carried out this inspection

To get to the heart of the patient care experience, 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 held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group, Monitor, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the royal colleges and the local Healthwatch. We also held one public listening event as well as a focus group with the Derbyshire Gypsy Liaison Group.

We carried out an announced inspection visit from 21 to 24 April 2015. We held focus groups with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patient records of personal care and treatment.

We carried out an unannounced inspection on 2 May 2015 of some medical and surgical wards, the critical care department and the birth centre.

Summary of findings

What people who use the provider say

We spoke with children, young people and their families using the service. Parents and carers described good relationships with staff and had confidence in their understanding of the children's needs. Parents and carers told us that staff listened to them and they worked together to make decisions and solve problems.

The community service for children, young people and families had only recently started using the Friends and Family Test and so there were no collated results available from this.

Parents, children and young people using the child development centre clinics were asked for feedback about clinics held on a Saturday. The results showed a very positive response to the Saturday clinics.

The parents and carers of children using the speech and language therapy service completed annual surveys about their satisfaction with the service. For 2014, 77% of those who responded said they would recommend the service.

The service for children and young people with epilepsy had taken part in the national Epilepsy12 audit which included looking at patient satisfaction with the service. The overall satisfaction rate was 88%, the same as the national rate.

Good practice

- There was good multidisciplinary and collaborative working both internally and externally. Examples of this were the child development clinics and the joint working between the children in care team and the local authority.
- The service for children and young people with diabetes did not discharge children who did not attend for appointments. If children did not attend, they and their parents or carers were reminded by letter of the need for regular reviews and the long term health implications of diabetes.
- The children in care team provided young people at 18 years old with a health summary and history report. The format of the report had been designed in consultation with young people. The report included information the young person may not have known, such as their birth weight and the age they achieved developmental milestones. The report also gave useful information about promoting good health and accessing local services, such as housing associations.
- Children attending appointments at The Den could watch 3D short films designed to calm and distract them. This was particularly useful for children with a learning disability or autistic spectrum disorder, or those who were anxious.
- Community nurses were providing a flexible service. This meant children could be seen after their school day and was also helpful for working parents. Community nurses negotiated with young people when arranging appointments to ensure the least possible disruption to the young person's education.
- The service for children and young people with epilepsy included clinic sessions to discuss potential problems for young adults with epilepsy, such as using alcohol or learning to drive. These sessions also included preparation for transition to adult services.
- Children in care whose final plan may be for adoption were identified prior to their initial health assessment and the assessment was sufficiently thorough to serve as an adoption medical. This saved repeated assessments and medical examinations for the child. It also helped to avoid delays in the legal system for adoptions as all the information required was incorporated into one report.
- The trust provided "Team Teach," which was commissioned by Derbyshire County Council. This team provided training for non-trust staff working with children and young people with complex health care needs. The training was delivered to staff such as care workers supporting children and young people in their own homes, foster carers and school staff. The service provided by Team Teach reduced the workload of community nurses who otherwise would have provided the training required.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve

- Ensure that staff report all safety incidents relating to community health services for children, young people and families. This should include 'near miss' incidents where there is no perceived harm to people using the service or to staff.
- Ensure that cleaning schedules and records are completed and kept to demonstrate that cleaning tasks have been carried out to appropriate standards in areas used by the community health service for children, young people and families.
- Ensure that all staff working in the community health service for children, young people and families have an annual appraisal.
- Monitor and reduce the waiting time for psychology assessments for children and young people who are referred as part of the child development centre assessment process.
- Ensure that staff working remotely in the community health service for children, young people and families have suitable IT systems for safe and effective delivery of the service.
- Ensure the children's continence and advice and support service has sufficient capacity to meet demand.

Chesterfield Royal Hospital NHS Foundation 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 rated this core service as good because there were reliable systems, processes and practices in place to keep children and young people safe and safeguarded from abuse. Staff understood their responsibilities to raise concerns and to record and report safety incidents, although near miss incidents were not always reported. Lessons were learned from incidents and action taken to improve the service. Staff demonstrated a sound awareness of safeguarding issues and knew the procedures to follow if abuse was alleged or suspected.

Staffing levels and caseloads were planned and reviewed so that children and young people received safe care and treatment. There were identified problems with staffing levels in some teams. Appropriate action was being taken to monitor the risks and to resolve the issues.

Safety performance

- There were eight incidents reported between 1 March 2014 and 13 March 2015 relating to community health services for children, young people and families. Three of these incidents were reported by the child and adolescent mental health team (CAMHS), and three by community nurses. All except one of the eight incidents were reported as low or no harm caused to the child or young person.
- Safety performance was monitored at monthly governance meetings. This included looking at incidents reported, action taken and lessons learnt.

Incident reporting, learning and improvement

- The trust had an electronic system for reporting incidents and staff told us that any member of staff

could report incidents. Most staff we spoke with knew how to use the system to report incidents, though a few staff were not sure if they should report using the previous, paper based system.

- When we asked staff to give examples of incidents they would report, we found that some staff would not report incidents where it was perceived there was no harm to people using the service or staff. Staff told us these incidents were usually resolved locally and quickly. However, this meant that 'near miss' incidents were not always reported and so lessons may not be learned to reduce the risk of actual harm.
- There were thorough investigations of incidents involving relevant staff and those using the service. Staff told us they had feedback from incidents and action was taken to improve the safety of the service. For example, there was an incident in the child development centre nursery where a child was given a meal containing food they were allergic to. The investigation included the child's parents, nursery and kitchen staff. Action was taken including raising awareness of staff regarding food allergies and a review of menus for the nursery

Safeguarding

- The trust's policies regarding safeguarding children were up to date. Staff could access the policies using the trust's intranet and were alerted to any changes made.
- Training in safeguarding children was included in the annual mandatory training for staff. Data from the trust showed that just over 88% of staff in this service had completed their mandatory training in 2014, including CAMHS staff.
- A total of 101 staff working in acute and community children's services were identified as requiring an enhanced level of safeguarding training. Of these, 83% had completed this training in 2014.
- Staff we spoke with demonstrated a sound awareness of safeguarding issues and knew the procedures to follow if abuse was alleged or suspected. This included adult safeguarding concerns, such as domestic violence issues.
- There was a paediatric liaison nurse in the emergency department at Chesterfield Royal Hospital. Their role included informing any health staff involved in the care of children who came into the emergency department. This included school and community nurses and the children in care team. The paediatric liaison nurse also alerted staff if a parent attended the emergency department as a result of domestic violence.
- School nurses were expected to attend safeguarding meetings of children with an identified health need. They told us they prioritised any safeguarding activity and ensured that a colleague or a health visitor attended the meeting if they were unable to.
- School nurses and community nurses had regular in-house safeguarding supervision. Safeguarding supervision for the children in care team was provided by the safeguarding lead nurse from a neighbouring NHS trust. Staff spoke positively of this supervision and said they felt well supported regarding safeguarding.
- School nurses and the children in care team had attended training about child sexual exploitation. Relevant guidance was available to staff. School nurses were represented at a regular local multi-agency meeting about child sexual exploitation. The purpose of the meeting was to raise awareness among professionals and to share information.

Medicines

- Patient Group Directions (PGD) were used appropriately by community nurses and the children in care team, for example, for administering suppositories or contraceptive medication. PGD are specific written instructions for the supply and / or administration of a named medicine to specific groups of patients who may not be identified before presenting for treatment.

Environment and equipment

- The design and use of facilities kept children, young people and families safe. The Den at Chesterfield Royal Hospital was a dedicated facility for children and young people with its own entrance and reception area. Parents and children attending for appointments, such as speech and language therapy, were collected from the reception area by staff.
- Entry to the child development centre nursery at The Den was by staff swipe card. Staff came out into the reception area to meet and greet parents and children using the nursery.

Good

Are services safe?

- Equipment was appropriately maintained and checked. We saw records of daily checks of suction equipment in the child development centre nursery. Weighing scales used by community nurses were checked and calibrated every six months by an external company.

Quality of records

- Records were paper based, rather than kept electronically. It was planned to change to electronic records, though there were currently delays in implementing this.
- Individual records of care and treatment were mostly accurate, complete, up to date and stored securely. We looked at a total of 15 records. There were regular audits of records and the results were shared with staff. Staff gave us examples of improvements made as a result of audits, such as ensuring pages were numbered consecutively.
- In one record we saw that a care plan for a child with complex health care needs had not been reviewed since 2012. The plan should have been reviewed at least annually. The named nurse for the child was able to demonstrate a sound knowledge of the child's current needs. The nurse said that plans were sometimes late being reviewed due to pressure of work.
- The above record and another record in the same location were difficult to follow because there were many loose sheets of paper. This meant there was a risk that important information would not be easily available to staff and the child's needs may not be fully met.
- There had been an incident where patient records were accidentally left in a patient's home instead of being returned to secure storage. This was investigated and action taken to improve the security for records taken out with staff.

Cleanliness, infection control and hygiene

- The trust had suitable policies and procedures in place regarding the prevention and control of infection. However, we found that not all areas had specific cleaning schedules and records of tasks carried out to demonstrate that trust polices were being followed. Staff in the child development centre nursery told us that toys, equipment and surfaces were regularly cleaned and all appeared clean during our visit. However, there were no records kept so it was not possible for staff to demonstrate how often cleaning had been carried out or who had done this. At the Buxton Health Centre there was an absence of schedules to show what cleaning tasks should be carried out, how and when. Although this location appeared clean, the lack of schedules meant that cleaning may not be carried out to appropriate standards.
- We observed appropriate hand washing and use of hand sanitizer by staff. Staff were provided with personal protective equipment, such as disposable gloves. When visiting children at home staff carried suitable supplies including hand sanitizer and anti-bacterial wipes.

Mandatory training

- The trust provided a programme of training they considered essential for staff to complete each year, such as fire safety, infection prevention and control, and basic life support skills. The trust's target was for 85% of staff to have completed this training each year. Data from the trust showed that, just over 88% of staff in this service had completed the training, including CAMHS staff.
- Staff told us they were encouraged and supported to attend mandatory training. Managers had oversight of training completed by their teams and alerted staff when training was due.

Assessing and responding to patient risk

- Risk assessments and risk management were included in the care plans for children and young people using the service. For example, for children with epilepsy there were detailed plans of the action to be taken when they had an epileptic seizure. These plans were available to school staff who had received training in first aid and administering emergency medication for epilepsy.
- Care plans included details of how parents, carers, health and school staff should recognise and respond to rapid deterioration in the health of the child, such as children with diabetes.
- Staff could respond to deterioration in a child's condition by seeking advice from the children's ward at Chesterfield Royal Hospital, or by using the emergency department, or by calling 999 if working remotely.

Staffing levels and caseload

- Occupational therapists told us they did not have sufficient numbers of staff to meet the current demand for their service. They had escalated their concerns

Good

Are services safe?

through their managers and the issues were included in the risk register for the women and children's division. Action was being taken including the development of a caseload management tool, discussion with the clinical commissioning group and the use of locum staff. The risk to the service was assessed as high and was reviewed at the end of April 2015 with further reviews due in June and July 2015.

- Speech and language therapists told us their caseloads were high. Information about their caseloads was being collected and was to be audited and reviewed after three months. The information included numbers of initial assessments, clinic appointments and school visits carried out by each therapist.
- Community nurses said they felt stressed because increases in their workload were not met by current staffing levels. This issue was identified as a risk on the risk register for the women and children's division since 2013. Action had been taken including discussion with the clinical commissioning group and recruitment of staff. Continuing action included working on new ways of organising and managing workloads to reduce some of the pressures and ongoing reviews of the service with the commissioners. The risk to the service had been regularly reviewed and had reduced from a high to a moderate risk.
- School nurses described their caseloads as manageable. One school nurse team had a new member of staff in September 2014 and staff said this had helped reduce workloads. School nurse caseloads were based on an assessment looking at the needs of children and young people in each area. The manager for school nurses kept caseloads under regular review.
- Staffing levels in the child development centre nursery were suitable for the needs of children attending. There were usually three nursery nurses on duty for a maximum of six children.

Managing anticipated risks

- The trust had a policy in place to protect staff who may be lone workers. Community and school nurses were aware of the policy and of their own local team arrangements for lone working. Staff used a body-worn device for recording their whereabouts and alerting of any concerns.
- There was a policy for staff working in adverse weather conditions, ensuring that children with the greatest need were prioritised whilst keeping staff safe.

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 rated this core service as good because children and young people had care and treatment in line with legislation, best practice and evidence based guidance. The outcomes of care and treatment were monitored through local and national audits. Results of audits were used to improve outcomes for children and young people using the service. Children, young people and their families were involved in making decisions about health care and treatment. Staff showed a sound awareness of why, when and how consent should be sought for care and treatment.

Staff had the relevant skills, knowledge and experience to deliver effective care and treatment. Staff were supported through supervision and annual appraisal, though not all staff had received an appraisal in the last year.

There was collaborative and effective multi-disciplinary and multi-agency working to understand and meet the needs of children and young people using the service. This included the arrangements for young people moving to adult services.

Community and school nurses could not always access emails when working away from their office bases due to local connectivity problems.

Evidence based care and treatment

- Care and treatment for children and young people was planned and delivered in line with current evidence based guidance, standards, best practice and legislation.
- Respiratory care for babies and children in their own homes was based on National Institute for Health and Care Excellence (NICE) and British Thoracic Society guidance.
- The speech and language therapists had worked in mini-teams to develop care pathways using evidence and guidance from the Royal College of Speech and Language Therapists and The Communication Trust. The new pathways were then presented to the whole team for comments and review before being put into practice.
- School nurses had received training about children's nocturnal enuresis, (night time bedwetting), from Education and Resources for Improving Childhood Continence (ERIC). They followed NICE guidelines for the care and treatment of children with nocturnal enuresis. The children's continence nurse adviser was a member of a national group who met every six months and looked at new guidance and new ways of working.
- The care and treatment for children and young people with epilepsy was planned and delivered in line with NICE guidance. This included using a consultation template following NICE guidance, and carrying out annual reviews of children with epilepsy who were under the care of paediatricians in other specialities. The doctor and nurse providing the service regularly attended a regional meeting of similar services. This provided an exchange of ideas and helped to ensure consistent approaches in the care and treatment of children and young people with epilepsy.
- NICE and other national guidelines were followed for the healthcare of looked after children, (children in care). This included the trust's children in care team working closely with children's social workers to ensure that annual health care reviews were carried out as required.
- We saw that staff identified concerns and provided appropriate support or referral for children and young people. An example was a community nurse on-call over a weekend re-siting a child's naso-gastric feeding tube, thus avoiding a hospital admission. Another example was a child referred for further investigation when a doctor in the child development clinic identified a minor heart condition.

Technology and telemedicine (always include for Adults and CYP, include for others if applicable)

- The service for children and young people with diabetes included 24 hour on-call support for those patients using an insulin pump from a specialist paediatrician or nurse. This meant that children, young people or their

families could get advice by telephone at any time. For those patients not using an insulin pump, advice and support was always available by contacting the children's ward at Chesterfield Royal Hospital.

Patient outcomes

- The trust participated in the national Epilepsy12 audit. This is a national clinical audit aiming to help providers and commissioners of epilepsy services to measure and improve the quality of care for children and young people with epilepsy and seizures. There had been two rounds of the audit in 2012 and 2014. The trust's results showed they had made improvements between the two rounds. They had produced an action plan of further improvements to be made.
- There were quarterly audits of the initial health assessments and annual health reviews carried out for children in care. Results of the audits were shared with staff through team meetings. It was a requirement that the initial health assessments should be carried out within 28 days of the child or young person coming into care. The children in care team had identified problems and barriers to carrying out the assessments within the timeframe, such as referrals from social workers arriving after the 28 day deadline. The team were working closely and pro-actively with social work teams to address the issues.
- The trust's children in care service was redesigned in 2012 and from April 2013 changes were made to improve initial health assessments. Children in care previously had initial health assessments carried out by a GP. The initial health assessment was now carried out by a paediatrician or a doctor with specific training to carry out this assessment.
- Children in care whose final plan may be for adoption were identified prior to their initial health assessment and the assessment was sufficiently thorough to serve as an adoption medical. This saved repeated assessments and medical examinations for the child. It also helped to avoid delays in the legal system for adoptions as all the information required was incorporated into one report.
- Health assessments of children on entry to school were carried out by the school nursing team. The annual target set by the commissioners was for 94.8% of children to have received this assessment. Data from the trust showed that 78% of children had received the assessment in the current school year, (since September 2014). The manager for the school nursing service told us they were confident the target would be achieved for the current school year. They said the target had been exceeded in the previous year as 96% of children had received the assessment.

Competent staff

- New staff had an appropriate induction for their role. Staff told us their induction had covered everything they needed. One member of staff was impressed with the thoroughness of their induction, saying it was the best one in their nursing career.
- Staff told us they had regular supervision and an annual appraisal. Their training needs were discussed during supervision and appraisal and they were supported to access suitable training.
- Data from the trust showed that not all staff in community health services for children and young people had received an annual appraisal in 2014 / 2015. Figures varied across the teams: physiotherapists had achieved 100% of staff having an appraisal, school nurses had achieved just under 70%.
- There was a monthly meeting for all staff working in the community service for children and young people. The meeting included mandatory training and also other training or updates. Recent and future training included an update from the audiology service and training by the children's continence adviser.
- School nurses worked closely with the child and adolescent mental health service (CAMHS), including receiving training and supervision from CAMHS staff.

Multi-disciplinary working and coordinated care pathways

- There was effective multi-disciplinary working, including with external organisations.
- Records of multi-disciplinary meetings for children using the child development centre nursery showed the involvement of nursery nurses, therapists, and pre-school teachers.
- School nurses took part in Team Around the Child meetings. The Team Around the Child approach brings key practitioners together in regular face to face meetings. A single plan of action is agreed and then modified and added to in subsequent meetings.
- School nurses and other practitioners worked closely with CAMHS to provide appropriate support for children and young people.

Good

Are services effective?

- We observed a physiotherapist and an occupational therapist working together to assess the needs and abilities of a child. The therapists worked together in a professional and cooperative way to ensure the session was effective and was also enjoyable for the child.
- The children's continence nurse adviser had developed links with schools for children with special educational needs. This had led to joint school nurse and continence adviser clinics being held at two of these schools.
- There was a handover procedure from health visitors to school nurses that included prioritising children in the greatest need. There were face to face handover meetings if there were concerns about the safety of a child or if the child had complex healthcare needs.
- School nurses and the children in care team had established effective links with the contraceptive and sexual health service provided locally by another NHS trust.
- The children in care team worked closely with local authority social care staff to ensure that the health needs of children and young people in care were met. The team had links with youth workers and the youth offender service to share information and to ensure young people in care had appropriate support.

Referral, transfer, discharge and transition

- Children and young people were usually referred by their GPs for assessment and treatment. Some services accepted referrals from others, such as referrals for speech and language therapy from teachers or parents.
- Planning for transition to adult services for children with complex needs usually started when the young person was 14 years old. A transition planning document was in use but it was recognised that this did not work well for all young people using services. Staff were currently working on improving the transition process, consulting with young people and developing alternative tools.
- There were clear pathways in place for young people moving to adult services such as rheumatology, dermatology and diabetes. Young people were introduced to staff in adult services and shown around the adult clinics. Staff who had been involved with the young person sometimes attended the first appointment with them in the adult service.
- The service for children and young people with epilepsy included clinic sessions to discuss potential problems for young adults with epilepsy, such as using alcohol or learning to drive. These sessions also included preparation for transition to adult services. Young people were transferred to adult services when their condition was as well controlled as possible. They were given a back-up appointment with the children's epilepsy service in case of any problems.
- Staff from adult services were invited to Team Around the Family meetings where these were being held for young people around the age of 15 or 16.
- School nurses completed a transfer form when children or young people using the service moved to another school. The transfer arrangements included a telephone discussion with the school nurse for the receiving school if the child had complex needs.
- Community services staff could make direct referrals to CAMHS. There was a locally devised assessment tool for staff to use to decide if the child or young person met the criteria for referral to CAMHS.
- The children in care team provided a health summary and history report for young people to have at 18 years old. Staff from the children in care team went through the report with the young person to ensure they understood and had all the information they wanted. An electronic copy of the report was kept by local authority social services so that the young person would always be able to access it if they needed to.

Access to information

- Staff told us that patient records were always available for children and young people attending for clinic appointments. We saw there was a system for requesting records on the day before the clinic to ensure they were available. There was a records tracking system so that staff could see the whereabouts of any patient records.
- Staff told us they found using paper records when away from their office bases cumbersome and could cause delays in processes.
- Community and school nurses could not always access emails when working away from their office bases due to local connectivity problems.

Consent

- We saw that children and young people were involved and supported by staff in making decisions about their health care and treatment. Where necessary, written consent was obtained from parents or carers. Staff understood and applied the principles of Gillick

competence. This is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment without the need for parental permission or knowledge.

- Staff demonstrated a good working knowledge of relevant legislation about consent, such as the Children Acts 1989 and 2004.

Good

Are services caring?

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

Summary

We rated this core service as good because children, young people and their families were treated with dignity, respect and kindness. Staff ensured that children, young people and their families understood and were involved in their care and treatment.

Children, young people and their families were positive about the care and treatment they had received and about the staff providing the service.

Compassionate care

- Children, young people and their families were treated with compassion and kindness by staff. Parents and carers described good relationships with staff and confidence in their understanding of the children's needs. A child waiting for an appointment said, "They are kind. I don't mind coming here."
- Staff treated children and young people with dignity and respect. We saw that staff addressed the children and young people directly during consultations and assessments. A parent commented to us that they felt staff treated the patient, "As a child, not a number."

Understanding and involvement of patients and those close to them

- Children and young people were involved in their care and treatment using appropriate language and explanations.
- We saw that parents and carers were involved in assessments and consultations of their child's needs. Therapists, doctors and nurses all ensured there were opportunities for parents and carers to ask questions.
- Parents told us that staff listened to them and they worked together to make decisions and solve problems.
- The parent of a child supported by community nurses told us, "The service is fantastic. I have had a lot of useful information that has helped me to look after (child) how he needs to be."

Emotional support

- A parent using the child development centre nursery said they were made welcome by staff and could stay with the child if they wanted to.
- We observed sensitive and appropriate support provided by staff to parents attending the child development centre clinics with their children. One parent commented that they were initially anxious about attending, but felt relaxed and reassured by the end of the appointment.
- There was a support group for parents or carers of children who had been cared for in the special care baby unit. As some of these children now attended the child development centre nursery, staff from the nursery attended the support groups.
- A parent told us they were pleased that the paediatric consultant sometimes phoned them just for a general chat about how things were going.
- The parent of a child supported by community nurses said, "It was a very worrying time bringing him home, especially with him coming home on oxygen and (nurse) has been a great peace of mind to me and my partner."
- Children attending appointments at The Den could watch 3D short films designed to calm and distract them. Staff said this was particularly useful for children with a learning disability or autistic spectrum disorder, or those who were anxious.

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 rated this core service as good, although there were some outstanding elements of the service such as the flexibility of the community nursing service and the collaborative working between the children in care team and the local authority. The needs of children, young people and families were met through the way the service was organised and delivered. Services were planned to take account of the needs of the local population and of individual needs.

Access to care was mostly good with waiting times from referral to first appointment well within the trust's target of 18 weeks. There were longer waits for psychology assessments, though this was managed to take account of those in more urgent need.

Complaints and concerns were taken seriously. Improvements were made to the service as a result of complaints and concerns.

Planning and delivering services which meet people's needs

- Community health services for children, young people and their families were provided at sites across north Derbyshire. In addition to Chesterfield Royal Hospital, services were provided in other locations including Buxton, Bakewell, Shirebrook, Bolsover, and Dronfield. Parents attending a clinic in Buxton told us they found this venue convenient and liked the service provided there. Speech and language therapists told us they could book rooms at venues such as nurseries or other clinics to improve accessibility of the service.
- The Den at Chesterfield Royal Hospital had been designed in consultation with children, young people and their families. The name was chosen by a young person using the service. Facilities and equipment in The Den were child-friendly, including a bright, colourful waiting area with a range of toys provided.
- Some community nurses had started working longer days, 9am to 7pm, to provide a more flexible service. This meant children could be seen after their school day and was also helpful for working parents. There was an on-call system to provide help and support out of hours seven days a week.
- Community nurses negotiated with young people when arranging appointments to ensure the least possible disruption to the young person's education. We saw this in practice where a community nurse had arranged to see a young person in their school lunch break.
- There was a children's continence advice and support service provided by the trust. This service was reliant on one nurse adviser which restricted the scope and availability of the service. The service was disjointed, partly due to the reliance on one nurse adviser, but also to a lack of clear pathways. The continence adviser and their manager were currently looking at pathways and had recently put together a business case to the commissioners to expand the service. This had not been agreed at the time of our inspection.
- Advice and support for children with night time continence problems was also provided in clinics run by school nurses.
- School nurses provided drop-in clinics at secondary schools in Chesterfield and north Derbyshire. They had consulted with young people about how the drop-in clinics should be run and promoted. This had led to changes such as having appointments for some clinics, making sure the location of clinics did not make it obvious to others that the young person was going to see the school nurse, and posters designed by young people to advertise the clinics. School nurses said the drop-in clinics were a high priority for them and so were rarely cancelled.
- The trust provided a service for children and young people with epilepsy. This service was expanded in December 2014 to meet increased demand. The service was run by a doctor and nurse, both specialists in epilepsy. Telephone contact was used for reviews of care or treatment where a face to face consultation was not always necessary, such as medication reviews. The families of children and young people with epilepsy could get telephone advice out of hours by contacting an on-call doctor at Chesterfield Royal Hospital.
- Children and young people could be referred directly to the child and adolescent mental health service (CAMHS) from other services, such as the child development centre clinic or by the school nurses. CAMHS delivered services at tiers two and three in line with the nationally

recognised four tier framework. The four tiers provide different levels and types of support with tiers two, three and four delivered by specialist mental health workers. Tier one child and adolescent mental health services in this trust were provided by school nurses. Tier one services included general advice and treatment for less severe problems, promotion of mental health, identification of problems in their early stages, and referral to more specialist services where needed.

Equality and diversity

- An interpreter service was available by telephone or in person for children, young people or their families who did not have English as their first language or who used sign language. Staff told us they had no problems in using the interpreter service. The need for an interpreter was identified before the first appointment so that suitable arrangements could be made.
- Data from the trust showed that the women and children's division used the interpreter service more often than any other division from April 2014 to March 2015.
- There was a specialist CAMHS service provided for children and young people with a learning disability who also needed support and treatment for mental health problems.

Meeting the needs of people in vulnerable circumstances

- The trust's children in care team worked closely with local authority social care to ensure children and young people in care had initial and annual health reviews. Appointments for annual health reviews were offered wherever the child or young person wanted to be seen. The children in care team continued to offer health advice and guidance for young people in care who were aged 18 or older, (and so did not require annual health reviews).
- The children in care team included nurses with responsibility for children excluded from school and for young offenders.
- The children in care team provided young people at 18 years old with a health summary and history report. The format of the report had been designed in consultation with young people. The report included information the young person may not have known, such as their birth weight and the age they achieved developmental milestones. The report also gave useful information about promoting good health and accessing local services, such as housing associations.
- A school nurse had been allocated responsibility for young carers. The nurse had developed links with local and national organisations supporting young carers.

Access to the right care at the right time

- Information from the trust showed that waiting times from referral to the first appointment were well within their target of 18 weeks. This included waiting times of seven weeks for physiotherapy, occupational therapy and speech and language therapy.
- Waiting times for children referred to the child development centre clinic was 14 weeks. This had increased though was still within the trust's target of 18 weeks. There had been an increase in demand for the service and there was limited paediatric consultant availability. Action had been taken to reduce child development centre waiting times, including holding clinics on Saturdays.
- The consultant paediatricians told us there were long waits for children to be assessed by a psychologist as part of the child development centre assessment process. The waiting time was described as months, rather than weeks. The trust told us they did not collect data about this. Multi-disciplinary assessments of children were not carried out until the child had been seen by the psychologist. This meant that some children could wait up to 12 months after their initial appointment in the child development centre clinic for a full multi-disciplinary team assessment. Consultants told us that children were kept under review during this period and would be seen more urgently if necessary. They were also looking at how earlier referrals to psychology could be achieved.
- Staff in the child development centre nursery told us that a child's session would be cancelled if their named nursery nurse was off sick or on annual leave. This was because the children had complex health care needs and their named nursery nurse would be the most familiar with them. Staff told us that sessions were rarely cancelled and the records we saw supported this.
- Staff said there were low rates of children and young people not attending for appointments. This was reflected in the data provided by the trust.

Good

Are services responsive to people's needs?

- The service for children and young people with diabetes had adapted the trust's protocol for children who did not attend appointments. This was because the service could not discharge the children due to their vulnerability. If children did not attend, they and their parents or carers were reminded by letter of the need for regular reviews and the long term health implications of diabetes. The diabetic specialist nurse told us that there was a low rate of children not attending. Home visits could be carried out if necessary.
- The service for children and young people with epilepsy had used telephone contact prior to appointments to reduce the number of patients not attending.
- Children and young people could be referred to CAMHS by other services which avoided some possible delays. If an urgent response was needed, staff in other services could contact CAMHS staff directly for advice and support. A school nurse gave an example of a young person who had talked to the nurse about thoughts of self-harm. The nurse spoke to one of the CAMHS team for advice and to request an urgent referral. The nurse was able to support the young person until they were seen by CAMHS.
- Parents told us they had no problems making or changing appointments. Parents using the community nursing service were pleased with the flexibility of the service

Learning from complaints and concerns

- Information about how to make a complaint was displayed in clinic reception areas and was available on the trust's website.
- Parents and carers we spoke with had not made any formal, written complaints to the trust. All said they would be happy to raise any concerns with the doctors or nurses treating their child.
- There was clear guidance for staff about how to respond to a complaint. Staff told us they usually tried to resolve complaints quickly and locally.
- Complaints were discussed at monthly governance meetings and team meetings. There was a low number of complaints received by the service. Action was taken to make improvements in response to complaints and concerns. An example was a review of the type and use of continence products provided following a complaint by the parent of a child using the continence service.

Outstanding ☆

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 rated this core service as outstanding because the leadership, governance and culture were used to drive and improve the delivery of high quality person centred care. Leaders were described by staff as approachable and supportive. Leaders of the service had a proactive approach to engaging and motivating staff and working collaboratively with external organisations. There was a clear and effective governance structure for this service.

There was a common focus on improving the quality of the service and putting children, young people and families at the heart of the services provided. Children, young people and families were asked for their views and experience of the service. Changes were made as a result of their feedback.

Service vision and strategy

- Staff told us about attending 'Proud to Care' sessions organised by the trust to promote the trust vision and values to staff.
- The school nursing service was moving to another provider in October 2015. This was causing understandable anxiety to the school nurses and administrative staff affected. The consultation process had only recently started and so staff were not yet sure what the effect would be on their jobs. Some school nurses felt there was a risk that their teams could be depleted before the planned move by staff leaving for jobs elsewhere.
- Community and school nurses were frustrated by the lack of efficient IT systems to use when they were away from their base offices. They knew that this had been raised but were not aware of any plans for improvements.
- The therapies management group were looking at redesigning the speech and language therapy service. This was to address issues raised by speech and language therapy staff around workloads, administrative support, time spent travelling, and the expectations of other professionals. Staff described this as 'work in progress'

Governance, risk management and quality measurement

- There was a clear and effective governance structure for this service. This included a monthly meeting of the Community and Acute Divisional Paediatric Quality Governance Group. This meeting was chaired by the head of children's nursing services and attended by community nurse team leaders, doctors, and staff from the child and adolescent mental health service (CAMHS). Items for the meeting included the risk register, ratification of policies, incidents, complaints and feedback from users of the service. Any issues requiring escalation were reported up through the divisional management team to the trust's Quality Delivery Group and then to the executive team and trust board.
- Information and feedback from governance meetings was shared with all staff at team meetings. The head of children's nursing regularly reviewed a sample of team meeting minutes to ensure consistent and accurate feedback was passed on to staff.
- Risks to individual services were identified through staff team meetings or other discussions with staff, or through governance meetings. There was a divisional risk register that was reviewed at the monthly governance meeting. We saw that action was planned and taken in response to risks. For example, a risk to the children's hearing service was identified in 2014 because hearing test results were not always saved securely on the IT system in use. Action was taken to resolve this and progress was made so that the risk was due to be removed in May 2015. Another example was a backlog of referrals to the child development centre clinic identified in December 2014 as a high risk. The action taken and regular reviews of the issue had reduced this to a low risk in April 2015.

Outstanding ☆

Are services well-led?

Leadership of this service

- Staff were positive about their leadership, both at local and more senior levels. Staff said their managers were approachable and supportive. A school nurse said, "We have superb support from (manager). She is so passionate about the service."
- There were regular emails and an online blog by the chief executive and these were well received by the staff we spoke with. Staff said the chief executive was visible and they had confidence in him to provide appropriate leadership. A manager told us that since the chief executive had come into post, "He's made a lot of effort to understand all of the services, including community. He's visited us here and he'll always speak to you if you see him in the corridors."

Culture within this service

- Staff told us they enjoyed working in the community service. They were positive and enthusiastic about their jobs. This included staff in the school nursing service who maintained a positive and professional attitude despite their uncertain future.
- Staff said they felt respected and valued. They were able to raise concerns and bring new ideas to improve services and mostly felt they were listened to.
- There was a focus on the needs and experience of children and young people using the service. This was shown by initiatives such as: training non-trust staff in the care of children with complex needs; the work being carried out to improve the transition of young people to adult services; and the improvements made to the experience of children in care.
- There was good multidisciplinary and collaborative working both internally and externally. Examples of this were the child development clinics and the joint working between the children in care team and the local authority.

Public engagement

- Systems for collecting the views of children, young people and families using the service were in use, though not consistently across the service. The Friends and Family Test had only been in use in the service since the beginning of April 2015 and so there were no collated results available at the time of this inspection.
- The child development centre nursery used questionnaires to check the satisfaction of parents or carers using the nursery. Staff in the nursery asked for feedback after each session from parents or carers and this was documented in the record of the session.
- The child development centre had held clinics on a Saturday and had asked parents, children and young people for feedback about this. The results were displayed in the clinic reception area at the Chesterfield Royal Hospital. The results showed a very positive response to the Saturday clinics.
- The parents and carers of children using the speech and language therapy service were asked to complete an annual survey about their satisfaction with the service. The survey was also sent to school staff involved. For 2014, 77% of those who responded would recommend the service. An action plan was produced to address issues raised in the responses. For example, parents had asked for the child's treatment plan to be provided to them and this was now done.
- The children in care team had recently developed questionnaires to gain the views of children and young people about the service provided. The results were to be shared through the local young people's forum.
- The service for children and young people with epilepsy had taken part in the national Epilepsy12 audit which included looking at patient satisfaction with the service. The overall satisfaction rate was 88%, the same as the national rate. Changes had been made to the service since the audit in response to issues raised by children, young people and their families.

Staff engagement

- Staff told us they felt supported and listened to by their managers. Community nurses told us they had raised concerns about their workload directly with the trust's chief executive. They felt they were listened to and felt the chief executive was receptive to their concerns and views. Other staff told us they had raised the issue of not being able to find a car parking space at times at Chesterfield Royal Hospital. They said that some improvements had been made, though it could still be a problem at times.
- The trust had very recently started to involve staff in the school nursing service in consultation about the

planned move to another provider. Most staff we spoke with were positive about the engagement and involvement regarding this, though a few felt they could have had better information in a more timely way.
- Some staff said that the community services for children, young people and families felt separate from the acute part of the trust. However, they felt that their line managers were working hard to raise awareness of their specific issues and concerns with senior managers.
- Staff in the school nursing team had held a 'success party' to celebrate achievements within their team. The trust's chief executive was invited and had attended.
- Newer staff told us they were impressed that the trust's chief executive had led a session during their induction and had talked openly about challenges facing the trust as well as the vision and values.

Innovation, improvement and sustainability

- The trust provided Team Teach which was commissioned by Derbyshire County Council. This team provided training for non-trust staff working with children and young people with complex health care needs. The training was delivered to staff such as care workers supporting children and young people in their own homes, foster carers and school staff. The service included checking the competence of staff to provide the care required. The service provided by Team Teach reduced the workload of community nurses who otherwise would have provided the training required. Community nurses were confident that children's needs were safely met by non-trust staff who had received training from Team Teach.
- The service for children and young people with epilepsy was provided by a specialist nurse and a doctor. The capacity of the service had been expanded to meet demand by increasing the nurse's working hours. The nurse and their manager had put together a business case for a permanent increase in the nurse's hours plus the recruitment of another nurse to cope with the demand for the service. This had not been agreed at the time of our inspection.
- The demand for the child development clinic had increased in the last year and so waiting times from referral to first appointment had also increased. There were plans agreed by the trust board to recruit an additional paediatric consultant so that more clinics could be provided.