Barnet, Enfield and Haringey Mental Health NHS Trust

RRP

Community health services for children, young people and families

Quality Report

Trust Headquarters
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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)
RRPXX	Trust Headquarters	Cedar House	EN2 0JB
RRPXX	Trust Headquarters	Bowes Road Clinic	N11 1BD
RRPXX	Trust Headquarters	Rowan Court	EN2 0JB
RRPXX	Trust Headquarters	Forest Primary Care Centre	N9 7HD

This report describes our judgement of the quality of care provided within this core service by Barnet, Enfield and Haringey Mental 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 Barnet, Enfield and Haringey Mental Health NHS Trust. and these are brought together to inform our overall judgement of Barnet, Enfield and Haringey Mental Health NHS Trust.

Summary of findings

Ratings

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

Summary of findings

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Overall summary

Overall rating for this core service GOOD

We rated the community children, young people and families service (CCYPFS) as good overall because:

- Staff recognised incidents and knew how to report them. Incidents were shared at monthly team meetings and lessons were learned.
- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable children and adults.
- Staff provided care and treatment based on national guidance and evidence and programmes such as the Healthy Child Programme, Family Nurse Partnership (FNP) programme and the national child measurement program monitored against national guidelines.
- Managers monitored the effectiveness of care and treatment through local and national audits.
- Staff had regular supervision and an annual appraisal. Staff were supported and encouraged to undertake specialist training and had opportunities to further their clinical personal development and training.
- We saw good multidisciplinary and joint working arrangements between the CCYPFS staff and other health professionals for the benefit of patients. The electronic patient record (EPR) was shared between CCYPFS staff to improve communication between each profession within the service.
- Staff sought consent before undertaking care interventions. School nurses received training in consent which included the Fraser guidelines and Gillick competencies.
- Staff were seen to be very considerate and empathetic towards children, young people and their families. People told us they had confidence in the staff they saw and the advice they received. We found the approach staff used when interacting with children, young people and families was appropriate and demonstrated consideration for the child or young person.
- Staff took time to ensure parents understood their child's care and treatment. Staff demonstrated good communication skills during interactions with children young people and their families.
- Parents were positive about the care children and young people received and told us they felt involved in their children's care. We saw patients were treated with respect and their dignity maintained. Staff demonstrated they were caring and compassionate.
- Clinics and services were located in places where people could access them including GP surgeries, baby clinics, schools and special schools within the London Borough of Enfield.
- Children and young people had their needs assessed. Care plans and risk assessments had been completed which identified the children's and young people's care needs.
- CCYPS services were meeting their targets for time to first assessment and referral to treatment. The did not attend (DNA) rate was below the 7% target for the period of April to August 2017 in all but one of the services.
- Telephone interpreting services were available to staff when they needed them for children, young people and families where English was not their first language.
- Staff were aware of the trust's complaints policy and of their responsibilities within the complaints process. Formal complaints were directed to the trust's complaints department.
- Staff were aware of how they contributed to the trusts broader vision and strategy.
- CCYPFS had a governance framework and a clear reporting structure from local team meetings to monthly management meetings which fed into the trusts clinical governance meetings.
- Managers monitored performance and the trusts quality and safety committee monitored risk across the organisation. The CCYPFS risk register was reviewed regularly.

Summary of findings

- Staff felt supported and respected by colleagues at all levels. Staff described an open culture and described an 'open door' management style.

However:

- Health visiting staff were not clear about frequency of visits for targeted children; records showed that some children had not been followed up for 12 months.
- Staff did not record patient care consistently. Records did not always show whether children and young people received nursing care because staff did not always complete the patient records.
- Children young people and their families had not been consulted about the increase in in adult outpatient clinics at Cedar House which was the main hub for CCYPFS.
- Most staff we spoke with felt there was little visibility from the chief executive team, and some staff felt there was a 'disconnect' between the community services and the wider mental health trust.

At the last inspection we made a requirement notice that the trust must ensure there are sufficient health visitors to deliver the healthy child programme. At this inspection the service was delivered in line with commissioning requirements. Two of the five elements of the programme were targeted to those families where there had been identified safeguarding or parental concerns. We recognised that the trust was prioritising the safety of children and families in delivering this work.

Summary of findings

Background to the service

The trust provided a wide range of community health services for children, young people and their families (CCYPFS). This included health visiting, school nursing, specialist nursing, 'looked after' children, and safeguarding children, as well as paediatric speech and language services, physiotherapy and occupational therapy and dietetics.

Enfield is the fifth largest London borough where children and young people under the age of 20 years make up 27.7% of the population of Enfield. The population was estimated to be 331,395 (according to the Office for National Statistics) by mid-2016 an increase of 5.56% since 2011.

CCYPFS worked closely with a range of partners including other acute and specialist acute hospitals, GP organisations and local GP practices, local authorities, schools and special schools across Enfield and children's adolescent and mental health service (CAHMS) within the trust. Services are generally provided in health centres as well as schools, community buildings and in the patients' own home.

Our inspection team

The team that inspected services for children, young people and families included two CQC inspectors and a variety of specialists including a school nurse, a health visitor, a specialist paediatric nurse and an Expert by Experience.

Why we carried out this inspection

We undertook this announced comprehensive inspection in September 2017 to find out whether Barnet, Enfield and Haringey Mental Health NHS Trust had made improvements to services to children, young people and families since our last comprehensive inspection of the trust in December 2015.

At our last comprehensive inspection of the trust, in December 2015, we rated services for children, young people and families as good overall and the ratings were requires improvement for safe and good for effective, caring, responsive and well-led.

We told the trust to ensure there were sufficient health visitors in post to deliver the healthy child programme, which was a breach of regulation 18.

How we carried out this inspection

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 core service and asked other organisations to share what they knew. We carried out an announced visit on 25th – 28th September 2017 and visited Cedar House, Rowan Court, two community

Summary of findings

health centres; Bowes Road Clinic and Forest Primary Care Centre. With their consent, we observed young people and their families receiving services and accompanied staff on home visits to children and their parents. During the visit we spoke with 45 staff across the service including the assistant director for the children young people and families' service. We also spoke with a community paediatrician, health visitors, school nurses, specialist nurses, physiotherapists, occupational therapist and speech and language therapists.

We spoke with 23 parents who used the services mostly by telephone. 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

- Parents told us they had confidence in the staff they saw and the advice they received. They were mostly very happy with the care they received. Parents commented that staff are friendly and helpful and they give you lots of support.
- The friends and family test for CCYPFS for the period showed an average of 91% of children young people and families would recommend the service.

Good practice

The specialist children's team were using the 'voice of the child' (talking mat) to support young people to communicate. They had obtained funding to commission the development of a film to train more professionals to use the tool in their work with children who have special needs.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the service MUST take to improve

- The trust must ensure health visiting staff are clear about frequency of visits for targeted children and these visits are recorded accurately.

Action the service SHOULD take to improve

- The trust should ensure that staff record patient care consistently.
- The trust should ensure that staff complete mandatory training in line with the trusts targets.
- The trust should ensure there is visibility from the chief executive team.
- The trust should ensure that staff are consulted about the proposed changes linked to the trusts estates strategy for working remotely.

Barnet, Enfield and Haringey Mental Health NHS Trust

Community health services for children, young people and families

Detailed findings from this inspection

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated community children, young people and families service (CCYPFS) as requires improvement for safe because:

- Health visiting staff were not able to clearly say how frequently targeted children were seen and visits were not clearly recorded. This meant that some vulnerable babies, children and families may not have been followed up for 12 months.
- Staff did not record patient care consistently. Records did not always show whether children and young people received nursing care because staff did not always complete the patient records.
- There were delays in equipment needed for children to use at home being received such as a frame to support a young person to use the toilet.

However

- Staff recognised incidents and knew how to report them. Incidents were shared at monthly team meetings and lessons learned.
- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable children and adults.

Safety performance

- The community children's, young peoples and families service (CCYPFS) reported no never events from June 2016 to June 2017.Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level and should have been implemented by all healthcare providers.

Requires improvement

Are services safe?

Incident reporting, learning and improvement

- The CCYPFS used an incident reporting system widely used in the NHS to report incidents. We found incidents were consistently reported across teams; and staff used the reporting system appropriately. Staff we spoke were aware of how to report incidents.
- For the period of 1 August 2016 to 31 August 2017 2016, staff reported 401 incidents for community children's services. Information received from the trust does not indicate whether incidents where low, moderate or severe harm.
- Between 1 August and 31 August 2017 health visitors reported the highest number of incidents. The health visitors reported 36% (143) of incidents and while the paediatric physiotherapists and occupational therapist reported 30% (120). Staff told us the majority of incidents they raised were concerning IT systems, not having access to the electronic records system and Wi-Fi problems.
- Staff told us reporting incidents was encouraged and action plans were shared. However not all staff spoken with received feedback.
- CCYPFS managers told us incidents were shared at monthly team meetings. This meant staff across the CCYPFS could learn from incidents across the services.

Duty of Candour

- From November 2014, NHS providers were required to comply with the duty of candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- Most staff were aware of their responsibilities under the duty of candour, which ensured patients and/or their relatives were informed of incidents that affected their care and treatment and they were given an apology and offered support.

Safeguarding

- The trust had systems, processes and practices in place to keep children, young people and their families safe from avoidable harm. Staff were aware of their roles and responsibilities for escalating safeguarding concerns.
- Staff had access to the trust's safeguarding policy via the trust intranet.
- CCYPFS staff worked closely with the children's safeguarding team. Staff told us that the team provided support and was accessible.
- The safeguarding team had strong links with local authority safeguarding teams, third sector providers and the police. The safeguarding team also attended multi-agency risk assessment conferences (MARAC), multi-agency sexual exploitation groups (MASE) and local children's safeguarding boards. This ensured that information was shared with others in a timely way.
- The safeguarding team had key performance indicators (KPIs) to demonstrate child protection supervision was being undertaken. The trust target was for 90% of health visitors and school nurses to have one to one supervision on a quarterly or termly basis. For the period April to August 2017 100% of health visitors and school nurses had been supervised. Allied health professionals and family nurse partnership also had group safeguarding supervision on a quarterly basis. Staff we spoke with all confirmed they had regular safeguarding supervision.
- Health visiting staff routinely asked questions to all mothers about domestic violence, and would target mothers from different ethnic backgrounds about female genital mutilation (FGM).Most information heath visitors received about FGM came via midwifes.
- For staff to retain their level three safeguarding qualification the safeguarding team ran a series of 'Lite Bite' sessions for staff to attend. Staff told us they attended regular sessions and these included female genital mutilation (FGM).
- The trust's performance dashboard for CCYPFS services for the period April to August 2017showed that 93% of staff were up to date with level 3 safeguarding training and 97% were up to date with level 1and 2 safeguarding training. The trust target for this training was target of 80%.

Requires improvement

Are services safe?

Medicines

- Medicines were observed to be prescribed, supplied, stored, and administered appropriately across CCYPFS.
- Health visitors who prescribed medicines attended regular updates and were encouraged to prescribe. We saw patient specific alerts on medicines shared with staff. For example when patient specific alerts are received these are disseminated to staff and staff had signed to confirm they had read the alert.
- Prescription pads were stored securely and completed appropriately.
- Health visitors and school nurses had access to cool bags for the transportation of vaccines and temperatures were monitored.
- Vaccines were stored appropriately and in date. There were records detailing the volume of vaccines held and these were rotated to ensure that vaccines had been removed from the fridge once and used were. This was to prevent excessive wastage. Fridge temperatures were recorded and monitored.

Environment and equipment

- The CCCYPFS services are based at several locations including clinics and primary care centres across the London Borough of Enfield (LBE). Services were also provided in schools, children's centres and in peoples homes.
- Cedar House was the main centre for providing CCYPFS in the LBE. We saw the environment had been redecorated with child appropriate themes to make it more child friendly. However, we also noted due to the increase in adult outpatient services operating from Cedar House, adults and children were sitting together in the waiting areas. Senior managers told us that patients or their families had not been consulted about these changes. Staff expressed concern about the suitability of the environment for both children and adults as there were plans for more adult services to be provided from the location.
- Staff reported there were delays in obtaining equipment for children to use at home; equipment ordered in July was still waiting to be delivered. They explained this was due to funding issues. They were concerned for example, that a child's toileting programme at home had been delayed as they had not received a toileting frame.
- A peer review of CCYPFS premises and equipment was carried out from 1 May to 31May 2017 to ensure the trust services met all the required standards as part of the quality assurance process. The overall service score was based on the responses of 10 teams who participated in the premises and equipment peer service review. Enfield CYP and CAMHS achieved overall compliance of 86% which was under the trust target of 92%. There were four areas in which the service scored under the trust target of 92%. This included compliance with the emergency procedures (87%), compliance with infection control and waste management (89%), compliance of facilities for patients (87%) and compliance with assessment and maintenance (79%). An action plan was in place to address areas of concern with one of the three actions completed by June 2017.

Quality of records

- We reviewed 34 records and found some records were not comprehensive or detailed. We found evidence that some health visitor's records were not being validated, reviews for some targeted families were not being completed and we found records from other professionals such as case conference notes were not being consistently uploaded on to patient records. We also found cases that had been transferred out of area were still on staff caseloads and not being discharged from services and this included families and children where there were safeguarding concerns.
- The CCYPFS used an electronic patient record system (EPR). However, staff told us the CCYFPS records and the children's and adolescent Mental Health service (CAMHS) who also used EPR were not connected.
- The CCYPFS were not connected to the EMIS system used by GPs. This meant staff had to email or fax GP to share or access information.
- Staff working remotely had difficulty accessing EPR which meant they had to revert to paper records or typing up notes on to their laptops to transfer later. IT was no longer identified on the CCYPFS risk register and not considered a risk.

Requires improvement

Are services safe?

- There was a system in place to highlight and monitor vulnerable children where there were safeguarding concerns and track looked after children. We saw examples on the electronic records system identifying vulnerable and at risk children and families along with details of how they were being supported.
- Electronic records relating to training and meetings were kept securely in the services computer drive folders.
- Staff reported they had record keeping audits which were completed as part of their supervision and they received feedback and action plans from their manager to address any areas of concern.

Cleanliness, infection control and hygiene

- Quarterly hand hygiene audits were undertaken across CCYPFS on a quarterly basis. Information provided by the trust demonstrated that compliance for quarter four in 2016 /2017 and quarter one and two in 2017/2018 was between 95% and 100% which was higher than the trusts target of 90%. However, reporting across the services did not appear to be consistent. Quarter one 2017/2018 was the only quarter where all services reported.
- Community bases and clinic environments we visited were visibly clean. Personal protective equipment, such as gloves, aprons and hand sanitiser gel were available to staff. Hand washing facilities and alcohol hand gel were available in the clinic areas. During home visits we observed staff mostly used hand alcohol hand gel.
- Clinical staff wiped clean equipment such as scales and toys after use with antibacterial wipes.
- Staff were observed to be bare below elbow in line with the trust policy.
- The peer review of CCYPFS premises and equipment also included infection control.

Mandatory training

- The trust target for completed mandatory training was 90%. The data provided by the trust showed that 92% of staff in CCYPFS had competed their training in September 2017.Training was below the trusts target for information governance 87%, moving and handling medium risk 87% and resuscitation level 2 - adult and paediatric basic life support and automated external defibrillators.
- Completion of mandatory training was monitored and reviewed through electronically held training records which staff and managers could access. All staff had individual profiles and staff told us they received electronic reminders when their training was due.
- Mandatory training included subjects such as, conflict resolution, equality and diversity, fire safety, health and safety, infection control, information governance, moving and handling medium risk, resuscitation level 2 which included adult and paediatric basic life support and automated external defibrillators, safeguarding adults levels 1 and 2, safeguarding children level 1 and 2, safeguarding children level 3.

Assessing and responding to patient risk

- Core services within the CCYPFS service were universal and the specialist children's services which provided access to all. However the health visiting service was no longer able to deliver the five mandated parts of the Healthy Child Programme (HCP) and were targeting antenatal and 1 year reviews where there were identified safeguarding or parental concerns.
- We found health visiting staff were not able to clearly explain about the about frequency of visits for targeted children and saw evidence that some children had had not been followed up for 12 months. We saw guidelines were in place for targeted services, but some staff we spoke with were not sure if there was guidance.
- There was a system in place to identify vulnerable families and families who have not registered with a GP. The CCYPFS had liaison health visitor staff based in an accident and emergency department and urgent care centre provided by two acute trusts. The CCYPFS also had health visitors as designated links with GP's. This process ensured staff were able to assess and respond to risk identified by other professionals as well as in the hospital.

Requires improvement

Are services safe?

- The family nurse partnership (FNP) team worked with families experiencing domestic abuse on relationships skills. The FNP team provided early intervention where there was a risk of domestic abuse in families.
- Staff would arrange for appointments with children, young people and families to be at a clinic or at their home based on a risk assessment. Health visiting staff also arranged joints visit between social workers or with another health visitor when visiting when a client's home if required. Home environment assessments were carried out by staff visiting home to identify or where there were concerns for with for example; safety in the home, pets, domestic violence or FGM.
- The electronic patient record had alerts to highlight children young people and families to highlight risks that been identified, for example where there was a domestic abuse or any safeguarding concerns.

Staffing levels and caseload

- Figures provided by the trust shows the universal CCYPFS services had a whole time equivalent (WTE) vacancy rate of 5.7% across all staff groups. The nursing and midwifery vacancy rate was 3.3 %. Information provided by the trust did not include the specialist childrens services.
- Senior managers told us that health visitor recruitment was frozen by the trust in December 2016 due to ongoing commissioning negotiations. The trust had been working on a phased approach in line with the work force strategy to recruit more health visitors and was seeking to recruit 79 WTE to deliver the Health Child Programme universally in line with the National Health Visitor Plan 2011 – 2015. Prior to the recruitment freeze 68 WTE health visitors were in post, however due to staff leaving there are currently 60 WTE health visitors and health visiting assistants in post.
- Health visitor caseloads averaged between 445 and 861 with 45.4 WTE health visitors holding caseloads. Health visiting staff we spoke with were concerned they were unable to deliver the Healthy Child Programme universally.
- CCYPFS were reconfiguring the school nurse service as there had been a cut in funding. This meant school nurse vacancies were no longer being filled.
- The sickness rate across the CCYPFS averaged 4% in the 12 month period from August 2017. Health visitor and school nursing sickness rates over the same period averaged as 4.5% and 3.5% respectively. This was higher that the trust's target of 3.5%.
- The CCYPFS were using bank staff to cover staff vacancies and sickness. Managers told us staff who worked part time or who had retired worked as bank staff. Health visiting staff told us they used between one and two bank health visitors per week.Information provided by the trust showed that a total of 590 shifts were covered by bank or agency staff during the period October 2016 to September 2017. The specialist school nursing (204 shifts), school nursing (198 shifts), and health visiting (145 shifts) had the highest number of shifts covered by bank or agency staff. Information provided by the trust did not include the specialist children's services.
- Three of the twelve risk identified on the CCYPFS risk register were linked to staffing. The specialist children's service had identified there were insufficient staff to manage children and young people with complex levels of physical health needs in special schools. The universal services identified risks in relation to sickness absence and shortages of staffing in the health visiting service. We saw the risk register had been reviewed in July 2017.

Managing anticipated risks

- The trust had a lone working policy and procedure in place. Staff told us how they were using the protocols for arranging and carrying out home visits. Staff were able to access shared electronic diaries which gave details of their appointments which had been booked. Staff used a 'buddy' system to report in after 5pm. Before 5pm staff would call into their office to report in. Each team had an agreed telephone message they would use if they needed assistance.

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 community children, young people and families service (CCYPFS) as good for effective because:

- CCYPFS staff provided care and treatment based on national guidance and evidence and programmes such as the Healthy Child Programme, Family Nurse Partnership (FNP) programme and the national child measurement program monitored against national guidelines.
- Managers monitored the effectiveness of care and treatment through local and national audits.
- Staff had regular supervision and an annual appraisal. Staff were supported and encouraged to undertake specialist training and had opportunities to further their clinical personal development and training.
- We saw good multidisciplinary and joint working arrangements between the CCYPFS and other health professionals or the benefit of patients. The electronic patient record (EPR) was shared between CCYPFS staff to improve communication between each profession within the service.
- Staff sought consent before undertaking care interventions. School nurses received training in consent which included the Fraser guidelines and Gillick competences.

Evidence based care and treatment

- The trust had a number of policies and procedures in place which were based on the national institute for health and care excellence (NICE) such as the framework for the assessment of children in need and their families. Policies and guidance were easily accessible for staff on the trust intranet. Staff we spoke within the therapies department, health visiting service and school nursing were aware of the national guidance relevant to their practice. The services carried out an annual NICE gap analysis to review the latest relevant guidelines from NICE which were relevant to their service.
- Health visitors delivered the Healthy Child Programme (HCP) for pre-school children, which was designed to offer a core, evidence based programme of support, starting in pregnancy, through the early weeks of life and throughout childhood. Health visitors would also signpost families to other services. For example, staff would support parents to access a range of community services and resources.
- School nurses delivered the national child measurement program (NCMP) measured the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess obesity levels in children within primary schools. This is a government initiative, supported by NHS England. The initiative provided an opportunity for staff to engage with children and families about healthy lifestyle choices.
- The immunisation team offered the HPV (human papilloma virus) vaccination as part of the NHS childhood vaccination program. The vaccine protects against cervical cancer and is usually given to girls in year eight (aged 12 to 13) in schools in England.They also provided the final year school booster, meningitis C vaccination and measles, mumps and rubella (MMR) vaccination as part of the NHS childhood vaccination program.
- The CCYPFS Family Nurse Partnership (FNP) programme provided an intensive, evidence based preventative programme for vulnerable first time mothers, from pregnancy until the child is two years of age. Family nurses delivered a licensed programme with a well-defined and structured service model. The performance of this programme was monitored to ensure compliance with the national FNP guidelines.
- The specialist children's services had refined their referral pathway to base it on the Canadian occupational performance measure (COPM). The COPM is an evidence outcome measure designed to focus on children's participation in everyday living.

Good

Are services effective?

Nutrition and hydration (always include for Adults, Inpatients and EoLC, include for others is applicable)

- The CCYPFS reported to Public Health England on the number of children fully or partially breastfeeding at six to eight weeks. In June and July this was recorded as 27% and 32% respectively. No information was available for the period April to June 2017This was lower than the England average of 43%.
- The health visiting service and school nursing service worked with children, young people and their carers in the community by providing advice and information on healthy eating. For example, child health clinics monitored children's weight, and staff could refer children to a service which was commissioned by the local authority on healthy eating in children's centres.
- We observed a health visitors baby clinic and saw a health visitor weighing and recording a baby's weight and appropriate advice on feeding and introducing solid foods was discussed with the baby's mother.
- Where a need for additional support with nutrition and hydration was identified staff would also refer children to the dietician, GP or paediatrician if there were any concerns.

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

- The CCYPFS were moving to remote working for staff. Clinical staff had access to lap tops however staff advised they frequently had issues with connectivity which meant they were not always able to access electric patient records (EPR). Staff advised they would write up their notes on their laptops then copy and paste them onto EPR's. We saw schools nurses kept paper records which they later transferred to the EPR. This created extra work for staff as records had to be updated when they were at a clinic with EPR access. It also meant staff did not have access to the most up to date information on children and young people in some clinics.

Patient outcomes

- The CCYPFS did not provide the immunisation rates for the academic year for 2016/ 2017 for girls in year eight (aged 12 to 13) in schools for the HPV (human papilloma virus)vaccination. This vaccine protected against cervical cancer. They also did not provided the immunisation rates for the final year school booster which is part of the NHS childhood vaccination program.
- School nurses measured the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools as part of the NCMP. In the academic year 2016 /2017, 91% of children were measured in reception class and 93% were measured in year 6. This was lower than then national average which was 96% and 94% respectively.
- Health visitors were delivering all aspects of the Healthy Child Programme. New births, six to eight week reviews and 2 year review were delivered universally. However, ante natal and 1 year reviews were targeted to those families where safeguarding or parental concerns had been identified.
- The percentage of children who had a face to face new birth visit within 14 days by a health visitor in the five month period from April to July 2017 was 99%. This was above the CCYPFS target of 95%.
- The percentage of children who had a six to eight week review by a health visitor in the five month period from April to July 2017 was 79%. There was no performance target set for six to eight week reviews.
- For the five month period from April to July 2017, 81% (46/63) of looked after children had had a health assessment undertaken by a specialist nurse within agreed timescale. This was lower than the CCYPFS target of 95%.
- In specialist services performance dashboard showed between 96% and 100% of children attending speech and language therapy and physiotherapy had achieved their care plan goals for the period of April to July 2017. For the same period 80% of children receiving occupational therapy had achieved their care plan goals.

Competent staff

Good

Are services effective?

- The trusts target was for 90% of staff to have an annual appraisal. The trust reported 93% of staff within CCYPFS had received an appraisal during the 18 month period from 1 April 2016 to 28 September 2017. None of the staff working in the community loan store had received an appraisal during the 18 month period.
- CCYPFS staff also receive clinical and safeguarding supervision. The trusts clinical supervision target was 80%. The reported that 100% of staff received clinical supervision during the period October 2016 to September 2017.
- Staff told us they had 10 supervisions sessions per year which were every four to six weeks with their line managers and had an annual appraisal.All the staff we spoke with said they had regular supervision and an appraisal.
- The family nurse partnership nurses told us they received regular supervision and psychological supervision.
- < >and 5 and 6 school nurses were supported and encouraged to undertake specialist
  Staff told us they had opportunities to further their clinical personal development and training; however they would fund themselves. Staff also told us they were frequently too busy to attend further training.
- Staff told us as part of their team meeting they would take it in turn to run teaching sessions during their team meetings. Teaching sessions had included HIV, breastfeeding, mental health and dental care. Staff also attended team away days. Staff told us they found this useful for their learning and development.

Multi-disciplinary working and coordinated care pathways

- Staff told us there were good multidisciplinary and joint working arrangements between the CCYPFS and other professional such as doctors, paediatricians, midwives and the child and adolescent mental health service (CAHMS).
- In the electronic records reviewed we saw evidence of MDT working, these included community physiotherapy and occupational therapy, speech and language therapist (SLT).
- Cross agency working and information sharing ensured where there were concerns about vulnerable children these were identified and managed.

Referral, transfer, discharge and transition

- CCYPFS had a multi-agency planning pathway (MAPP) which acted as a single point of entry (SPOE) for children and young people with complex needs. Referral to the MAPP team was via a health or social care professional with the permission of the family.
- Health visitors accepted referrals from GPs, midwives, children's centres, and local authority social services. Families could also self-refer by telephone or by visiting their local children's clinic.
- New births would be discharged from the community midwife's to health visitors following new birth visits and handover where necessary. Health visitors would also transfer children to the school nurses.
- The family nurse partnership referrals came via maternity services, GP's, probation and children and family services. Staff told us people could self-refer to the programme, but self-referral was rare. Children were discharged from the family nurse partnership service to health visitors when they reached the age of two years. The transfer of cases was dependant on how the family nurse partnership nurse wanted to proceed. A joint visit with the health visitor would normally take place in complex cases or where a client had requested. Other cases would be arranged via telephone.

Access to information

- The electronic patient record (EPR) was shared between heath visitors, school nurses, FNP, occupational, physio and speech and language therapists and the liaison health visitors which improved communication between each profession within the service.
- Information to support staff practice and guidance about children's care and treatment was available through the trust intranet, which also provided signposting and links to external internet sites. Staff told us the trust's intranet provided a good source of information to support their work.

Good

Are services effective?

- We reviewed a sample of information staff used to support their work. The information was clear and accessible. Staff told us they received briefings, newsletters and updates about particular themes by email on a regular basis.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards (just 'Consent' for CYP core service)

- Records reviewed showed evidence that consent was gained for care and treatment. We saw consent forms had been signed and uploaded into the electronic medical records and where appropriate information was shared with other health and social partners.
- We observed staff obtaining verbal consent prior to starting treatment.
- All the parents we spoke with told us they felt involved in their child's care. We saw staff spent time with children and their parents to ensure they understood their care and treatment and could give informed consent.
- School nurses told us referrals were received with the consent of a child's parent or the young person being referred. School nurses told us they had received training in consent and this had included the Fraser guidelines and Gillick competence. The Gillick competency and Fraser guidelines help health professional to balance children's rights and wishes with their responsibility to keep children safe from harm.
- To improve parental consent and up take of immunisation, a behavioural scientist and the immunisation team have worked together in the rewording of a letter to be sent to parents to encourage them to respond.

Good

Are services caring?

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

Summary

We rated community children, young people and families service (CCYPFS) as good for caring because:

- Staff were seen to be very considerate and empathetic towards children, young people and their families. People told us they had confidence in the staff they saw and the advice they received. We found the approach staff used when interacting with children, young people and families was appropriate and demonstrated consideration for the child or young person.
- Staff took time to ensure parents understood their child's care and treatment. Staff demonstrated good communication skills during interactions with children young people and their families.
  Parents were positive about the care children and young people received and told us they felt involved in their children's care. We saw patients were treated with respect and their dignity maintained. Staff demonstrated they were caring and compassionate.

Compassionate care

- We saw compassionate care being delivered by staff across community services. Staff were seen to be very considerate and empathetic towards children, young people and their families. People told us they had confidence in the staff they saw and the advice they received. They felt that staff had the right manner and approach.
- We spoke with 17 parents by telephone or in person when attending baby clinics. They were mostly very happy with the care they received. Parents commented that staff were friendly and helpful and gave them lots of support. A parent also told us staff also helped with financial advice and clothes if you are struggling, as other parents bring in clothes that they no longer wanted.
- We found the approach staff used when interacting with children, young people and families was appropriate and demonstrated consideration for the child or young person. Staff interacted with children, young people and their relatives in a respectful and considerate manner
- We observed care being delivered by health visitors and speech and language therapist to children and families in their own homes and clinics. We saw patients were treated with respect and their dignity maintained. Staff demonstrated they were caring and compassionate. Discussions with children and families were conducted with appropriate sensitivity to their needs.
- The friends and family test for CCYPFS for the period showed an average of 91% of children young people and families would recommend the service. The trust received 719 responses. This was higher than the England average of 79%. The NHS friends and family test helps service providers and commissioners understand whether their patients are happy with the service provided, or where improvements were needed.

Understanding and involvement of patients and those close to them

- Staff took time to ensure parents understood their child's care and treatment. Staff demonstrated good communication skills during interactions with children, young people and their families. Staff gave clear explanations and checked children, young people and their parents or carers understanding of methods they were using and the rationale which underpinned these.
- During home visits we observed staff encouraged and congratulated parents for the progress their children had made. Parents told us clinical staff always involved them in their children's care.
- Health visitors, occupational and speech and language therapists provided support for children young people and their parents. For example a health visitor provided good advice on breastfeeding, sleep and weaning; a

speech and language therapist discussed how the parent could support a child with communication difficulties and an occupational therapist discussed with a parent how to support a child with their eating skills.

- Care and support was delivered in a non-judgemental way and we observed staff talked through parents' options in a clear and open way.

Emotional support

- Staff provided emotional support to children, young people and families. Staff referred parents to parent and baby groups, children centres and drop sessions for additional support. They also spoke about the benefits of networking with other mothers.
- Families were able to access the 'Let's talk' improving access to psychological therapies (IAPT) service for emotional support. The Let's Talk IAPT service offered free and confidential talking therapies to people aged 16 and over. Including help with a range of common problems such as low mood and all anxiety disorders. The IAPT service also offered a range of employment support and wellbeing workshops in the community.
- Health visitors would provide support or undertake listening visits for parents with postnatal depression.
- Parents were aware of how to contact the staff between appointments should they require more support or input.

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 community children, young people and families service (CCYPFS) as good for responsive because:

- Clinics and services were located in places where people could access them including GP surgeries, baby clinics, schools and special schools within the London Borough of Enfield.
- Children and young people had their needs assessed. Care plans and risk assessments had been completed which identified the children's and young people's care needs.
- CCYPS services were meeting their targets for time to first assessment and referral to treatment. The did not attend (DNA) rate was below the 7% target for the period of April to August 2017 in all but one of the services.
- Telephone interpreting services were available to staff when they needed them for children, young people and families where language was not their first language.
- Staff were aware of the trust's complaints policy and of their responsibilities within the complaints process. Formal complaints were directed to the trust's complaints department.

However

- Health visitors were not delivering the Health Child Programme universally to meet the general needs of children and families. Two of the five elements of the programme were targeted to those families where there had been identified safeguarding or parental concerns in line with commissioning arrangements.

Planning and delivering services which meet people's needs

- The CCYPFS service was still in discussions with service commissioners (London Borough of Enfield) concerning the service specification and funding of health visiting, school nursing and the family nurse partnership service services. The CCYPFS was due to report back to commissioners by November 2017.
- The CCYPFS provided services to children aged 0 – 19 years of age. These services included health visiting, school nurses, family nurse partnership, paediatric nursing, paediatric occupational therapy, physiotherapy, early years speech and language therapy and looked after children. The CCYPFS was available Monday to Friday between 8.30am to 5pm.
- Clinics were run from over 100 different venues including GP surgeries, baby clinics, schools and special schools within the London Borough of Enfield. Clinics were also held at different times to ensure they were accessible as possible to the children, young people and families who used the services.

Equality and diversity

- The CCYPFS showed a commitment to ensuring a positive culture relating to equality, diversity and inclusion throughout the organisation.
- Telephone interpreting services were available to staff when they needed them for children, young people and families where language was not their first language. Face to face interpreters were approved for special circumstances for example domestic violence or complex medical conditions. On occasions staff who spoke another language such as Turkish or Polish would support children, young people, families and colleagues with translation services.
- Throughout CCYPFS we found people's diversity needs and human rights were respected. The staff we spoke with had a good understanding of the population who used the service and were able to explain the specific needs of the people they cared for. The skill mix and cultural representation of staff reflected the client group they worked with.

Meeting the needs of people in vulnerable circumstances

- The trust did not have a medical advisor or clinical advisor specifically designated for children and young

people who would be responsible for the statutory functions linked with for example child protection, adoption and fostering medicals, although these functions were met.

- We saw children and young people had their needs assessed. We reviewed 34 sets of patient records and saw care plans were in place and risk assessments had been completed which identified the children's and young people's care needs, however we also found some reviews had not been completed.
- The health visiting team have worked with Anna Freud National Centre for Children and Families to remodel the well baby clinics to become more child focused, baby led and interactive. Baby clinics at the Elden Centre and Bowes Road were used as pilot clinics.
- School nurses were involved with running a 6 week programme focused on weight management for children and young people aged 9 to 19 years of age who have been classed as obese. The interventions included a programme of exercise, promoting a healthy diet and developing self-esteem.
- CCYPFS staff worked alongside other health and social care providers to provide care to children and families requiring complex packages of care; as well as supporting children with life-limiting conditions.

Access to the right care at the right time

- The 13 week national target for referral to treatment was met by the specialist children's services in all but one of the 56 services which were operating. Staff explained this was due to the service being provided in a special school which operated during term time.
- The waiting list of 100 cases from September 2016 for autism diagnoses for children under six had been cleared in August 2017. The clinic was not currently operating and there were plans to recommence the service in October 2017 once the pathway had been reviewed.
- The health visiting service completed 99% of new birth visits within 14 days. The CCYPFS target was 95%.
- The number of children received a six to eight week review by the time they were 8 weeks was 79%. Information provided did not indicate if there was a performance target for the six to eight week review.
- CCYPFS monitored 'did not attend' (DNA) appointments across health visiting, school nursing paediatric occupational and physio therapy, paediatric specialist nursing, speech and language and nutrition and dietetics. Data provided by the trust showed the DNA rate was mostly better than the 7% target for the period of April to August 2017. Only the nutrition and dietetic service was consistently worse than the 7% target.
- Children, young people and families who 'did not attend' (DNA) appointments were always contacted by letter offering another appointment.

Learning from complaints and concerns

- The trust had complaints policies and procedures in place. All complaints to the service were recorded. Information on the trust's complaints policy and procedures was available on the trust's internet website.
- The CCYPFS had received two complaints in the period 1st April to 31st March 2017. Complaints were monitored by CCYPS to identify any themes. Actions taken to address complaints were recorded on the complaints log.
- Information for children, young people and families about services included information about how to raise concerns or complaints and information about the patient liaison service (PALS). Most parents we spoke with were aware of the complaints procedure. Staff we spoke with told us they would direct a young person or parent to PALS if they wished to make a complaint.
- Staff were aware of the trust's complaints policy and of their responsibilities within the complaints process. Formal complaints were directed to the trust's complaints department; staff told us they would try to deal informal complaints as they arose.

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 rated community children, young people and families service (CCYPFS) as good for well led because

- CCYPFS staff were aware of how they contributed to the trusts broader vision and strategy.
- CCYPFS had a governance framework and a clear reporting structure from local team meetings to monthly management meetings which fed into the clinical governance meetings.
- CCYPFS managers monitored performance and the trusts quality and safety committee monitored risk across the organisation. The CCYPFS risk register was reviewed regularly.
- CCYPFS staff said they felt supported and respected by colleagues at all levels. Staff described an open culture and described an 'open door' management style.

However:

- Most staff we spoke with felt there was little visibility from the chief executive team, and some staff felt there was a 'disconnect' between the community services and the wider mental health trust.
- Staff expressed concerns about the trusts estates strategy for working remotely. Staff advised there was no consultation process and were concerned they would lose their day to day support from colleagues and managers.

Service vision and strategy

- The community children's young people and families service (CCYPFS) was part of Enfield Health which included mental health services and community services. However some staff we spoke with felt more aligned to Enfield Community Services than the Barnet Enfield Haringey Mental Health Trust. Staff described the CCYPFS services they provide as being the 'poor partner' and felt mental health services were prioritised.
- Staff we spoke with were aware of the trusts vision and values the trust had recently revised. Staff generally felt the trust vision of 'Live, Love and Do' resonated with their working ethos.
- Staff were aware that how they contributed to the trusts broader vision and strategy. Staff told us their appraisals were linked to the trusts objectives.
- Staff expressed anxiety about the future direction their services (health visiting, school nursing and family nursing partnership). Senior managers told us all the universal services were going out to tender in a 'few months'. There were plans to look at other trusts which had gone to tender to help plan the shape of future services.

Governance, risk management and quality measurement

- There was a clear reporting structure from local team meetings to monthly CCYPFS and children's adolescent and mental health service (CAHMS) governance meetings in place to ensure information was passed from front line-teams.
- The trusts quality and safety committee monitored risk across the organisation. A further risk had been added to the trusts risk register for health visiting due to the concerns regarding the uncertainty of funding for the Healthy Child Programme and missed opportunities to safeguard vulnerable children due to capacity within the health visiting teams.
- The CCYPFS risk register had twelve risks which were reviewed regularly. Staff told us risks were flagged monthly within the services and the division for review. The CCYPFS risk register had twelve risks identified which scored eight or more which were had been regularly reviewed and monitor.

Leadership of this service

Good

Are services well-led?

- Most staff we spoke with felt there was little visibility from the chief executive team, and some staff felt there was a 'disconnect' between the community services and the wider mental health trust.
- The CCYPFS was led by an assistant director supported by a senior management team. The assistant director had recently come into post following a period of 15 months where the post was covered by two interim assistant directors. Staff commented that the new assistant director appeared to be approachable and seemed to have an open door policy.
- Staff spoke highly of their service manager leads saying they were visible, approachable and supportive. However, staff also raised concerns about the proposed relocation of the CCYPFS senior management team to another site and were concerned they would lose their day to day support.
- The CCYPFS had recently recruited a lead for school nurses. This was to give school nurses a voice. They had previously been managed jointly with health visitors.
- Staff across the community children and young people's service told us their line managers were supportive and accessible.

Culture within this service

- Staff were proud to work for CCYPFS; they were enthusiastic about the care and services they provided for patients. Some of the staff we spoke with had worked for the trust for many years.
- Staff we spoke with told us they felt valued and respected, two staff members spoke about being able to work flexibly which meant they could continue working for the CCYPFS.
- Staff morale within the CCYPFS was positive. Staff felt supported and commented that managers were doing their best within current constraints of funding and posts being frozen.
- Staff described good team and peer support, however staff were concerned how that would be affected with staff moving to remote working.
- Most staff said the CCYPFS was "open to new ideas" and staff input was valued.
- Staff described the CCYPFS as having an open culture and described an 'open door' management style. They felt they would be able to contact their line mangers or senior managers if they had any concerns.
- We saw multidisciplinary working which involved patients, relatives, therapists and community nursing staff working together to achieve good outcomes for patients.
- There were opportunities for further learning and development.
- The trust held an annual awards evening which gave staff an opportunity to nominate individuals and teams for outstanding performance

Public engagement

- The CCYPFS had not consulted children, young people and their families about the increased number of adult outpatient clinics being offered at Cedar House.
- In the waiting areas at Cedar House we saw children, young people and their families were able to provide feedback about the service they had received via a lap top.
- Staff advised they had started some patient forums**.**
- The CCYPFS specialist nursing bereavement and play team hold an annual memory day for parents and families for all Enfield children**.**

Staff engagement

- The trust participated in the trust 2016 NHS staff survey. The percentage of trust staff who would recommend the trust as a place to work was 58% which was worse than the England average of 64%. However, the percentage of trust staff who would not recommend the trust as a place to receive care was 16% which was better than the England average of 18%.
- Staff within the CCYPFS participated in the trust wide survey however managers advised they were unable to extract data related directly to the children's and young people's services. Senior manager advised that results of the staff service had been discussed in the Enfield Health governance meetings.

Good

Are services well-led?

- Staff expressed concerns about the trusts estates strategy for working remotely. Staff were concerned about increased travelling time, lack of space for confidential telephone calls, loss of day to day support from colleagues and managers. Staff at Cedar House also commented that there was no staff room where staff could go for breaks. Staff advised there was no consultation process. A senior manager confirmed staff were not consulted about their changes to their working arrangements and stated staff are employed to work anywhere in the trust.

Innovation, improvement and sustainability

- Staff across the trust were invited to submit bids to the trust from a dedicated fund for innovative projects devised by staff. The specialist children's team had been successful in in seeking funding to train staff in "The voice of the child (Talking Mats)" which enabled children to be involved in making decision about their health and education. Following a successful bid to the trust's 'Dragon Den' the CCYPFS have commissioned a video on 'The voice of the child' as a training tool for professionals working with children with special needs.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The trust had not ensured that health visitors visited and reviewed targeted families who may be at risk as regularly as needed and recorded these events.** **This is a breach of regulation 12 (1)(2)**